

# Day Care Services Limited

# Four Seasons

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 18 January 2017 and was unannounced.

The provider of Four Seasons Care Home is registered to provide accommodation and personal care for up to 22 people. At the time of this inspection 19 people lived at the home.

There was a registered manager in post who was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 2 November 2015 and required improvement in safe, responsive and well-led areas. We saw that improvements had been made to all these areas.

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of any risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home. People were supported by sufficient numbers of staff who had the skills and knowledge to meet their needs. People were supported to take their medicine when they needed it.

Staff respected and supported people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff had received training relevant to their roles and felt supported by the registered manager.

People were supported to eat and drink enough to maintain good health. People had access to other healthcare professionals as required to make sure their health needs were met. People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence. People received care that was personal to them because staff knew them well. People received their care when they needed it and were not kept waiting by staff when they asked for assistance.

People knew how to make a complaint and felt able to discuss any concerns with the registered manager. The registered provider encouraged people and their relatives to give their opinions of the home through feedback forms and at meetings.

The registered manager was supported by an established staff team. The registered manager and staff had created an environment that was homely and welcoming. The provider enabled staff to value people and support them in a dignified and compassionate way. Staff were clear on their roles and spoke about the

people they supported with fondness and respect.

We saw that systems were in place to monitor and check the quality of care and to make sure people were safe. The provider and registered manager used the information to drive continuous improvement of the service they provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There was enough staff to respond to and meet people's needs safely. People were supported by staff who were trained to protect people from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks.

### Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. Staff had received training to give them the skills to meet people's needs effectively. People were supported to eat a balanced diet of their choice and were enabled to access healthcare services as required to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build relationships with. People were involved in decisions about their own care. Staff provided care and support for people which was thoughtful, and sensitive, respecting people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and reviewed regularly. Personal care plans were developed with people. People spent their time how they wanted to. People knew how to raise concerns and were confident that they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

People were supported to live well by a staff team who promoted a positive, enabling culture in the home. There was consistent and effective leadership provided by the registered manager. Systems were in place to monitor the quality of care provided and identify any areas for improvement.

# Four Seasons

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 18 January 2017. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and any incidents of potential abuse. A statutory notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. We spoke with eight people who lived at the home and two relatives who were visiting at the time of our inspection. We also spoke with the registered provider, registered manager and three care staff. We also looked at one care plan and documents pertaining to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with told us that they always felt safe living at the home. One person told us, "I am very safe. The staff are always looking out for us." We saw that care staff supported people to move safely around the home. They were aware of risks associated with people's mobility and what they needed to do to keep them safe. We observed them supporting people to be independent when mobilising. One person said, "They help me to walk with my zimmer frame. They take time to make sure I don't rush." Relatives we spoke with told us that they did not worry about the safety of their family member. One relative said, "There are plenty staff to help people and make sure they are all alright."

Staff we spoke with were able to tell us how they kept people safe and protected them from the risk of harm and abuse. One staff member said, "The resident's well-being is always our first thought." They had received training in how to recognise and respond to any abuse or discrimination. They knew how to report any concerns they may have about a person's safety. This included how to take their concerns to external agents such as the local authority or Care Quality Commission (CQC).

We saw that people were involved in assessing their personal risks to their health and safety. One person told us that they were at risk of falling at times. They said, "I have fallen in the past and I get nervous, but we have all agreed how best I can move so that I feel safe." We reviewed assessments which identified when people were at risk of harm. They contained information for staff on how to reduce risks for people. For example, one person who used a wheelchair liked to go to their room independently. The risks associated with them using the lift unaccompanied were discussed with the person. Staff made sure they knew how to use the lift and what to do if they got stuck in the lift. As a result, this person had the freedom to come and go as they wished. We also spoke with one person and their family member. They told us that the person had occasional difficulties in the night where their risk of falling was increased. They both told us how they had discussed the problem with the registered manager and staff. Together they had reached agreement on how to protect the person from falling by the using an alarm mat to alert the staff. The relative confirmed that it was normal practice to be involved in discussion about their relative.

Staff understood how to report accidents, and incidents. They knew the importance of following the registered provider's policies to help minimise risks to people. The registered manager monitored all accidents or incidents which occurred. The registered manager told us that by monitoring these they could identify any trends which may indicate a change in people's needs or medical condition.

People were supported by sufficient numbers of staff to support them in a timely manner. We saw that staff were visible around the communal areas of the home and people were not kept waiting when they needed assistance. People we spoke with confirmed that they felt there were enough staff. One person told us, "The staff are smashing. They are so helpful. I never have to wait for them to come and help me." The staff team confirmed that they did not use agency staff in the home. One said, "We all cover any shifts. We work together so we don't need agency staff."

The registered manager checked staff were of good character before they were employed to start work at

the home. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency which keeps records of criminal convictions. A staff member told us they had been asked to supply this information when they commenced their employment at the home.

We saw that people were supported to take their medicine when they needed it from staff who had received training to be able to support them safely. One person told us, "I get my pain tablets whenever I need them, but the staff also make sure my hot water bottle is always hot. This is better for the pain than the tablets." Systems were in place to ensure that medicines were ordered and stored correctly according to national guidelines. Procedures were in place to audit medicine recording and ensure correct practices were followed.



# Is the service effective?

## Our findings

People told us staff had the right training and skills to meet their needs. One person told us, "I am well looked after here. I am happy with the care. They [staff] are very good and know what they are doing. I can do what I want to do." Another person said, "The staff all know what care I need. As you can see I have everything I want." Relatives we spoke with told us that staff always recognised people's needs and ensured they had the support they needed.

Staff told us that when they started work they were supported to learn their role by working alongside other, more experienced care staff. Staff also worked through an eight week induction programme to help them to learn the requirements of the job. They said this had helped them to become familiar with people's needs and increased their confidence in their caring role. We spoke with a member of staff who said, "I love it here. I love the residents, the staff, everything! We are supported by the manager to learn how best to help people." All staff were supported by the registered provider to attain a recognised care qualification. They told us that they were provided with much training to enable them to meet people's individual needs. The staff told us, "Whatever we do, it is about putting the residents first. The training provided gives us the confidence to do that bit more for the residents to make them happy."

All staff had the opportunity to spend time with the registered manager to discuss their work and progress. Supervision sessions were held every three months but staff told us that they could talk to the registered manager at any time. One staff member said, "The manager senses if a staff member is not happy or is worried. They then ask them to come for a chat. The manager really looks after us as well as the residents."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We found staff understood the principles of the MCA. Staff told us they had received training in MCA. Staff explained how this training had enabled them to be more aware of how they could involve people in making their own decisions at all times. One staff member said, "We work to give people as much choice as possible about how they live their life." Another staff member told us, "We never assume anything. Everyone living here has the right to do what they want. It is up to us to help them to do so." We saw and heard that staff sought people's permission before they supported them with their care needs. One person told us, "They always check what I want and if I am happy with how they are helping me." We heard staff talking to people and asking them what they wanted to do. We saw people responded to this approach and made their own decisions about where they sat and with whom.

We spent time with people as they had lunch and saw that people were supported to eat a balanced diet. Every person was given a choice of what they would like to eat before it was served. People we spoke with told us that there was a good selection of food available at all times. Two people sitting together told us, "We can have anything when we want it. We always have lots of hot drinks." One person said, "We have good, old fashioned cooking. We have a lot of choice. I can't fault the food." We saw that the food was hot

and everyone said that it was tasty. When people required softer diet due to swallowing difficulties, we saw that they were assessed by the Speech and Language Team (SaLT). Staff were aware of these people's specific dietary needs and ensured the food and drink was served in an appetising way. We saw that people who required assistance to eat were supported by staff in a gentle and caring manner. We also saw that people were offered hot and cold drinks and snacks between meals.

We were told by people that they were able to access healthcare services as required. These included their GP, district nursing team, chiropodist, SaLT and other healthcare professional teams. Relatives also confirmed that this was the case. During the inspection, one person was supported to attend the GP surgery for consultation.

## Is the service caring?

### Our findings

People told us that they received good care and support from the staff team. One person said, "I am looked after very well indeed. The staff are lovely and kind. Nothing is too much trouble for them" Another person told us that they had lived at the home for three years. They said, "I am very happy. The staff couldn't be kinder. They are my family." We observed happy and friendly interaction between people and staff. There was a mutual fondness and respect as people chatted. We observed staff providing care and support which was thoughtful, patient and sensitive. One person had difficulty in speaking. We saw that staff took the time to ensure the person could make their views known. The staff enabled the person to join in the general conversations in the lounge in a respectful and dignified manner. People's facial expressions and responses to the staff team indicated to us that they were very at ease with staff. We heard, and were able to join in with, much laughter and interaction between people, relatives and staff.

We spoke with one relative who told us, "I am really impressed, I can't fault how they are looking after [person]. It is all I wanted for them. The staff are happy, bubbly and doing a great job." One relative said their family member received, "Wonderful care." Another relative told us, "Care is good. It is obvious the staff know what they are doing. I am quite pleased with the care staff as they pick up on small details, such as if [person] is a bit off-colour." One relative told us that the staff were all caring and had time for everyone living at the home. "This is a fantastic, homely place. It is their home. [Person] is always happy and enjoys their life." Another relative said, "It is like a home from home."

We saw that everyone who visited people who lived at the home knew everyone else. There was a very sociable and relaxed atmosphere where visitors interacted with everyone, not just their own family member. One person living at the home said, "We know each other well. It is nice that there is always someone to talk to." One relative told us, "The staff are warm and friendly. There are no restrictions on visiting other than protected mealtimes and we are all made very welcome." They told us that they were happy with protected mealtimes as it used to be too busy at times. They said, "It is not a problem for me." The staff confirmed that family members were able to come and assist people with their meals if they wished. One staff member said, "It is discussed with the resident and their family as necessary."

People were encouraged to personalise their rooms and we saw that people had photographs and other souvenirs on display in their rooms.

People told us that staff respected their privacy and dignity. One person said, "They help me to wash in private." One relative told us that the staff always ensured their family member was treated with respect. They said, "I come at various times and have never seen anyone in an undignified position. The staff team work very hard to protect people's dignity." We saw staff knocked on people's room doors and toilet doors before asking if they could go in. We asked staff how they respected people's dignity and privacy. One staff member told us that they addressed people by their preferred name. Other staff told us they respected people's dignity and personal tastes by supporting them with their hair, make up or jewellery if that was what they wanted.

## Is the service responsive?

### Our findings

People we spoke with told us they received the care they needed to meet their individual needs. One person said, "They [staff] do all they can to help me. They are always happy and smiling. They cheer me up every day." People confirmed to us that the staff always asked them what care they wanted to receive. One person said, "I can get up and go to bed when I want. It is never a problem. We spoke with one person who was having a day in bed as they felt unwell. They told us, "I am tired today. The staff keep checking on me so I know I am OK. I may get up later – it is up to me." A relative said they had no complaints about the care or how staff responded to their family member's needs.

Personal care plans were developed with people. Relatives were involved in care planning with people's permission. We saw that people had care plans in place which were individual to their personal needs and wishes. The provider had invested in a computerised care system which could be accessed by all authorised staff all the time. We saw that the plans contained easy to follow and clear information to assist staff to support each person. The staff confirmed that they found the system very easy to use. One staff member confirmed that the care notes are updated every day. The staff had access to handheld computer tablets which enabled them to make entries with the person's involvement.

A relative told us that they were involved in developing their family member's life story with the person and a staff member. They confirmed that this was very enjoyable. We looked at a care plan and were able to see how the person had been involved in decisions about their care. This person was living with dementia but was still able and encouraged to make decisions about how they wanted to be supported.

Two people told us how they had become close friends by living at the home. They agreed, "We did not know each other before but we are now firm friends. We do everything together." In addition to their own room, people could choose to spend time in the communal areas of the home and the garden.

People were enabled to enjoy a wide variety of pastimes in and out of the home. For example, games such as bingo, musical memory games, trips out to local beauty spots, one to one shopping trips and many more. One person who had visual difficulties was supported to be involved in all the pastimes. This person helped the bingo caller by passing the numbers to them. This enabled them to take part with others. All people who were interested were supported to attend the local 'young at heart' meetings in a local hotel. This gave people the opportunity to meet other people in the area and develop new friendships. One person told us how much they enjoyed this trip out. They said, "We enjoy a drink and a natter." People told us how they were able to undertake some household tasks with the staff, such as washing up and folding linen. One person said, "I love this. It makes me feel that I am not on the scrap heap." An activities coordinator was employed but all staff were involved in helping to plan the daily pastimes. One said, "I don't decide what we do, the residents decide. I have ideas but they decide every day." Another staff member talked about how they are always looking for new pastimes on the internet which can be tried. For example, they had found activities which improved hand to eye coordination and mental stimulation, and were beneficial for people living with dementia. We saw many photographs and collages at the home which showed people enjoying a lot of functions which had been arranged for them. These included a party for Halloween, where people

were dressed as Halloween characters.

People were also encouraged to make decisions about how the home was run during their meetings, including discussions about what pastimes they would enjoy together. They were encouraged to give their opinions and feedback on the quality of the care provided. One person said, "They ask me what I want and I tell them. It is that simple."

We saw that the complaints procedure was clearly displayed and staff were able to tell us how they would deal with any complaint they received. People told us they had not needed to complain about anything. They told us if they had any concerns they would speak to the registered manager about it. People told us they saw the registered manager every day and had the opportunity to speak with them about anything they wished. One person said, "[Registered manager] is always around to talk to".

All relatives spoken with advised us that they were always kept informed of any changes to their family member promptly and had no concerns. One relative said, "If I had any issues, I would happily take it up with the provider and manager. They are always available to talk to. I am confident that they would deal with any problems I had." Another talked about their view that the registered manager was always interested in people. They said, "[registered manager] always makes a point of coming out to say hello and chat with us when we visit."

## Is the service well-led?

### Our findings

At the previous inspection, the inspectors found that improvement was needed in the quality monitoring of care planning information to ensure staff were able to access the required information about people. In addition, the new electronic care plans were not considered to be wholly effective. At this inspection we found that the quality monitoring had been improved. We saw that care records were audited by the keyworkers and by the manager. In addition, there were six monthly reviews with the person and their relative. The electronic care planning system was now fully functional and staff confirmed that they were able to access good levels of information, including risk assessments. We saw how staff were confident in recording people's progress on the care plans.

Also at the last inspection improvement was required to the systems in the home to monitor incidents in the home. At this inspection we were able to view robust audits of accidents and incidents. We saw how the information about accidents and incidents was used to influence changes in people's care to prevent further occurrences. The staff team confirmed that they understood what whistleblowing was and who they could take concerns to outside of the home, such as the local authority, and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work. All staff spoken with confirmed that they felt the registered manager would deal with any issues of concern immediately.

People and staff were supported by the senior management team. People told us that the registered manager was, "Hands on" and worked alongside the care staff. During our visit we saw that the registered manager was actively involved with supporting people. They accompanied one person to the GP surgery with a carer on the day of our inspection. They were aware of what was happening in all areas of the home. We found the home had a positive culture which was echoed by all people, visitors and staff we spoke with. One staff member said, "This home is very friendly, welcoming. It's a warm, family like atmosphere." Staff told us they found the registered manager approachable and they were able to speak with them openly about any concerns or issues they had. One staff member said, "[Registered manager] is very helpful and always here". The staff we spoke with all agreed that they could talk with the registered manager at any time. One staff member said, "[Registered Manager] is fantastic, always listens to us and we all work as a team to put the residents first." One staff member said, "We are so motivated to do the best we can because our manager believes in us. We would not want to let them down, or our residents."

We saw there were regular staff meetings where staff were able to raise any issues they may have. They told us the registered manager discussed current practice, new initiatives and any improvements that needed to be made at these meetings. They did all agree, however, that they would not need to wait until the meetings because they spoke with the registered manager every day. One staff member said, "We are such a small home, we are a close knit team – that includes the residents. We are all a team together."

Links with the local community were maintained by the fact that the people living at the home were, mainly, local people so their visitors were also local. One person said, "I have lots of visitors. They come to see somebody else but we all chat together." We observed that visitors interacted with everyone in a very social manner. The registered manager told us, "It is a very social home. Everyone knows everyone else."

The high levels of positive interaction between people, visitors, staff and external healthcare professionals formed the basis of continuous improvement planning. We saw, and were told, that people were involved in decision making on a daily basis. People were involved in reviewing their care needs and planning records.

The registered manager and provider had a number of satisfaction surveys in place to ascertain the views of relatives, health and social care professionals as well as the people living at Four Seasons. These surveys enabled the registered manager to monitor the quality of care provided and identify any areas for improvement. For example, the provider supplied a computer tablet for people to sign into the home. This was not well-received by visitors so it was discontinued.

The registered manager was aware of their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission Regulations 2009. This included when to notify us of any issues in the home which may have affected people living there.