

# Four Seasons 2000 Limited

# The Triangle

## Inspection report

Old London Road  
Wheatley  
Oxon  
Oxfordshire  
OX33 1YW

Tel: 01865875596  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
20 March 2019

Date of publication:  
10 April 2019

## 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

About the service: The Triangle is a care home that was providing personal and nursing care to 21 adults at the time of the inspection. Seven beds in the service were for people leaving hospital with the aim of returning to their own home.

People's experience of using this service:

- The management team promoted an inclusive culture that ensured everyone was valued and respected for who they were. This resulted in people receiving person-centred care.
- There was a cheerful, homely atmosphere where staff treated people with kindness and compassion.
- People felt safe living at the service and were supported by staff who knew how to protect them from harm and abuse.
- The service involved a range of health and social care professionals that supported people to live healthier lives and to achieve their goals.
- Staff were well supported through effective training and supervision to ensure they had the skills and knowledge to meet people's needs. Staff were knowledgeable about the needs of the people they supported.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service met the characteristics of Good in Effective, Caring, Responsive and Well-led. It met the characteristics of Requires Improvement in Safe.

Rating at last inspection: At the last inspection the service was rated Good. This report was published on 20 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Triangle

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The Triangle is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Triangle accommodates up to 28 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people and six relatives to ask about their experience of the care provided. We spoke with one nurse, two members of care staff, the registered manager, the business manager, the interim operations manager, the chef and the activity coordinator. We looked at four people's care files and other records relating to the management of the service.

Following the inspection, we spoke with two health professionals who have supported people in the service to gain feedback about their experiences of working with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes I feel safe and comfortable and my belongings are safe here too. I trust them".
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff told us, "I would step in to make sure they were safe. I would report it. I could go to OSAB [Oxfordshire Safeguarding Adults Board] or social services". Staff were confident in the management team and that action would be taken to ensure people were safe.
- There were effective systems in place to investigate and manage concerns relating to harm and abuse. The registered manager had ensured that external agencies were notified where required.

Assessing risk, safety monitoring and management

- Risk assessments were not always fully completed or up to date. For example, one person's choking risk assessment had not been updated following a SALT assessment and their pressure ulcer risk assessment had not been completed.
- We spoke to the registered manager who took immediate action to address the concerns relating to the records.
- Where people had been identified as at risk, care plans identified how risks should be managed. For example, one person was at risk of pressure damage, their care plan guided staff in how to support the person to reduce the risk which included pressure relieving equipment and three hourly repositioning. Staff we spoke with were knowledgeable about the person's needs and how often they required repositioning.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People told us staff responded promptly to requests for help. One person told us, "Yes, I have a call bell and when I've used it they come very quickly".
- Throughout the inspection we saw staff responding in a timely manner to people's requests for support. Staff were not rushed and had time to sit with people.
- The provider had systems in place to ensure they made safe recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. However, where people required 'as required' (PRN) medicines, there were not always PRN protocols in place to ensure people received their medicines when needed. We spoke to the registered manager who took action to ensure these issues were immediately addressed.
- Medicines were stored safely. Temperatures of the medicine storage room and medicines fridge were monitored and recorded daily.

- Staff had completed training in medicine administration and their competencies were checked to ensure they had the skills and knowledge to administer medicines safely.

#### Preventing and controlling infection

- The service was clean and free from malodours. People told us their rooms were kept clean. One person told us, ""Yes, it's nice and clean and they come in every day to clean it".
- Staff were knowledgeable about infection control procedures. Staff wore personal protective equipment (PPE) when required, this include disposable aprons and gloves.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Records included action taken to reduce the risk of reoccurrence.
- All accidents and incidents were recorded on a central system that enabled the provider to have an overview and look for patterns and trends. The registered manager and interim operations manager reviewed the records monthly. This included records relating to infections, falls and deaths.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and records showed that people's needs were met in line with good practice guidance. For example, people's communication needs were identified and met in line with the Accessible Information Standards (AIS). AIS ensures people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need from health and care services.

Staff support: induction, training, skills and experience

- Staff completed training in a range of topics including, safeguarding, infection control, dementia care and mental capacity. Staff we spoke with were positive about the training they had received and felt they had the skills and knowledge to meet people's needs.
- New staff completed an induction and were well supported. One member of staff told us they had been observed in practice and were now completing The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The member of staff told us, "I've had really good support. It's a really nice team".
- Staff were supported to access development opportunities. One member of staff we spoke with was completing the provider's 'care home assistant practitioner' course. They spoke with enthusiasm when speaking about the opportunity to progress and improve their skills and knowledge.
- Nursing staff were supported to keep their clinical skills up to date and received clinical supervision from the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food they received. One person told us, "It's [food] nice and we get a choice and no I don't get hungry at night we get tea and cakes or biscuits between meals if we want it". Relatives were confident that people received food and drink to meet their needs. One relative told us how their loved one had gained weight since moving to live at the service.
- Care plans identified people's specific dietary needs and where recommendations had been made by health professionals we saw this guidance was being followed.
- Where people required support to eat and drink this was provided in a way that met the individual needs.
- The chef was knowledgeable about people's dietary needs and was updated when people's needs changed or new people were admitted to the service.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being.



- One health professional who supported people who were admitted from hospital for rehabilitation to return to their own home was extremely positive about the working relationship they had with the service and the staff supporting people. They told us, "They always follow instructions and use the right approach for patients".

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and people were able to bring in their own possessions. People had photographs and mementoes to make them feel at home.
- There was a comfortable communal area where people were able to spend time together.
- There was appropriate signage that enabled people to find their way around the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health professionals. This included, podiatrist, speech and language therapy, mental health team and G.P.
- Staff supported people to attend hospital appointments and ensured guidance and advice was followed.

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply the principles when supporting people. One member of staff told us, "It's about acting in their [person's] best interest. I would never force them as that would cause more distress".
- Where people had appointed a legal representative to make decisions on their behalf records identified this and showed which areas the person had legal authority to make decisions.
- Where people were assessed as lacking capacity to consent to elements of their care that were restrictive the registered manager had submitted DoLS applications to the supervisory body. These were reviewed to ensure they were the least restrictive option.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong caring culture promoted by the registered manager. The registered manager told us, "It's the care that matters to me".
- People told us staff were kind and caring. One person told us "The staff are very kind here". Relatives were also confident people were treated with kindness and compassion. One relative told us, "Yes, I do like it here for [person] and she's very well looked after here, and the staff are very good".
- Staff spoke with kindness and genuine affection when speaking with and about people. One person was celebrating their birthday on the day of the inspection. All staff took time to speak with the person, holding their hand and showing sincere warmth.
- Health professionals were positive about the caring nature of staff. One health professional told us, "They are kind and considerate to patients".
- There was a friendly, welcoming atmosphere. People were happy. Staff engaged in gentle banter with people which resulted in laughter and joy.
- There were many examples of staff going the extra mile for people. For example, a member of staff was getting married and wanted people and staff to be involved in the day. Staff came in on their day off to take people to the church. This had clearly been a wonderful event for both the staff member and people.
- Staff were committed to improving the lives of people in the service and took part in fundraising events for activities. This had included a parachute jump and a sponsored walk over the O2 arena. These were clearly inclusive events that were supported by people, relatives and staff.

Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection people were involved in decisions about their care. This included where they wished to spend their day, the food they wished to eat and whether they wished to participate in activities. Staff took time to explain to people and prompted when needed to encourage and support people to be involved in decisions.
- Relatives told us they were involved in their loved one's care. One relative said, "Yes, we get involved in [person's] care".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They [staff] always ask for my permission and when they are doing any personal care, they always close the curtains and close the door".
- People were addressed by their chosen name. Where people preferred to receive support with personal care from either a male or female member of staff this was respected.
- People were supported to maintain and improve their independence. One person had moved to the service unable to walk. The person wanted to try and walk again. The service involved appropriate health

professionals and supported the person with regular exercises and the person was now able to walk independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and treated them as unique individuals. Staff ensured people received personalised care that respected and protected their rights. One health professional told us, "They are very culturally aware and ensure care is inclusive".
- People's needs were assessed prior to them moving into the service. Assessments were used to develop individualised care plans. People were involved in developing their care plans to ensure they reflected individual preferences. One person's care plan detailed their enjoyment of reading a daily paper. During this inspection we saw this person enjoying reading the newspaper in their room.
- People had access to a range of activities. People told us they enjoyed the activities. One person told us, "Sometimes I go down stairs, but I have all my meals in my room. I do some of the activities here and I do one on ones in my room, exercises. We have singers and other entertainers coming in here".
- Activities were person centred. One health professional told us how the service had provided personalised activities to a younger person in the service. They said, "The care is very person-centred".
- Staff were responsive to people's changing needs and worked with people to ensure they achieved their desired outcome. One health professional told us, "They always follow instructions and use the right approach for patients. They are very good at personalising and individualising the care" and "They really have the ethos we need to encourage rehabilitation".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was displayed in the service.
- People and relatives were confident to raise concerns. One relative told us, "Very good when I spoke to the manager [registered manager]. We have found her very open and transparent".
- Records showed that complaints had been recorded and responded to in line with the provider's policy. There were effective systems in place to enable the provider to have an overview of all complaints to look for areas of improvement.

End of life care and support

- At the time of the inspection two people were being supported with end of life care. We visited these people who were both comfortable and receiving support to ensure they were kept pain free.
- The service worked closely with local hospices to ensure people were supported appropriately. We spoke with one health professional who had supported several people to move to the service. They were extremely positive in their praise for the quality of the service for people who required support at the end of their life.
- Health professionals also told us how responsive the registered manager was to any concerns and had facilitated meetings with families to enable difficult conversations around end of life care to take place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Without exception the feedback we received about the registered manager was positive. Comments from people and relatives included: "She's very good and she pops in and talks to me and yes what I've seen she is doing a good job" and "She's a very nice woman, she's more like a friend".
- Health professionals were positive about the responsiveness of the management team. One health professional told us, "The management team function really, really well. I always have confidence in them".
- Staff felt well supported by the management team and told us the registered manager promoted an extremely caring ethos, that valued people and put them at the centre of the service. One member of staff told us, "There is a very positive culture. [Registered manager] always does what's best for residents. She will always help us".
- The registered manager promoted equality and worked to achieve an inclusive culture. For example, the service supported two volunteers with disabilities to work in the service. This clearly had a positive impact on the volunteers and people using the service.
- The management team were open and approachable. Throughout the inspection the registered manager and business manager were visible about the service and clearly knew people and staff well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities. Staff enjoyed their roles and worked effectively as a team. One member of staff told us, "It is a really supportive team. Doesn't feel like a hierarchy. We are valued equally".
- There were a range of systems in place to audit the quality of the service. The systems enabled the provider to have an overview of the quality of the service and where there were areas of improvement. This monitoring was overseen by an interim operations manager at The Triangle who reviewed progress against the action plan weekly.
- The registered manager was responsible for the clinical governance of the service and completed regular audits to ensure nursing needs were met. For example, auditing of wound charts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service looked for continuous feedback from people, relatives and staff. There was an electronic device in the entrance of the service that enabled everyone to provide feedback and make comments about the quality of the service. Feedback was analysed monthly to look for areas of improvement. Records showed

that timely action was taken to address any concerns raised. For example, there had been negative feedback about the flooring in one area of the service. This had now been replaced.

- There were regular relatives and residents' meetings that enabled people to be kept informed of any changes or issues arising. This included fundraising events taking place and the introduction of an employee of the month award. Records showed that people and relatives were encouraged to be involved.

#### Continuous learning and improving care

- The provider had effective systems in place to continuously learn and improve the quality of the care.
- The registered manager kept their skills and knowledge up to date by accessing local and national forums for information
- The registered manager also had access to a range of development opportunities through the provider which included managers meetings.

#### Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to ensure people received support to meet their needs. Where people were admitted from hospital for reablement, the registered manager attended weekly multi-disciplinary meetings to discuss people's progress towards their goals. One health professional told us they had worked with the service for three years and considered it one of the better homes in working together to achieve best outcomes for people.