

Four Seasons Mickleton Limited

Four Seasons

Inspection report

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15 April 2019

18 April 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Four Seasons is a residential care home in Gloucestershire that provides personal care for up to 21 older people, some of whom are living with dementia. At the time of our inspection 16 people were using the service.

People's experience of using this service:

- The provider had a clear vision for the service. There were systems in place to monitor the quality and risks in the service, ensure staff kept up to date with good practice and to seek people's views.
- Staff morale was low. Staff told us they did not always feel confident to challenge more senior staff regarding concerns they might have as they did not feel their views were always listened to and respected. They also told us they had limited opportunities to feed back to the provider as staff meetings had not taken place regularly and staff surveys were not completed. The provider assured us they would take action to improve the staff morale.
- Despite staff's concerns with the service's leadership we found staff to be hard working, caring and committed and people had consistently received safe and personalised care.
- People felt safe and were protected from avoidable harm by staff who understood how to keep them safe.
- Staff supported people to take their medicines safely and understood how to prevent the spread of infection.
- People were empowered to decide how and when their care was provided. 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.
- People were supported to maintain relationships with people important to them, including others living in the home.
- People's needs were assessed to ensure they could be met by the service. Staff had a good knowledge of how to support people.
- Staff were recruited safely, and there were enough staff to meet people's assessed needs.
- People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- Systems were in place to manage and respond to any complaints or concerns raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At our last comprehensive inspection of this service in February 2016, we rated the service as 'Good'. At this inspection the service was rated as 'Requires Improvement' in Well Led and remains 'Good' in all other areas and therefore 'Good' overall.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. We will ask the provider to keep us updated on the progress made to improve the rating of the key question 'Is the service Well-led?' to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details in our Well-led findings below.

Requires Improvement ●

Four Seasons

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: Our inspection was completed by one inspector.

Service and service type: Four Seasons is a 'care home' that provides care for a maximum of 21 older people. At the time of the inspection 16 people were using the service. 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 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.

Notice of inspection: The inspection was unannounced.

What we did: Before the site visit: We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. 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 site visit: Inspection site visit activity started on 10 April 2019 and ended on 18 April 2019. We visited Four Seasons on 11 and 15 April 2019 to see the manager and speak with staff; and to review care records and policies and procedures. We made telephone calls to people's relatives and staff on 18 April 2019.

We spoke with six people who used the service. We observed staff interacting with people throughout the

day, including preparing and supporting people with their meals and with various organised activities. We reviewed a range of records. This included five people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. We spoke with the registered manager, two senior care staff, the activities co-ordinator, a house-keeper and the local GP.

Following the site visit: We sought feedback from five people's relatives and two support workers about Four Seasons.

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, "I feel safe, I have a device to call carers. I can push this button and they will come." Another person told us, "We are safe and looked after."
- Relatives were confident that people and their belongings were respected and safe when being cared for by staff.
- People were protected from risk of abuse and harassment. Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Using medicines safely:

- Staff who administered medicines had received training and their competency was checked. Good medicine practice was followed and records confirmed people had received medicines as prescribed.
- Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. Staff told us there were rarely any errors.

Staffing and recruitment:

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed and the provider took into account any known risks identified through their recruitment process before staff started work at the service.
- All new staff worked a probationary period and their performance was monitored to ensure the provider's expected standards were met.
- People told us there were enough staff to support their needs. One person said, "I can choose who supports me with my bedtime routine."

Assessing risk, safety monitoring and management:

- Care records included people's risk assessment and risk management guidance. Staff were aware of people's risks and the strategies used to keep people safe including the management of people's falls, diabetes, skin integrity and physical health.
- Health care professionals told us staff worked with them to manage the risk to people's skin. Staff followed people's repositioning guidelines to protect their skin from injury.
- When people's health deteriorated or they fell, there were clear systems to monitor and communicate the agreed emergency response or medical treatment when required. The registered manager ensured post falls

management was effective and people's risk assessments were reviewed to minimise risk of further falls.

- Staff had received training and followed safe moving and handling techniques. People were assessed for the safe use of equipment and equipment was well maintained. Following our inspection in October 2017, the registered manager had completed a full review of all equipment within the home to ensure it was safe for people to use.
- Environmental checks had been completed and people were protected from the risk of fire and waterborne bacteria.

Preventing and controlling infection:

- Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination when handling soiled laundry. We saw they used their personal protective equipment and followed good hand hygiene.
- The registered manager was clear about her role in preventing flu outbreaks and the processes to follow should an outbreak of flu occur. There had been no recent infection outbreaks at the service.
- Staff completed food hygiene training and the food standards authority inspected the home in April 2018 and rated it as "Good".
- The home had effective systems in place to ensure it was clean and infection free. A member of the housekeeping team told us "We have daily schedules of cleaning, things such as cleaning en-suites and we complete deep cleans once per week."

Learning lessons when things go wrong:

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Learning identified through such investigations was used to prevent similar incidents occurring in future.
- Following a discrepancy with records relating to medicines coming into the home, the service had met with the pharmacy supplying medicines to the home and had put systems in place to prevent further discrepancies from occurring.
- Where required the registered manager had notified CQC of any significant event such as serious injuries or safeguarding concerns.

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 feedback confirmed this.

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

- People's needs were fully assessed with ongoing involvement of their close relatives and reviewed by a range of health and social care professionals. People had access to information to help them understand their care and treatment and promote a good quality of life.
- People's support, for example in relation to their relationship needs and behaviours that might challenge, was planned and delivered in accordance with recognised and approved national guidance.
- The provider had ensured that policies included up to date national guidelines and legislation for staff to reference. Policies in relation to medicines and the use of covert medicines had been recently reviewed and updated.
- People's independence was promoted through the use of technology. People could go out for walks using a tracking device so staff knew their whereabouts. This maintained people's independence whilst limiting risk of harm or people getting lost.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills, knowledge and experience to meet their needs
- New staff received a comprehensive induction to ensure they understood the provider's policies. All staff completed mandatory training and refresher courses such as infection control, fire, safeguarding and moving and handling.
- The registered manager had identified prior to our inspection that staff had not always received regular supervision meetings to discuss concerns, identify their development needs and reinforce their knowledge and was taking action to address this.

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

- Staff understood people's dietary needs and preferences and these were recorded in people's care plans.
- People's risks in relation to eating and drinking had been assessed and reviewed. One person who could be at risk of choking was encouraged to eat mostly mashed or 'soft' foods.
- People had access to a weekly menu which they helped choose. They were encouraged to eat a balanced diet which included a variety of fresh fruit and vegetables. People could choose who they sat with to enjoy their meal. One person told us ""Food is good. I like to eat fish and chips."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked with a variety of health and social care professionals to manage people's health needs. The registered manager completed weekly rounds with the GP to discuss people's health and explained how this joined up working had enabled one person to access the community independently.

- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals. One health professional working with the service told us "The home is particularly good at keeping people happy and healthy; ensuring people's mental health and well-being. A recent person admitted was assessed to go out and supported to access the community safely."
- People were satisfied with how staff had managed their pain and commented on the prompt response and action taken by staff when they were experiencing pain.

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

- The provider had plans in place to refresh areas of the home, which included new kitchen equipment, new carpets and general decoration of peoples' bedrooms and communal areas.
- People's bedrooms reflected their needs, preferences and interests. One person had items which were important to them, such as pictures of their family and friends which they could look at and enjoy.
- There were plenty of communal areas for people to enjoy including an enclosed back garden and patio which staff told us was popular in the summer.
- The home was fully accessible to those who used a wheelchair and had supportive rails for those who needed support to walk safely.

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.

- 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 received training in the MCA. The principles of the MCA were understood and the MCA Code of Practice followed.
- Staff obtained consent from people before providing care and support. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- The registered manager had ensured that each person's capacity had been assessed in relation to making the decision to live in the home. At the time of our inspection none of the people had an authorised Deprivation of Liberty Safeguard (DoLS). 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 DoLS.

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:

- People told us they were well cared for. One person told us, "Staff are wonderful - I couldn't be better looked after if I was the Queen."
- People and their families told us staff were kind and caring in their approach. We observed many friendly and caring interactions between staff and people. For example, staff greeted people with warmth and compassion when people had called the bell to seek staff support. A visitor to the home told us, "If ever I need to be in full time care - this is where I would like to be."
- Staff had a good understanding of people's needs and spoke about people with kindness and compassion. Staff we spoke with knew people's preferences and used this knowledge to care for them in a person-centred manner.

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

- We observed staff giving people opportunities to express their views, be involved in making decisions about their care and decide which activities to be involved in.
- Staff spoke to people patiently and allowed people the time to express themselves. Staff responded appropriately and respectfully to people who were unable to fully converse. They observed people's body language and actions to help them understand people's needs or requests. They provided reassurance or distracted those people who became unsettled or upset.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner.
- Staff understood the importance of respecting people's privacy and dignity. For example, staff knocked on people's doors and waited to be invited in. They explained to the person why they needed to enter their bedroom, such as supporting them with their medicines, or bringing them a meal.
- The registered manager gave us examples of working well with relatives and other health care professionals to provide care in an integrated way. For example, how they worked with the local GP and other professionals to enable one person to access the community 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:

- Care was consistently delivered with consideration of people's individual needs whilst encouraging their independence. People's care plans reflected their current needs and preferences.
- People were supported to safely access the community when they wanted; risks to people whilst out in the community had been assessed and reviewed.
- People's social needs were met and they benefitted from activities they enjoyed and promoted good health. On the day of our visit, five people were being supported to bake cakes. This promoted the use of hand function and encouraged social interaction.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint. Information relating to the complaints procedure was accessible in the foyer of the home.
- The service had not had any complaints in the last 18 months. The registered manager explained how complaints would be handled in accordance with the provider's policy, within the provided timescale and used to improve the quality of care.

End of life care and support:

- Where the service was supporting people with end of life care there was evidence of routine involvement of people and their families. Advanced care planning was promoted; there were conversations held around decision making and people's resuscitation wishes.
- The wishes and needs of people and family were included in care plans; this included discussion about people's preferred place of care at the end of their life.
- The home had good links with relevant health professionals to ensure support would be available to manage people's symptoms and ensure people's advanced wishes would be respected.
- One professional told us, "End of life care is proactive; the home liaises with a local nursing charity to deliver any end of life care as they are a residential home. They always ensure anticipatory medicines are available and that people are supported to have a dignified end of life."

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.

Requires Improvement: There were some shortfalls in service leadership. Staff morale was low and staff told us they did not always feel supported.

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.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- The provider had a set of core values which were displayed throughout the service. Staff we spoke with were aware of the values and said that they shared them. The service had a vision which included "providing a restful but stimulating atmosphere that enhances the quality of life for our residents."
- The leadership for the service was the responsibility of the registered manager. The majority of staff we spoke with raised concerns about the leadership of the service, whom they described as unresponsive when they raised issues.
- Staff told us they did not always feel confident to challenge more senior staff regarding concerns they might have as they did not feel their views were always listened to and respected. They also told us they had limited opportunities to feed back to the provider as staff meetings had not taken place regularly and staff surveys were not completed.
- Despite staff's concerns with the service's leadership we found staff to be hard working, caring and committed and people had consistently received safe and personalised care. Health care professionals told us standards of care had improved under the registered manager. One health care professional told us, "The home manages people's needs well."
- We raised our concerns in relation to staff morale and the lack of trust in the registered manager to the provider during the inspection. They told us they would take prompt action to ensure staff felt more supported, and that they would work with the registered manager to improve morale for staff within the service.
- People told us there were ways in which they could be involved in the running of the home. For example, people said they could choose who supported them, what activities to take part in or what they had to eat and drink.
- Relatives described the leadership as being open and felt managers shared information with them as required. One person's relative told us "Managers are happy to share information. They responded well to dad when he had a stroke in terms of keeping the family informed."
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of

candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

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

- The service was led by a manager who had registered with the Care Quality Commission. They were clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events that occurred within the service and the rating from the last CQC inspection was displayed as required.
- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.
- There was a governance structure in place. The management team completed a wide range of audits to assess, monitor and improve the quality of the service. These included environmental audits, reviews of people's care records and a regular review of people's needs.
- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

Continuous learning and improving care; Working in partnership with others:

- There were systems and processes for learning and continuous improvement and innovation. The service was working on ways to improve the use of technology to support people to independently access the community.
- The registered manager demonstrated their awareness of continuous learning by auditing records of complaints and by completing a 'lessons learned' form each time something went wrong. The registered manager had implemented new quality checks following a near miss incident in relation to manual handling equipment.