

Four Seasons (Evedale) Limited

Charnwood

Inspection report

24 Station Road
Carlton
Nottingham
Nottinghamshire
NG4 3AX

Tel: 01159404441
Website: www.fshc.co.uk

Date of inspection visit:
27 February 2023
28 February 2023

Date of publication:
22 March 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Charnwood is a residential care home providing personal and nursing care to up to 88 people. The service provides support to people over the age of 18. At the time of our inspection there were 35 people using the service. The home is split across two floors with a large garden to the rear.

People's experience of using this service and what we found

People and their relatives told us they felt safe. People received their medicines in a timely and safe manner by competent staff who were trained who knew them well. Staff were recruited safely, and a comprehensive dependency tool ensured there was always the right amount of staff with the appropriate mix of skills to support people safely.

Staff were trained and knowledgeable about safeguarding issues and knew how to report concerns, this ensure people remained safe from harm and abuse. Staff confirmed they always received feedback and support from the manager with any concerns they raised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The new manager had reviewed and updated care plans. People's needs were assessed, and care was delivered in line with people's wishes. Staff were knowledgeable about the Mental Capacity Act (MCA) and supported people effectively and safely with the appropriate use of best interest decisions where they lacked capacity. Records showed and relatives told us they had been included in this process.

Care plans were person centred and reviewed on a monthly basis or as people's needs changed. People and their relatives told us they were included in this process and staff were knowledgeable about their wishes and choices. People were supported to attend social events and groups that were important to them as well as daily group activities being offered.

People told us the service was well led, actively engaged with them, and sought their views. Relatives we spoke with supported this and told us management were open and transparent and responsive to feedback. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 November 2019) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by information received by the local authority who identified the service as making significant improvements. As a result, we undertook an unannounced focused inspection to review the key questions of safe, effective, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charnwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 are in our responsive findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

Good ●

Charnwood

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience who made phone calls to relatives of people who used the service. 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

Charnwood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Charnwood is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, since the inspection the new manager has now completed their registration process to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 11 relatives of people who used the service about their experience of the care provided. We spoke with 8 members of staff including the manager, the regional manager, senior care assistant, care assistant, housekeeping staff and maintenance.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that care and treatment was provided in a safe way. Arrangements were not always in place to do all that is reasonably practicable to mitigate any assessed risks to the health and safety of service users receiving the care or treatment. This was an ongoing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager had reviewed all care plans and they now contained comprehensive person-centred risk assessments which ensured people remained safe. For example, care plans for people at risk of pressure wounds had clear repositioning guidance for staff to follow to mitigate the risk of a wound developing.
- People were supported and motivated to remain independent. For example, risk assessments had been completed for people who wished to improve their mobility. Care plans contained guidance on use of manual handling equipment needed for staff to support people's desired outcome safely.
- People who used the service told us they felt safe. One person said, "Staff know me and know when I'm having a good day and can do more."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and neglect. People were supported by staff who knew them well and were trained in identifying safeguarding concerns.
- A relative of a person living at the home said, "The manager is very good, my [relative] had a bruise and they made a safeguarding (referral) straight away, that's how I know they are always safe".
- Staff told us how they reported their concerns to management and gave example of how these have been followed up to reduce future risks. We saw evidence of these incidents being reported to the local authority and the appropriate actions being taken.

Staffing and recruitment

- Staff were recruited safely. The service completed the appropriate checks to ensure the right staff were employed. However, not all staff records included a full work history. The new manager actioned this immediately on the day of inspection and ensured all staff files were complete.
- There were always enough staff on duty who had the right mix of skills and knowledge to support people safely. Staff told us the new manager was responsive to requests for additional training.
- Staff issues relating to poor performance was recognised and responded to appropriately and quickly.

Staff told us this had created an open culture where they could raise their concerns swiftly and confidently which ensured people were care for safely.

Using medicines safely

- Medicines were managed appropriately and safely. People were supported to receive their medicines in their preferred way by skilled and qualified staff. The manager completed regular competency checks to ensure staff were competent and relevant policies and guidelines were followed.
- Medicines were stored and disposed of correctly and staff completed medicine administration records accurately which ensured people received their medicine safely and in a timely manner.
- We observed a staff member explaining a person's medicines to them prior to administering and requesting their consent to receive it. Staff knew people well. For example, one person preferred to take their medicine with yoghurt and the nurse was aware of this and had ensured they had their favourite flavour ready.
- One relative said, "The staff are so good and patient as [relative] doesn't always want to take their medicine and always update me if there are any changes."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Audit processes had been put into place to ensure mistakes were identified and acted upon. The manager was open and transparent when things went wrong and shared findings with staff to ensure best practice guidance was followed.
- The manager and regional manager explained how lesson learned were shared between the providers other services which ensured best practices were highlighted and adopted quickly with the service.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation, which ensured people received consistent, effective care.
- Comprehensive assessments were completed and regularly reviewed. People's required outcomes were identified, and staff were given guidance on how to support people.
- Falls assessments and pressure area care plans contained personalised guidance for staff to identify risks and changes to people's conditions. Staff were supported by information on when and how it was appropriate to seek additional professional guidance.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff were supported with a rolling training programme which was relevant to the conditions that people at the home were living with.
- Staff told us the new manager was in the process of completing supervisions with them. Staff confirmed the manager was approachable and gave feedback without waiting for formal supervisions. Staff stated this made them feel valued and supported.
- One staff member said, "I feel so supported by this manager, we haven't had this previously. I can go to [manager] and they listen, and they want to make things better in the home".

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

- People were supported to eat and drink enough to maintain a balanced diet. Care plan contained details about people's needs, likes and dislikes. Staff were knowledgeable about people's preferences.
- Whilst the mealtime routine appeared busy and hectic, staff supported and protected people, especially those with complex needs, from the risk of dehydration, swallowing problems and other medical conditions that affected their health.
- One person living at the home said, "The food is good, you can always order off the menu if you fancy something different."

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

- The service had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support.
- We saw feedback from one professional working with the service that said, "The capability and experience

of staff have achieved the best outcomes for people, I can't thank you enough."

- Family members we spoke with confirmed that people received and attended their required medical appointments. One person said, "They are very good supporting with this and always keep me updated. The GP attends weekly, so things are always picked up on quickly."

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

- People were involved about decisions about the home as well its design and decoration. People told us they were encouraged to decorate their rooms as they chose, and staff supported them to achieve this.
- There were 2 quiet lounges off the main communal area which allowed people to undertake activities independently and provided private space for people to have visitors.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had made the appropriate applications for DoL's, however, they had experienced delays in receiving those outcomes. The manager ensured applications were chased at regular intervals and people and families were updated on progress.
- Where delays had been experienced appropriate best interest decisions had been used and implemented to ensure effective and timely good quality care was delivered.
- Where legal authorisations were in place the provider was meeting these conditions and staff were knowledgeable about the MCA and people's rights.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was assessed, planned and delivered in a person-centred way. The new manager had ensured all care plans had been re-developed and reflected people's choices and guided staff on how people wished to receive their care.
- People and or their relatives had been included in care planning and reviews. Care plans contained people consent to receive their care and the level of support they wished to receive from staff.
- A relative told us, "They (staff) are committed and make a difference to [person's] life. Difficult to see if they can do anything more. [Person] enjoys having the carers around them and it is a warm and friendly ethos at the home."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to receive personalised communication and information in methods that met their needs which were clearly detailed within their care plans.
- Where activities were taking place, these had been designed to be inclusive and used methods such as audio and visual adaptations of the activity so everyone could take part.
- The manager described how information could be made available in different formats, such as large print and easy read to ensure everyone received consistent information in a timely manner.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain social relationships to avoid isolation both with people important to them and within the home with other people.
- We saw evidence of organised group outings such as trips to the garden centre and local coffee shops. One person was supported to attend a religious event in the community each week that was important to them.
- Relatives of people living at the service told us they were welcomed and included when visiting the home. One person said, "I go as often as I can, sometime when I get there staff are sat chatting with [relative], its nice to know [relative] is not just left on their own."

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns and in an appropriate format for their communication needs.
- There was a complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and communication with relatives.
- One relative said, "I had to raise a complaint about a problem with the mattress, the manager responded very quickly and sorted the issue. I couldn't fault the response."

End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. People and their families were asked about their wishes and this was continuously reviewed, sensitively throughout end of life care.
- Where needed people had the appropriate medicine in place to ensure they remained pain free and staff were knowledgeable about when and how to administer these.

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.

At our last inspection we rated this key question require improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care planning was person centred which ensured people received good outcomes. For example, the new manager was supporting people to achieve personal goals by assessing and supporting positive risk taking such as community activities.
- Where risks had been identified the new manager had developed and implemented audits to ensure these were monitored, such as repositioning checks and sensor mat alerts. Although more time was needed to ensure these checks were robust, people and relatives told us they had received good outcomes.
- A relative said, "I'm very impressed with the manager and the nurses. My [relative] has complex needs, and they understand their condition very well. They tell me about everything that happens, and they make sure they get the best care and outcomes."
- People and staff told us that there was an open and transparent culture within the service. People said the new manager was 'approachable' and 'took time to listen'.
- One staff member said, "I feel supported and able to do my role well because of the new manager, they haven't been here long, but it's made a real difference, they listen and act on our feedback."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Where people had a recommended summary plan for emergency care and treatment (ReSPECT) forms in place, the manager acknowledged these were not always completed fully or in a person-centred way. The manager described working with the local GP practice to update these forms and we saw evidence that this process had started.
- We saw evidence of improved reporting to relevant authorities such as the local authority and the CQC. Staff had clear policies in place and understood their responsibilities and how to record incidents. This

ensured the provider supported the development of an open and honest culture.

- Lesson learned were developed and communicated between the provided other services. The manager communicated lessons learnt to people in team meeting and staff supervisions.
- Relatives told us they were always kept up to date with people's wellbeing and changes in their conditions. One relative told us, "My [relative] is fairly new to the home and staff recognise I know what's 'normal' for them so they will ring me for my opinion, and we talk things through. It works really well."

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

- There had been a new manager in place since November 2022. They had introduced several audits to identify issues within the home and monitor risks associated with people conditions. This had resulted in improved care for people. For example, people with pressure wounds had seen improvement in their condition due to enhanced monitoring.
- Staff were clear about their roles and responsibilities. One staff member said, "The manager is changing things, before some staff did the bare minimum and this is not accepted anymore. Knowing what we are responsible for means people receive good quality care all the time."

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

- People, relatives and staff were involved in giving their feedback and a variety of formats were used to do this, including phone calls, meetings and feedback forms.
- Monthly residents' meetings were held to gain feedback and ideas for improvement. For example, people had requested a group outing to a garden centre which had been arranged.
- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and Nurses.
- One professional who worked with the service said, "I have recommended the service to colleagues and other professional because of the high quality of service and care they deliver."