

Zaydan Healthcare Limited

# The 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

The Four Seasons is a residential care home providing personal to up to 16 people. The single room accommodation is arranged over two floors and has lift access. The service provides support to older adults. At the time of our inspection there were 16 people using the service.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely.

Staff followed an induction programme, and training was on-going throughout employment. Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

People told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The registered manager was available for people to contact, and managers undertook regular quality checks, to help ensure continued good standards of care.

The provider and managers followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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

Rating at last inspection and update

The last rating for this service was good (published December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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 safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The 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. 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 1 inspector.

#### Service and service type

The Four Seasons 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. The Four Seasons is a care home without 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 a registered manager in post.

#### 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. 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 the provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, the deputy manager, the cook, 3 staff members and received additional feedback from 9 other care staff members.

We spoke with 2 people who used the service and 4 visiting relatives about their experiences of the care provided. We reviewed a range of records including 3 people's care records, risk assessments, medication administration records and associated documents.

We looked at 4 staff personnel files including recruitment records, staff training and supervision records. We reviewed records relating to the management of the service, including audits and a variety of policies and procedures. We contacted the local authority who regularly monitor and visit the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- Managers encouraged people to raise any safeguarding concerns. A person told us, "Honestly I have no qualms with anyone. The staff are super, and they really care. I feel very safe here." A relative said, "Definitely a safe place for [person] to be and [person] feels this way too. Everything is going well and seems well organised."
- Safeguarding incidents were recorded and investigated by managers.

Assessing risk, safety monitoring and management

- Risks to people and the environment had been assessed and regularly reviewed. The provider had systems in place to identify and reduce the risks involved in supporting people.
- Managers involved people, and where appropriate their relatives, in assessing risks to their support. Decisions about risks were recorded in people's support plans. A relative told us, "We filled in a 10 page profile of [person] at the beginning and it covered all sorts of things. [Registered manager] understood at the beginning how difficult it may be for a person moving into a home and she was great with us and [person]."
- Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm.

Staffing and recruitment

- Staff were recruited safely. Staff records we reviewed contained the appropriate information and documents, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During our inspection we saw many instances where staff demonstrated caring attitude towards people as well as offering practical support. Staff demonstrated a good knowledge and insight into the needs of the people they supported and a friendly rapport with the relatives. A person told us, "It's very special here; the girls [staff] couldn't do more if they tried, they are very attentive. You do as you like and it's good company."
- Staffing levels were determined by the number of people using the service and their needs and were adjusted accordingly.

Using medicines safely

- Medicines were safely managed. The provider had systems in place to ensure people were receiving their medicines as prescribed. A person told us, "Staff help me with my medicines, and I take them myself; there

have been no issues."

- Managers ensured staff had received medicines training and had their competency assessed to ensure they gave medicines safely.
- Medication records were completed in line with the provider's policies.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding's.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the registered manager to identify themes and trends, in order to reduce the chance of a reoccurrence.

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

There were no restrictions on visiting and the provider was facilitating visits for people living in the home in accordance with the current guidance. We saw lots of relatives visited during the inspection.



# 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 good. The rating for this key question has remained 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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the provider and registered manager monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period of induction so they could get to know people before starting to work alone. One staff member told us, "I spent 4 weeks shadowing other staff, reading policies and procedures and the staff handbook. I completed mandatory training and some on-line training."
- Managers monitored staff training provided and maintained a staff training matrix. Staff had been trained in a number of areas relevant to their work.
- Care and support was provided by staff who had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to maintain a balanced diet. People said they were happy with the meals provided and the choice and could change their minds regarding meals. One person told us, "I love the food and enjoy helping to lay the dining tables before meals." A relative said, "[Person] is very pleased with the food and eats well, and always says how nice the food is during the day."
- The support people required with their dietary needs was recorded in their care plans. The home had achieved the highest food hygiene rating, following an inspection in this area done by the local authority. Food was prepared freshly each day, and local food suppliers were used.
- People were offered a choice of main meal and there was very little wastage. Portion sizes appeared ample, and people clearly enjoyed the food. People who needed assistance to eat were given the full attention of the staff helping them, who got down to the persons' level, and explained what they were being given. Staff appropriately waited and asked between each mouthful if the person was ready for more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A relative told us, "If anything happens they [staff] tell us straight away. We feel staff are like our relatives, and we know they would tell us straight away if [person] wasn't okay."
- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. Staff kept detailed records of the support provided each day.
- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention where needed. Referrals were also made to health and social care professionals when required. We saw several health care professionals visited during the inspection to provide support to people and guidance for staff.

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

- The home was appropriately adapted, equipped, and decorated and furnished to a good standard. People had been involved in making decisions about how the home was decorated and each person's room was personalised. A relative told us, "[Person's] room is full of personal items and there's always jugs of water and a glass at the side of [person's] bed."
- One person delighted in showing us their bedroom which was full of personal items such as photographs of relatives and paintings. People told us the home was a relaxed and comfortable place to live. A person told us, "This is a calm place for me, and staff are patient with people. I am happy with my room it is cleaned every day."
- The premises were kept free of obstacles and hazards which enabled people to move safely around the care home. There was clear signage within the building to enable people to navigate around.
- There were outside areas for people to use, and communal internal rooms which enabled people to socialise and take part in activities. Close to the entrance there was a 'pod' area which had been specially built to allow visitors to see people safely when government guidelines indicated the need for this. People had a choice of where to sit during the day. The building was dementia friendly.

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.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Peoples capacity to make decisions about their care and support was assessed on an on-going basis in line with the principles of the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken

place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Staff had received training in the MCA.

- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known. A relative told us, "Staff always explain to [person] what they are going to do. They [staff] always involve family if they feel anything needs addressing and they rang at weekend to update us." A person said, "They [staff] are very good and always explain things to me to make sure I understand what is going on."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 were supported by staff who treated them with respect and equality. Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. One person told us, "All the staff are wonderful and kind to me; they take their time and don't rush me. They chat to me about my life and what I did."
- People received kind and compassionate support from staff who used positive, respectful language which people understood and responded well to. A relative told us, "The staff are always talking to people individually; I have been here for long periods at tea time and staff attention to people is very good. I've never heard a raise voice, and all is calm here."
- Staff knew people well and supported them based on their needs, preferences, and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality. The provider had an equal opportunities policy in place.
- We observed many instances where staff demonstrated a caring and supportive attitude towards people as well as offering practical support.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Support plans described what people could do for themselves and staff prompted this to ensure independence was maintained. A staff member said, "I prompt people to do as much as they can for themselves, like washing and dressing and I encourage mobility." A person said, "I have always been independent and although I would like to go home I know I am safe here and staff look after me." A second person told us, "I have my own bathroom and keep myself clean as much as I can myself, and sometimes I need help from staff. I am as independent as I can be."
- People and their relatives were involved in making decisions about their care and support and told us staff were kind and caring. A relative said, "We feel the staff are like our own relatives, and we know they would tell us straight away if [person] wasn't okay. They have got the right staff here who genuinely care; they are angels."
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible. A relative said, "The staff most definitely respect [person's] privacy and dignity and they always make sure of this. They keep us informed and update us on anything such as poor health." A person told us, "Staff are always respectful of privacy and dignity and there are no issues; they always listen

to me, and I have no complaints about any of them."

# 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 good. The rating for this key question has remained 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; Improving care quality in response to complaints or concerns

- People received personalised care which met their needs and preferences. Care plans were person centred, and included information on what was important to people including their needs, preferences, likes and dislikes.
- Staff reviewed care plans regularly, and understood the preferences of the people they supported well. A staff member told us, "Everyone is unique and should be treated according to their own personal needs." A second staff member said, "It's about giving people the choice to make their own decisions about their day. Everyone is different and we need to take into account their choices."
- People felt staff understood their individual needs. A person told us, "I have nothing to complain about, I have everything I need here." A relative said, "We got a brochure at the beginning, and it had all the information we needed in it. We know how to make a complaint, but [registered manager] is always available and she makes time for us. It feels like a big family and the staff genuinely care for the residents."
- The registered manager maintained an oversight of complaints and logged any complaints and actions taken.
- A satisfaction survey had been done in 2023 and the registered manager used the responses to help improve care; we found responses to be overwhelmingly positive.

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 registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this. Information could be provided in different formats, such as large print, on request.
- The registered manager and staff ensured people's communication needs were met. People had communication care plans in place, including any factors which may hinder communication, and any sensory issues. People had communication risk assessments in place, detailing how to best communicate with them.
- Staff understood how to communicate with people effectively.

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

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. Relatives visited regularly and some people accessed the community with their relatives or with staff. A person told us, "I do lots of activities and I love games and art work. I get books from the library and change these for others when I need them. I love poetry and write poems and I can sit in garden if I want to."
- People commented positively on the opportunities available to them. A person said, "I get up and go to bed when I like, and I can do what I like during the day. I watch television and sometimes do activities. I have my breakfast when I like to and sometimes have this in the late morning."
- We observed people taking part in activities of their choice and staff kept an activities file with pictures of a wide range of events. A planned activities schedule was in place, with pictures of different activities to help people choose.

End of life care and support

- People's end of life care needs were discussed with people, relatives and relevant other staff and any equipment to aid comfort was provided. Doctors and relevant other professionals such as district nurses supported end of life care provision.
- People had supportive care records, which identified people's wishes at this stage of life and identified if people had a 'do not resuscitate' order in place.
- People had a 'hospital passport' which provided a range of relevant information for health staff, in case a person was unexpectedly admitted to hospital.

# 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 good. The rating for this key question has remained 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; Continuous learning and improving care

- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place in for monitoring complaints, accidents, incidents, and near misses.
- Staff performance was monitored and spot-checked by managers. A staff member said, "I feel supported by the provider and the registered manager. Four Seasons is a good place to work, with friendly experienced staff. I get regular supervisions from the provider, registered manager, or deputy manager and these are very useful and supportive."
- The registered manager promoted a culture of person-centred care in the home, which focused on developing good outcomes for people. It was clear staff knew people well, and we observed staff being very attentive to people and mindful of their needs. A local authority professional told us, "I have worked with this home for years. The registered manager is great and there are no concerns about the quality of care. The staff are settled and there is nothing negative I can think of. They [the provider] are keen to put staff through training, the activities are great and they have moved mountains for people."

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed they were doing this.
- The provider promoted openness and honesty and kept in contact with people and their relatives. A relative told us, "I feel the home is well managed. The registered manager, or other staff, are always available to speak to if I need to; they update me on [person], and they know what has happened and are always aware of [person]. Being a small home is one of the things [person] likes."
- The registered manager and management team reflected on past performance issues and used this to improve the services provided. A staff member told us, "Our vision is to allow people to live a safe, happy, fulfilled life, with dignity and respect."

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



- Staff worked with people and their relatives to ensure they understood people's support needs. Staff explored people's equality characteristics as part of the care planning process.
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support. Results from the 2023 resident and relatives survey were positive, with comments referring to the caring attitude of staff, the cleanliness of the home, the food, and the garden area. The surveys had pictures against each question to help people understand the meaning of it.
- There was an up to date equality and diversity policy in place and staff were trained in equality and diversity and dementia care.
- The manager and staff team worked with people, relatives, and healthcare professionals such as chiropodists, and opticians to provide the best outcomes for people. A relative told us, "I can't fault this place for anything; cleanliness, care, food. I've been to a few other care homes in the past for other family members and this one is by far the best and it was recommended to me by others. We feel lucky to have managed to get [person] in here, and other people have told us they would love to come here."
- Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.
- A relative told us, "The registered manager could not have done more for us, prior to [person] being admitted; she was very sensitive and well organised and got [person] settled into the home at the beginning. We did a pre-admission assessment and care plan."