

## Four Seasons Community Care Limited

# Four Seasons Community Care

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 12, 21, 22, and 26 May 2015 and was announced.

Four Seasons Community Care provides domiciliary care services to adults within East Cornwall. On the day of the

inspection Four Seasons Community Care was providing support to 140 people including those with physical disabilities, sensory impairments, mental health needs and people living with dementia.

At our last inspection in March 2013 the provider was meeting all of the Essential Standards inspected.

# Summary of findings

The local authority were not commissioning with the provider at the time of our inspection. This was because they had received concerns from people who used the service and had an agreed action plan in place with the registered manager for improvement.

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

People told us care staff were kind, caring and promoted their independence. Staff had a good understanding of how to respect and promote people's privacy and dignity. People told us staff were respectful at all times and felt safe when they were being supported in their own homes.

People were supported by staff who had been recruited safely, which meant they were suitable to work with vulnerable people. The registered manager and staff had a good understanding of how to report any safeguarding concerns. People told us there were not always enough staff because staff ran late and on some occasions their visit had been forgotten. Staff did not always inform people when they were going to be late, which had resulted in people not being able to plan their day or experiencing a significant delay in the care and support they required. Staff told us they felt their rota was not always geographically managed to ensure they had enough travelling time between each person.

People did not always have a care plan and risk assessments in place to provide guidance and direction to staff about how to support them. People's consent was not demonstrated in care plans and people's care plans did not consider the Mental Capacity Act to make sure people who did not have the mental capacity to make decision for themselves had their legal rights protected. Staff explained they always sought the person's consent

before speaking to the person's family or their GP if they had concerns. People were supported with their medicine, however staff were not always trained to administer medicine and there was an inconsistent approach about what was expected of staff. For example, some staff told us they "prompted people" whilst others told us they "administered medication". People's care plans were not reflective of the support which was required, which meant staff may not always provide a consistent approach.

People were encouraged to eat and drink. When staff were concerned about whether a person was eating and drink enough, they were responsive in reporting any concerns. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. A health care professional was complimentary about this and told us they always reported any concerns, listened to any advice and implemented requests.

People felt they could complain and that their complaints would be investigated and resolved. People's main complaints had been in respect of late or missed visits. People's feedback was valued and because of recent concerns, the registered manager had brought forward the annual survey to obtain people's feedback about the service so necessary improvements could be made.

People and staff felt at times the service was disorganised and not always run effectively. Staff enjoyed working for the organisation and told us the registered manager was supportive. The registered manager did not have systems in place to monitor the quality of the service, but was in the process of reviewing this. The registered manager worked positively with other external agencies.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe.

People told us there was not always enough staff and sometimes they were not informed if staff were going to be late or not able to attend to them on a certain day.

People were not always protected from risks associated with their care because documentation relating to their care did not reflect people's individual needs.

People's medicines were effectively managed, however, people's care plans were not always reflective of the support required which meant staff may not always provide a consist approach.

People told us they felt safe.

Safe recruitment practices were followed.

The registered manager and staff had a good understanding of how to recognise and report any signs of abuse.

**Requires improvement**



### Is the service effective?

Aspects of the service were not safe.

People told us there was not always enough staff and sometimes they were not informed if staff were going to be late or not able to attend to them on a certain day.

People were not always protected from risks associated with their care because documentation relating to their care did not reflect people's individual needs.

People's medicines were effectively managed, however, people's care plans were not always reflective of the support required which meant staff may not always provide a consist approach.

People told us they felt safe.

Safe recruitment practices were followed.

The registered manager and staff had a good understanding of how to recognise and report any signs of abuse.

**Requires improvement**



### Is the service caring?

The service was caring.

People told us the staff were kind, caring and promoted their independence.

People had good relationships with the staff who supported them.

**Good**



# Summary of findings

People's privacy and dignity were respected.

People felt involved in their care.

## Is the service responsive?

Aspects of the service were not responsive.

People did not always have care plans in place. People's care plans were not always reflective of their current care needs, which meant staff did not always have information about how to support people.

Concerns and complaints were investigated and solutions were found.

People's views were valued and their feedback was used to make improvements.

**Requires improvement**



## Is the service well-led?

Aspects of the service were not well-led.

People and staff felt, at times, the service was disorganised.

The registered manager did not have a quality assurance system in place to drive improvements and raise standards of care.

Staff enjoyed working for the organisation and felt the registered manager was supportive.

The registered manager worked in partnership with other professionals and had positive relationships.

**Requires improvement**



# Four Seasons Community Care

## Detailed findings

### Background to this inspection

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

This inspection took place on 12, 21, 22, and 26 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of one inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During our inspection, we spoke with 21 people who used the service as well as three relatives.

We also spoke with 11 members of staff and the registered manager. After our inspection we contacted a social worker and the district nursing team.

We looked at four records which related to people's individual care needs. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including policies and procedures.

# Is the service safe?

## Our findings

Documentation relating to the management of risks was not always in place in people's care plans, staff also confirmed this. This meant care staff did not always have risk assessments to follow when providing care to people to help minimise any associated risks to the person or to themselves. For one person who lived with mental health, there were no risk assessments in place for staff to follow in the event of the person becoming unwell or displaying behaviour which may challenge.

Staff explained how they minimised risks, for example, for a person who was at risk of falls staff made sure the person had their walking frame with them at all times. For people who were at risk of choking, staff made sure the food which was prepared was appropriate. Risk assessments were in place relating to people's home environment such as pets, and the use of equipment.

Risk assessments were not always in place as necessary, updated, and reviewed. Risk assessments were not always reflective of people's individual needs. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff availability and reliability was variable. Whilst some people told us,

"Very good. They will ring up if they are going to be late", "Ace. Never really late". "There is some variation, but happy to fit in with others", "They turn up at no set time, but that does not worry me", and "on time and smiling". Other people told us, "Nobody tells me when they are going to turn up. I can't plan my days"; "Arrival times are weak. Sometimes they arrive an hour late and have missed me out altogether" and "Roughly on time, but there is some variation and a lack of continuity".

One person told us, the care staff for their evening visit turned up any time between 7pm and 11.30pm which was not convenient. Another person told us, "Varies. One day nobody turned up. Apparently she was sick, but nobody responded until late morning".

Care staff told us their rota was not always geographically worked out which meant they sometimes did not have enough time to travel to each person. Staff also told us they sometimes received their rota very late on a Friday evening so they found it difficult to plan their visits for the following

day. Comments included, "not enough time between clients, we are just so busy", "I've got to be cheeky and leave a bit early", "you cannot be in the same place at the one time", and "shocking". For other staff, they felt their rota was well managed; they had enough time to care for people and to travel to their next appointment. The registered manager told us it was difficult to give staff rotas earlier because new clients may require their services so the rotas were unable to be distributed until an allotted time.

Some people told us if staff were running late they would be informed. One person told us "If they are going to be late then they text me." However, for other people they were not always contacted, one person told us, "Time keeping is generally good, but on one occasion when they did arrive late I had fallen and was waiting for someone to arrive."

There was an inconsistent approach from staff about what to do if they were running late. The policy was for staff to contact the office; however, staff told us they did not always get a reply, so took action themselves, by phoning the person directly, one member of staff told us, "you don't ever phone the office because you can't get hold of anyone and [...] ignores your calls".

The registered manager told us, calls to the office were always answered, and if there was no one available, calls were transferred to her mobile and messages would always be passed on. The registered manager explained staff were informed of their responsibilities about contacting people in their induction, however this would be re-addressed.

The arrangements for staffing rotas were not designed to meet people's needs or preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their medicines by staff, one person told us staff "Prompt me to take my medication". Two people described how the care staff checked their medicines to make sure everything was alright. Another person told us care staff collected her medicines and a relative described how care staff took over responsibility for her relative's tablets when she was away.

People's care plans did not always give clear directions about what was expected of staff. For example, the word "prompt" was used and there was no definition about what this meant and the action expected of staff. We spoke with staff about how they supported people; some staff told us

## Is the service safe?

they “administered” people’s medicines where as others told us they “prompted people”. Some staff told us they had not received any training to administer people’s medicines. The registered manager’s medicine policy did not give a clear definition about what was required of staff. The registered manager told us she would review this and implement a consistent approach.

People told us they felt safe when care staff came to provide care. Nobody spoke negatively about the behaviour of care staff and told us they were professional at all times. Comments included, “I trust them” and “My previous carers were very poor and I transferred to Four Seasons because they are so good.’

The registered manager understood her safeguarding responsibilities and had access to the relevant contact details for the local authority. Staff we spoke with had received safeguarding training and were confident about how to report any concerns they may have and had access to the organisation’s safeguarding policy.

The registered manager had a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

# Is the service effective?

## Our findings

People's care plans did not reflect their consent to care, for example care plans were not always signed by the person or their representative and people's mental capacity was not always reflected in their care plans. For example, it was not clear when a person did not have the mental capacity to make certain decisions about their day to day life, how staff would support this person. One person told us staff did not always ask for their consent before providing care and said staff "assume it's alright" to carry on.

Under the Mental Capacity Act 2005 (MCA) adults are deemed to have capacity unless there is reason to think that they do not. If there is reason to question an adult's capacity there is a set procedure to be followed to establish if they are able to make their own decisions about important matters, such as leaving the care home. This assessment must be properly carried out by a suitable professional and it must be properly recorded. Some staff told us they had received training in the MCA whilst other staff had not. The registered manager was in the process of making changes to people's care plans and told us this would be incorporated and improvements would be made.

We found the legislative framework of the Mental Capacity Act 2005 was not always being followed. People's consent was not always obtained in relation to the care and treatment provided to them. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people told us staff always obtained their consent prior to supporting them or assisting them with personal care. Staff told us they obtained people's consent and gave us examples of how they did this. One member of staff told us if they were concerned a person was unwell, they would seek consent from the person before speaking with the person's family or their GP practice. The registered manager also confirmed consent was always obtained from the person prior to sharing any information about the person with other health or social care organisations.

Staff told us they made sure people were eating and drinking enough when they visited people and any concerns were recorded and shared with the registered

manager. Staff told us if they had any concerns about the deterioration of a person's health they would record their concerns, seek the person's consent to contact their GP or a district nurse. One person told us, "They keep an eye on me and if I need a doctor or a nurse they will ring them for me".

People who used the service told us they felt staff were well trained and competent to carry out their role. Comments included, "They have very good training and the new staff shadow more experienced staff until they feel confident. They are well trained and very friendly"; "They know what they are doing" and "well trained". However, two people told us, "I have questions about the training. The girls freely admit they have had no training or it's on a computer" and another person told us, "They all get trained, but they all do it differently". We spoke with the registered manager about this, who confirmed all staff received training as part of their role and were expected to update their training periodically.

Staff confirmed they undertook training and told us it was a mixture of e-learning and face to face training. Some staff told us they found it difficult to complete all of the e-learning in their own time. The registered manager told us staff were offered the opportunity to complete this in work time if they were having difficulties, and their rota was re-arranged to accommodate this. Staffing files showed certificates of training, such as safeguarding, dementia care and manual handling.

People received care from staff who received an induction programme when they joined the organisation. Staff described how they were supported when they first started work and explained how they had shadowed more experienced staff before working on their own. The induction programme incorporated training, such as manual handling and safeguarding, as well as reading policies and procedures.

Staff were supervised to help ensure they carried out their role to a high standard. This involved a practical observation of their work and one to one meetings with their line manager. The registered manager was in the process of re-devising the way supervision was carried out to make it more frequent.



# Is the service caring?

## Our findings

People told us they had positive relationships with the staff who supported them, and described the care staff as “good” and “excellent”. Other comments included, “Very caring and they will do anything for you”, “They are very good and always make sure everything is alright before they leave”, “They are very good girls”, “They are very caring and are such a nice bunch of ladies” and “They are very caring. They are brilliant”. During our inspection the registered manager shared feedback which had been posted recently on a social media site from a person who used the service. It stated, “Although you think you just come and chat, your visits are lifesaving, thank you girls”.

Staff described how they showed care in their role and towards the people they supported. They explained they gave people time by listening to them, reassuring them and getting to know people. One member of staff told us, “we don’t rush people...if they need any extra we spend that time”. One member of staff told us the importance of knocking on the person’s door, and letting the person know they had arrived by calling their name. They told us a smile when they arrived was most important, as this showed a friendly and caring approach.

People told us staff treated them with respect at all times, comments included, “They definitely respect you as an individual”, “I trust them” and “They respect me and my home”. People also told us care staff empowered them to maintain and develop their independence. Staff explained how they maintained people’s privacy and dignity when providing care by closing curtains, making sure family members were not present when personal care was being delivered and covering people’s bodies to maintain the person’s dignity when they were being helped to get washed and dressed.

People told us how they and their relatives had been involved in the original planning of their care. Some people told us about a pre-assessment of their care which had taken place prior to them leaving hospital. This was to make sure care staff could meet their health and social care needs. People’s care plans did not always demonstrate people’s involvement in their care. The registered manager was in the process of implementing changes for improvement.

Staff were knowledgeable about the people they supported and expressed the importance of recognising people were individuals and provided care and support in an individualised way. Staff told us daily records helped them to understand a person’s routine. One member of staff told us they always looked back at previous daily records to ensure consistency. Some staff told us care plans and daily records were not helpful, because they felt they were not updated and reflective of people’s current care needs. The registered manager was aware of this and told us action was underway to make improvements.

The registered manager tried to match people with care staff they liked. We were told, “If I know they get on well with someone, I try and make it work [on the rota]”. The registered manager went on to explain the importance of the person “liking” who was coming into their home. The registered manager told us they tried to ensure people had the same staff visiting them to help continuity of care and build positive relationships. However, staff told us this was not always able to happen, because of the disorganisation of the rotas.

People’s care plans recorded their personal history so staff were aware of what a person had achieved in life. A person’s history helps to enable staff to have meaningful conversations with people. One member of staff told us, “It’s great getting to know people”.

# Is the service responsive?

## Our findings

People told us they felt the care staff “knew them well”. One person described how she had developed a real rapport with one member of care staff and told us “They are lovely...they are amazing people. Very responsive to my needs particularly when my [relative] died”. One person told us, “they know all the things I like”.

People had care plans in place, however, care plans did not always provide guidance and direction for staff about how to meet a person’s needs, and in some cases staff told us, there was not always a care plan in place when they arrived at a person’s home. They explained this meant it was difficult to ensure continuity of care for the person. One member of staff told us, “the majority of clients have them”. Other staff told us there were no concerns, one member of staff told us, “They are very thorough”.

The registered manager told us, when a person required emergency care at home, the information about the person was always shared with staff, either by telephone or by text message.

People’s care plans did not always contain the necessary information, for example, one person did not always let staff into their home. The person’s care plan did not record how this was to be managed by staff and the risks associated with this. For another person their mobility care plan showed they were at risk of falling, however the care plan did not give guidance and direction to staff about how to minimise this and support the person.

The registered manager told us work was being carried out to ensure people’s care plans were in place, updated and reflective of their current care needs. During our inspection, we saw evidence of this taking place.

People’s care plans were not always in place and reflective of people’s health and social care needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A health care professional told us she felt staff listened and carried out the advice which was given, that they reported any concerns promptly and that they felt they could rely on the staff.

Some people told us they had had “no reason to complain”, one person told us, “no complaints. They are very good and do their work conscientiously”. However, other people told us their main complaint was when care staff did not turn up. Comments included, “I have complained once ages ago because of time changes and that was sorted”, “It’s if someone doesn’t turn up”, “only once when I was missed off the list” and “time keeping”.

The registered manager had a complaints policy and we saw complaints were investigated and solutions were found. The complaints policy was in the process of being re-distributed to people. The registered manager was also in the process of introducing a new system for recording complaints on a matrix, to help her identify themes which would then be used for continuous improvement of the service.

People’s feedback and views were valued. At the time of our inspection, people were being asked to complete questionnaires. The information was being analysed to make any necessary improvements to people’s experience of the service.

# Is the service well-led?

## Our findings

Some people told us they were not happy with the management and administration of the service. One person described how she had cancelled a visit but the care staff kept turning up. This person told us “amiable, but need better admin”. Other comments from people included, “They don’t keep in contact. Most of the communication is through the carers. No one has checked with us” and “There are no checks, but there is feedback from the carers”. Two people told us about concerns they had regarding payment for the service. One person told us, “I pay for an hour, but do not always get an hour”.

The registered manager did not have robust systems in place to assess the ongoing quality and monitoring of the service. For example, care plans were not assessed to ensure the content was accurate, risk assessments were not always in place, and complaints were not able to be analysed effectively to help ensure continuous improvement. The registered manager recognised this and was in the process of creating new tools to use.

The systems in place to monitor the quality of service people received and to identify, assess and manage risks were not effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us about this. She explained that, following some recent concerns, they had decided to bring forward their annual quality survey, to obtain feedback from people and make any necessary changes.

Some people told us they were happy with the management and administration of the service. Comments included, “I am absolutely happy with the service”, “I can phone any time night or day and always rely on them. They were particularly helpful when my [relative] passed away”; “I can speak to the office and make changes I need. They

are brilliant”; “I have had little contact from the office. They do respond if I ring and I think it is generally well managed” and “I have a good relationship with the office. They understand my husband’s needs”.

There was a management structure in place and an out of hours on call system in place.

Staff in the main, were complimentary of the registered manager and the running of the service. Comments included, “lovely to work for”, “a good organisation”, “she’s [registered manager] one of the better bosses” and “I like working for [...]”. Staff were complimentary about the support the registered manager had shown them when they had been having difficulties in their personal life. However, some staff felt it was disorganised and communication was at times lacking. Comments included, “sometimes it’s frantic with staffing issues”, “higgledy piggledy” and “[...] is so busy, she is only one person”.

The registered manager had organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction, for example, the safeguarding and whistleblowing policy. The registered manager’s whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected. Staff confirmed if they had any concerns they would report them and felt that the registered manager would take appropriate action

The registered provider worked positively with other professionals. The local authority service improvement team were currently working with the registered manager to help her make improvements to the service. We were told she was working in a collaborative manner. A health care professional told us they have had a good working relationship with the organisation for a long time. They told us that sometimes they felt the registered manager was “too nice”, for example agreeing to provide care when they may not necessarily have the staff to do so.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>Person-centred care</b></p> <p>Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People's care plans were not always in place and reflective of people's health and social care needs. The arrangements for staffing rotas were not designed to meet people's needs or preferences.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p><b>Need for consent</b></p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The legislative framework of the Mental Capacity Act 2005 was not always being followed. People's consent was not always obtained in relation to the care and treatment provided to them.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Safe care and treatment</b></p> <p>Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Risk assessments were not always in place as necessary, updated, and reviewed. Risk assessments were not always reflective of people's individual needs.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good governance

Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were not in place to assess and monitor the quality of the service in respect of staffing, taking into consideration the experiences of people using the service.