All Seasons Community Support LLP

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place at the service's office on 18 and 19 August 2016.

All Seasons Community Support LLP provides a domiciliary and support service and is part of a community interest (not for profit) company. The agency provides services in the Kent area. The service has a designated office in Margate and operates an on-call system outside office hours. All Seasons Community Support LLP provides care and support for periods of 30 minutes to 24 hours a day, 7 days a week. At the time of the inspection All Seasons Community Support LLP were providing care and support to over 550 people.

There was a registered manager employed at the service. 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. The registered manager was responsible for the day to day control of the service. They were supported by the director, co-ordinators and team leaders.

Assessments identified specific risks to individuals. There was a lack of detail in risk assessments to guide staff on how to manage risks. The systems in place to ensure people received their medicines were not consistently safe.

Care plans were not consistently person-centred. They did not contain sufficient, consistent guidance and information for staff to follow to ensure people's needs were met. Staff did not have sufficient information about people's interests to enable them to discuss meaningful topics with people.

People told us they felt safe and trusted the staff that supported them. One person said "I trust them all. They always make me comfortable". Staff knew how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff completed regular training about how to keep people safe. The provider had a whistle-blowing policy and staff knew they could take any concerns to other organisations if they had concerns. Staff said they felt confident to whistle blow.

The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe.

There was sufficient staff employed to give people the care and support that they needed. Some people told us they received care from regular staff and their calls were usually covered in times of sickness and annual leave. Other people said they would like more regular carers to support them. People commented, "I haven't had any missed calls. Sometimes they are a bit late but I understand they may get caught up in traffic or at another call", "Most of the time I have regular carers" and "There used to be regular carers but

not now".

The provider's policies were followed when new staff were appointed. Checks, including references and criminal records, were completed to make sure staff were safe to work with people. The registered manager followed the provider's disciplinary process when required.

People's medicines were stored safely in their homes. Most people took their medicines independently with no involvement from staff. Some people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff were trained to support people with their medicines and senior staff checked they were competent to do so.

People said the service was effective and generally reliable. The provider had a comprehensive training programme and staff completed refresher training to make sure they had the skills and knowledge to carry out their roles effectively. Staff attended regular one to one supervision meetings with their line manager and annual appraisals were completed.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported.

People were supported to maintain a balanced diet. Staff supported people to maintain good health. Staff knew people's routine health needs and kept them under review.

People spoke positively about staff and told us they were kind and caring. People said "I think the staff are kind and caring" and "They are always jolly. Sometimes they have a sing-song with [my loved one]. The carers know what you need". People were happy with the care and support they received. Staff knew people well.

People were involved in writing their care plans. Staff were knowledgeable about people's likes, dislikes and preferences.

People told us they did not have any complaints but would speak to staff in the office if they had any concerns. They said that staff listened to them and sorted out any issues. One person commented "I would speak to the office if I was worried. They would do something". Each person had a copy of the complaints procedure in their care plans in their home, and appropriate systems were in place to address any complaints.

There were systems in place to monitor the safety and quality of the service. People were asked for their views and opinions through quality assurance visits, care plan review visits and an annual survey. We have made a recommendation for the provider to obtain formal feedback from staff and health professionals.

There was an open and transparent culture. Staff said the management were very supportive and listened to their suggestions and ideas. The provider valued their staff and there were systems in place to recognise loyal service and good performance. Staff were clear about what was expected of them and their roles and responsibilities. The management team looked for creative and innovative ways to empower people. The provider had established links with the local community to improve services for people living in the Thanet area.

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

However, the audits completed had not identified any of the shortfalls highlighted during the inspection regarding the inconsistencies with risk assessments and care plans.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager submitted notifications to CQC in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety were identified. There was a lack of detail in risk assessments to guide staff on how to manage risks. The systems in place to ensure people received their medicines were not consistently safe.

People were protected from the risk of abuse.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs. The provider had a recruitment and selection process in place to make sure that staff were of good character.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and respected their privacy and dignity. Staff were aware of, and promoted, people's preferences.

People were encouraged and supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Care plans were inconsistent and did not always detail people's life histories and interests.

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Audits were completed on the quality of the service and actions taken when shortfalls were identified. However, the audits completed had not identified any of the shortfalls highlighted during the inspection regarding the inconsistencies with risk assessments and care plans.

The provider asked people their views on the quality of the service. We have made a recommendation for the provider to obtain formal feedback from staff and health professionals.

There was an open and transparent culture where people could contribute ideas for the service.

People and staff were positive about the leadership at the service.

All Seasons Community Support LLP

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.

The inspection took place on 18 and 19 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent a questionnaire to people using the service and reviewed their responses. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

On 18 August 2016 we went to the office and reviewed people's records and a variety of documents. These included people's care plans and risk assessments, staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys. We spoke with the director, registered manager, team leaders and care staff.

On the 19 August 2016 we visited and talked with people in their own homes. We spoke with office staff who organised the work for the care staff, plus other members of staff. We also spoke with people and their relatives by telephone to ask their views of the quality of service delivered by All Season Community Support

LLP.

This was the first inspection of All Seasons Community Support LLP.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when they were receiving care and support from staff. They said they trusted the care staff who supported them to live at home. We asked people if they felt safe and they said, "Oh Yes", "I do feel safe knowing the staff are visiting" and, "I feel safe because I know them". A relative commented, "I know [my loved one] feels safe, especially with the main carer".

Risks to people were identified and risk assessments were in place. However, these did not always give staff clear guidance on how to reduce risks to people. For example, there were risk assessments for moving people and supporting them with their mobility. These did not consistently have step by step guidance to show staff how to manage the risks or to take into account people's medical conditions when they were being supported to move. One care plan noted a person's care was given to them in bed by two staff. Other notes stated, 'This person can weight bear but only for a very limited time'. The guidance for staff was 'Follow company policy'. There was no guidance for staff on how to support this person with their mobility to mitigate and manage risk and ensure they were being moved consistently and safely. Staff had received training to move people safely and told us they felt confident moving people. The registered manager carried out spot checks to check that staff moved people correctly. There were occasions, including holiday times, when staff covered for each other, without detailed guidance there was a risk that people would not be moved safely.

Staff were able to tell us what to look for if a person living with diabetes required medical attention. They knew what people's preferred food was should they need to boost their blood sugar levels. However, this information was not consistently recorded in people's care plans so there was a risk that people may not receive the support they needed. Staff said the community nurses visited people to administer their insulin and monitor their blood sugar levels.

Some people were fed through a tube into their stomach. (A percutaneous endoscopic gastrostomy –PEG – is when a feeding tube is inserted directly into a person's stomach when they cannot maintain adequate nutrition with oral intake). The guidelines for staff to follow when supporting people who used a PEG were not sufficiently detailed. For example, one care plan noted 'Carers that have had training in PEG feeding can apply the tube and carry out the task in hand'. There were no step by step guides in place to ensure this was carried out consistently and safely.

Some people had a catheter and required full catheter care. A catheter is a tube that goes into the bladder to drain urine. Guidance for staff was not consistently detailed. For example, one care plan noted that staff emptied the bag regularly; however, there were no details to guide staff on what to look for should there be any signs or symptoms of infection and that medical attention may be needed. Another person's care plan recorded guidance for staff on what to look for and when they should contact the community nurses.

When people were living with epilepsy there was information in people's care plans of what signs and symptoms to look for. Guidance for staff to follow should the person actually suffer a seizure was inconsistent. For example, one person's care plan had no information on the different types of seizure or

how to monitor the time, frequency and intensity of seizures so they could make the person as safe and comfortable as possible and be able to pass this information to other health care professionals. Another person's care plan contained detailed guidance of the different types of seizure and how to support the person following a seizure. There were records of any seizures this person had, how long they lasted and how long the recovery time was. This person's care plan included what action the staff should take, for example, if the seizure lasted longer than four minutes the staff should call 999 for medical support.

Environmental risks were assessed, for example, street lighting, entering and exiting people's homes, poor weather conditions and lone working. Equipment, such as hoists and slings, was checked before staff used it and regularly serviced to ensure it was safe to use. However, in one home we visited, there were hazards restricting the living space which had not been identified and assessed to guide staff on how to manage the risks.

When people had been assessed as at risk of choking, as they had difficulty in swallowing their food, the care plans noted staff were supporting them to eat. However, there was no guidance for staff to show how to manage the risks if the person started to choke. For example, one care plan noted 'Food must be cut into a manageable size in order for X to be able to eat safely and avoid the risk of choking. Staff must be vigilant with the amount of food X places in their mouth at any one time to avoid choking and enable X to enjoy their food'. There was no guidance on what to do if the person began to choke.

Most of the people we spoke with told us they managed their own medicines independently with no support from staff. Some people did need prompting or support and guidance from staff to take their medicines. Staff made sure people had a continuous supply of their medicines by supporting them to order their medicines, attend doctor's appointments and collect prescriptions from the pharmacy. People's medicines were stored safely in their homes and managed by staff who had been trained in giving people their medicines as prescribed by their doctor. Senior staff completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. Medicines were not consistently recorded as given in line with current guidance. For example, one person had their medicines supplied in a monitored dosage system (a box of medicines separated into compartments and filled by a pharmacist). Staff had signed the daily notes as 'Meds as per dossett box', however there was no Medicines Administration Record (MAR) to confirm what medicines the person had been given. Another person's care plan noted they needed full support with their medicines and that staff should 'Place in mouth and pass beaker of water' and 'Administer via MAR chart'. Staff told us they followed this guidance to support the person. Other MAR charts were completed correctly.

The provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in risk assessments to guide staff on how to manage risks. The systems in place to manage medicines were not consistently safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008) Regulated Activities) Regulations 2014.

People were protected against the risks of potential abuse. People were supported by staff who understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse and the Kent safeguarding protocols which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Staff understood the importance of keeping people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager.

They raised concerns with the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and incidents were used as a learning opportunity to reduce the risk of further incidents.

Some people had equipment in place to aid their mobility, such as hoists. Staff were aware the equipment needed to be serviced to remain safe, and systems were in place to confirm the equipment was being serviced according to the manufacturer's guidelines. One person commented, "All my equipment is serviced when it needs to be". A relative told us, "We have an over-head hoist. There is a maintenance agreement in place".

People told us staff used specialist equipment and that they were moved safely. A relative commented, "They use a hoist so there are always two of them [staff]. They are well trained". Staff told us they had completed training about safe moving and handling and were confident they were moving people safely. They said if there were any issues with people's changing mobility needs it was reported to office staff who arranged for the person's care and support needs to be reassessed. Staff said they were updated with any changes to people's needs following the assessment.

People told us staff used protective personal equipment (PPE), such as aprons, gloves and hand gel. Staff understood their responsibilities in relation to infection control and hygiene. Staff told us they always used the correct PPE and that they had completed training on infection control. Staff were able to collect PPE from the main office when their stocks were running low.

There was sufficient staff employed to give people the care and support that they needed. There was an on-going recruitment campaign. Many of the staff had worked in the organisation for a long time. People said most of the time their calls were covered in times of sickness and annual leave. People said staff mostly arrived on time and stayed the duration of the call. People's comments included, "They will ring me if they are not coming"; "Usually on time but they can be late. They are pushed – very short of staff. They have texted me to let me know a visit is cancelled and they will try to get someone round" and "I have the same people. They are usually on time and stay for the full 30 minutes". Missed calls were kept to a minimum and when these did occur they were investigated and action taken to prevent further missed calls.

The provider had a business continuity plan in place in the event their computer server went down or a power cut or other events such as bad weather.

The provider's recruitment and selection processes were co-ordinated by the provider's human resources department. Before staff started working at the service they had an interview. The provider's policies were followed when new staff were appointed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed during interview. References were obtained and included the last employer. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were well organised and included proof of identity. The registered manager followed the provider's disciplinary processes when needed and records of these were kept securely.

Good

Is the service effective?

Our findings

People said they were looked after and supported well. They said the service was effective and reliable. People told us staff supported them to be as independent as possible. People's health care needs were monitored. People said, "My carer has their finger on the pulse, they always notice if I am not well and support me to ring the doctor" and "Staff have noticed when I have been unwell and they have called the doctor".

Staff completed a corporate induction when they started working at the service. The induction was completed over a number of weeks and was signed off, by the registered manager, as staff were assessed as being competent. Staff said they shadowed experienced staff to get to know people, their routines and their preferences.

We asked people if they felt the staff were sufficiently skilled and experienced to meet their needs. People said, "Yes, I think so. Supervisors come round every six months", "They are very good" and "Yes, they are well trained". A relative commented, "They know what they are doing. New staff shadow the regular carers".

A training programme was in place. A training schedule was maintained by the registered manager. This showed what training had been undertaken and when refresher training was due. Training was planned annually and courses were scheduled into staff diaries via their mobile telephones so they knew when training courses were booked. Staff were allocated 'study days' to complete refresher courses. The registered manager told us they encouraged and supported staff to develop their skills further. Over 25 staff were working on level 2 or 3 qualifications in social care. Other staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. The registered manager told us, "We have a grant from Skills for Care to develop apprenticeships in our business. This is a three year programme". Skills for Care is a government agency who provide induction and other training to social care staff.

Staff told us they received the regular training they needed to perform their roles. Staff said they completed additional specialist training, such as dementia, catheter care and stroke awareness. They told us they received 'hand out information' about various medical conditions so they could understand the needs of people living with these conditions. Staff commented, "I am always learning, every day" and "The training is brilliant. It is always good to have updates".

Staff said they felt supported by the registered manager and team leaders. Staff told us they had regular one to one supervision meetings and an annual appraisal to discuss their performance, learning and development. Group supervisions and workshops were held when specific issues had been highlighted. For example, the registered manager and director had recently held workshops on 'professional boundaries' to check staff understanding. Systems were in place to check staff competencies. All staff received observation 'spot checks' and over 40 of these checks had been completed in July 2016. The management team completed a monthly report on the service and this included checks on the welfare of staff and any specific issues that needed to be discussed.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed MCA training and they put this into practice effectively, and ensured that people's human and legal rights were protected. Staff told us how they gained consent from people about their care when carrying out their daily routines. One member of staff commented, "We always offer choices. We never take away their freedom to make decisions". We asked people if staff gained consent and involved them in making decisions. People said, "Yes, staff ask for consent", "They ask, although they have been here long enough and do everything that needs doing" and "Certainly". A relative commented, "They [staff] are well trained and talk things through with [my loved one]. I'm sure they feel involved".

People felt informed about, and involved in their healthcare and were empowered to have as much choice and control as possible. Staff knew that if people were not able to give consent to their care and support they needed to act in people's best interest and in accordance with the requirements of the MCA. There was information in people's care plans about their capacity and consent to care. Records showed people, who were able, signed their care plans to agree with their care and support. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the responsible person about their loved one's care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf.

People were supported to maintain a balanced diet. Some people told us they were supported with their meals and said, "They will get my breakfast and wash up. I'm not on any special diet, I just eat normally" and "They do a little cooking. They leave me water". Staff had completed training about food hygiene and also nutrition and hydration. Staff told us how they supported people with their meals. They were aware of people's likes and dislikes. Some people needed special diets, such as pureed food.

People were supported to maintain good health. The registered manager and staff worked closely with health professionals. People told us staff knew them well and knew when they were unwell. People said they were involved in their healthcare and that staff empowered them to have as much choice and control as possible. For example, people told us staff supported them to make hospital or doctor's appointments. Staff knew people's routine health needs and kept them under review. When staff were concerned about people's health they reported this to the office staff. This information was recorded on the computer system and appropriate referrals were made to health professionals, such as community nurses. When advice was given by health professionals this was followed by staff to ensure people maintained good health. Staff told us that with the person's consent they had called a doctor and on some occasions had to call the paramedics to ensure people received the medical attention they needed. They said this was always reported to the office so any advice and guidance that may be required was available.

Good

Is the service caring?

Our findings

People told us they liked the staff and they were kind, caring and helpful. People told us about the care and support they received and said, "They have a very caring attitude. They worry about how you are feeling. They ask 'Are you sure there is nothing else I can do'", "They are quite good – gentle and patient" and "My carer is always smiling. I look forward to them coming every day". People said staff made sure they had everything they needed before they left their home. Relatives commented, "Staff are very caring and quite dedicated. They all make a huge difference", "I can't complain about the care" and "The staff are caring. We have a good relationship". Staff spoke with people in a sensitive, professional and respectful way.

Staff said, "I love my job. It gives me great satisfaction. I give my clients everything I can in the time allocated", "We really care about people and staff have good support" and "We work well as a team to make sure people are comfortable with their care. Staff are trustworthy and we provide a high standard of care".

All the people we spoke with told us they were involved with the initial assessment of their care and support needs. People said they were involved in making decisions about the level of care and support they wanted and this was discussed at their reviews. People felt listened to with regard to their preferences. People's preferred name was recorded in their care plan so staff knew how to address people. Some people were supported to access the community, such as attending day centres and to go shopping.

People said they could be as independent as they wanted to be. People talked to us about their care plans and were aware of their content. One person told us, "They [staff] encourage me to do things for myself". There was guidance for staff about what each person could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible. Staff told us how they promoted people's independence. One member of staff commented, "Our vision is to keep people at home and continue with their freedom and independence whilst respecting their choice, dignity and individuality". People's care plans gave staff guidance on what people could do for themselves and what support was needed. Staff had knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing hospital treatment. Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People told us they were treated with respect and their privacy and dignity was promoted. People said, "Staff respect our privacy. They never discuss other service users. With their [staff] help I can stay here in my home" and "They always knock before coming in. They never talk about other people". The registered manager had noted on the Provider Information Return, 'Staff are trained to promote privacy and dignity at all times when carrying out personal care and where possible would encourage people to lead on what their

needs are on the day. This approach is reflected in their care plan'. Staff described how they treated people with dignity and respect. They told us they always closed curtains and doors to maintain people's privacy. They said they covered people respectfully when providing personal care and helping them dress. Staff talked about supporting people with their independence and discreetly waiting for people to do things for themselves and offering support when needed. One member of staff commented, "I help my clients to the bathroom then discreetly wait outside until they call me to help them".

People and relatives we spoke with said their care was centred round them and their needs. Staff had built relationships with people and their loved ones. People told us staff knew them well and understood their preferences, needs, likes and dislikes. One person told us how the staff were supporting them to attend a family function and that they had gone 'over and above' to make sure they had everything they needed. Staff commented, "We have a really good staff team" and "I love my job. I build up positive relationships with people and their families".

People told us staff were flexible and they contacted the office if they needed to change their scheduled calls or request additional support. All the people we spoke with knew how to contact the office staff and knew them by name. Each person had a 'service users guide' in their home which included important contact numbers.

People were involved in the planning, decision making and management of their end of life care. People's preferences and choices for their end of life care were recorded and regularly reviewed to make sure it was still what the person wanted. Staff worked closely with the palliative nursing team and the local hospice. Staff commented, "When people are reaching the end of their life this is the last thing we can do for them – making sure they are safe and comfortable. We make a difference".

Requires Improvement

Is the service responsive?

Our findings

Before people started using the service their needs were assessed by senior staff to make sure All Seasons Community Support LLP was able to provide the care and support they needed. This information included the time and length of the calls and how many calls a day would be required. From all this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred. People we visited told us about the assessment and how staff had visited them and discussed all aspects of the care and support to be provided.

The care plans were inconsistent. Some care plans detailed the level of support people required, what they could do for themselves and how they preferred their care to be given. Other care plans lacked the detail needed to give staff the guidance on how to fully meet people's care and support needs. Care plans should have step by step guidance for staff to follow to ensure people receive care in line with their preference and wishes. The care plans for people living in 'extra housing' care units were personalised care plans and covered all aspects of their care. Other care plans lacked this level of personalisation. For example, one person's care plan noted 'Requires full assistance with personal care'. There was no information about how this person preferred their personal care, such as a strip wash, shower or bath.

Care plans included details about people's health needs and included how to keep their skin healthy. One person told us "I see a nurse every day. The carers shower me and make sure they put cream on to protect my skin as much as possible". Staff had a good knowledge of the people they supported but people's needs were not always recorded. People did not all have a nutritional care plan, even when they had complex needs, such as swallowing difficulties. Some people were living with diabetes but there was no information in their nutritional care plans to indicate how this affected their dietary needs.

The Provider Information Return, completed by the registered manager before the inspection, noted 'As part of our care planning process we work with the client to produce a 'pen picture' so that staff can gain an overview of the service user's personal history and them as a person. This enables staff to pitch a conversation around service user's interests and past history'. Some people's care plans contained information about what people had done in the past but there was no information about people's hobbies and interests or what / who was important to them to enable staff to discuss meaningful topics with people.

The provider failed to make sure care plans were person-centred. The plans did not consistently contain sufficient guidance and information to ensure people's care needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they preferred to receive care from regular staff and that this was not always possible. People said, "Different staff every day. They stay for half an hour most of the time", "I have five different ones [staff]. It would be nice to have someone permanent but it's ok" and "We have two main carers. I know who is coming". Staff told us they had a permanent schedule but in times of sickness and annual leave they covered other calls. They said that office staff worked to provide continuity of care and it was sometimes

more beneficial to have a team of staff which helped with the continuity in times of staff absence. Staff commented that there was travel time between their calls but sometimes they were delayed in traffic which most people understood. The continuity of care was monitored and when this was not consistent and people had raised concerns, the registered manager investigated and explained why this may have happened. Each week people were sent a copy of the staff rota to advise them who would be providing their care and support.

People said communication with the office was good but there were times when their messages were not relayed for people to call them back. People told us, "I phone them sometimes, if they are very late. Usually they respond" and "When you leave a message they don't ring back". A relative commented "They are easy to speak to and everything is resolved in 5 minutes". Senior staff monitored communication through their monthly reports to ensure any issues were addressed. Staff told us the communication between them and the office was good. There was on-call out of hours management support in place for reassurance and guidance and staff said there was always someone available to speak to if they needed to.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People we visited commented that they did not have any complaints about the service or the support they received from the staff. People told us they knew how to complain but had no complaints. Each person had a copy of the complaints procedure in their care plan folder in their home. People said, "I've had a few niggles but they have been resolved", "No complaints whatsoever" and "No complaints. Timing can be an issue and changes of staff without notice". Relatives commented, "A month ago the times got changed. They did their best to put it right" and "No complaints, none at all". Most people said they had completed questionnaires to provide feedback to the service. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly and resolved to people's satisfaction. Action was taken to rectify complaints when needed and shared with staff so it could be used as an opportunity for learning.

Staff told us about a recent event where they worked with people and an organisation to promote social activities for people living in the community. A group of people had agreed to participate in a pilot scheme to encourage people to take part in social gatherings and activities. They met regularly and made a short film. They were supported and encouraged to make the scenery, take photographs, decorate the sets and take part in the film. People commented that it had a positive effect on their lives and how they enjoyed the whole process. This also resulted in one person joining another club to increase their interests and social activities.

Senior staff visited people regularly and reviewed their care plans. When required, people's relatives were also involved in this process. Care plans were updated and staff were informed of any changes. Staff told us that when people's needs changed their care plans were reviewed and updated to reflect the changes. Other health care professionals were contacted promptly when needed, for example, if a person's mobility changed.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives said they would recommend All Seasons Community Support LLP and were satisfied with the care being provided. Staff told us, "This organisation cares for people and the staff. It is a good place to work" and "The service is well-led. They are great. They are passionate about providing good care".

The registered manager and senior staff carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. Care plans, risk assessments and staff files were regularly reviewed to make sure they were up to date. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. However, the audits completed had not identified any of the shortfalls highlighted during the inspection regarding the inconsistencies with risk assessments and care plans.

The provider failed to consistently assess, monitor and mitigate risks relating to people's health, safety and welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

When we asked for any information it was immediately available. Records were organised and stored securely to protect people's confidentiality. To ensure there was continuous improvement in the service each month a standard report on the quality of service provided was produced. This covered missed calls, client files, staff files, continuity of care, complaints, health and safety, safeguarding, the well-being of staff and training. Each section had a summary which included what action had been taken if shortfalls had been identified. For example, a review of client files had identified quality assurance calls were due for some people and some files did not have the required risk assessments in place. These shortfalls had been passed to the area manager who took the appropriate action to address the issues.

The provider had systems in place to gather and analyse feedback from people. A quality survey was sent to people or their next of kin in July 2016. An analysis of the results had been completed and the registered manager wrote to each individual who raised comments or concerns about the service to ensure people felt listened to and to confirm what action had been taken to improve the service. In addition to surveys the office staff carried out telephone surveys each month to make sure people were satisfied with the service. The overall result of the survey was positive and people's comments included 'Using the care has given me confidence' and 'I feel at ease to know the carer is coming three times a day'. People's comments were listened to and actions were taken. For example, one person had made a suggestion about the fixed options of the questions on the survey and the registered manager amended the form for the next survey.

However, other relevant bodies, such as health care professionals, relatives and staff had not been included in the survey. The registered manager told us they had received verbal feedback from health care professionals and the local authority but this had not been formally recorded. We recommend the provider implements a process to actively seek, and record, the views of a wide range of stakeholders including visiting professionals, commissioners and staff.

There was an open and transparent culture. Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the registered manager listened and responded. Staff told us they felt valued by the registered manager and the organisation. Staff said, "The registered manager is always telling us we are valued. We have monthly staff meetings and the management team always make sure they thank people". There were regular staff meetings to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues.

There was a clear and open dialogue between the people, staff and the management team. Staff and the registered manager spoke with each other and with people in a respectful and kind way. The management team monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they maintained oversight of the day to day running of the service. Staff were kept up to date of any important changes to people's care and support needs via text messaging.

Staff said the management were very supportive and listened to their suggestions and ideas. They told us how the management team supported them to do their jobs well and also with any personal issues. Staff commented, "This is a well-structured organisation. Staff can always go to the managers with anything. The co-ordinators are really good too – approachable and happy to help" and "The organisation is so good to the staff. They do a good job".

The provider valued their staff and there were systems in place to recognise loyal service and good performance. The registered manager told us "We are registered as a 'Mindful Employer'. We give employee recognition awards frequently where they have had compliments from clients or dealt with difficult situations. We also give long service awards to our staff when they have completed 10, 15, 20 or 25 years with us". Staff were offered incentives to introduce new members of staff to the organisation. The registered manager commented, "We offer a clear career path for staff. We have introduced the Employee mutual partnership. This means employees can participate in the company profits and also have the opportunity to become directors".

The provider's mission statement was 'Our mission is supporting dignity and independence through quality services'. Staff understood the visions and values of the service and said "We provide a high standard of care and give people a good service. We treat people with privacy and dignity and keep them safe" and "We support people to remain independent in their own home. We treat them how we would like to be treated and how we would treat our mum and dad".

Staff were clear about what was expected of them and their roles and responsibilities. Staff took on the responsibility of 'champion' which were lead roles in things, such as, mental health, infection control, safeguarding and medicines. This aided staff's personal development and benefitted the whole staff team by furthering their knowledge. Staff told us there was good communication between the team and they worked closely together to make sure people received the support they wanted and needed.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the registered manager and that action would be taken. Staff commented, "I know the manager would take the right action but, if I needed to, I would contact the local authority or Care Quality Commission (CQC)" and "I wouldn't think twice about whistle-blowing if I felt it was necessary".

The director and registered manager told us how they worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They had established

two separate networking forums with local social care providers. They told us they met regularly to share best practice, updates and ideas for continuous improvement. They had plans in place to hold specific workshops, such as meeting with the local community nursing teams to discuss clinical support in the community.

The provider had established links with the local community to improve services for people living in the Thanet area. They worked alongside agencies to promote well-being activities and planning for later life. This included sharing information and handing out information in the community to ensure people were aware of these schemes.

The management team looked for creative and innovative ways to empower people. They were part of a pilot scheme to provide cultural activities in the community setting. There was a trial of these activities in the Margate and Ramsgate areas. They were positively received and people enjoyed the events. There were two more schemes which were planned to include the 'extra housing' units. At the end of the pilot scheme and evaluation was planned to assess what impact it had had on people and the community.

The provider was actively involved in the 'Over 50's festival'. The festival was planned to give people an opportunity to showcase a positive image of ageing and included a gaming zone, walking football, a fashion show and the latest technology. The festival is attended by other agencies and social care organisations to promote small businesses.

There were strong links with other organisations, such as South East Health Technologies Alliance, to explore how technology could enhance the social care sector. For example, they were researching how using automated voice recording instead of writing in visit books may impact on the sector. The director and registered manager told us they were attending a local mental health summit in October 2016 to look at how local providers could help support people with mental health needs in the community.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to make sure care plans were person centred. The care plans did not contain sufficient, consistent guidance and information for staff to follow to ensure people's needs were met.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in risk assessments to guide staff on how to manage risks. The systems in place to ensue people received their medicines was not consistently safe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to consistently assess, monitor and mitigate risks relating to people's health, safety and welfare.