

All Seasons Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

All Seasons Care is a domiciliary care service, providing the regulated activity of personal care. The service provides support to older adults, people with physical disabilities and people living with dementia. At the time of our inspection there were 22 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People told us they felt safely supported by the service and were happy with their care. Systems were in place to protect people from harm and people's risks were assessed in a person centred way. People were supported by safely recruited staff who knew their care needs well.

Right Care

Staff understood how to protect people from poor care and abuse. The provider worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

The quality of people's care was regularly assessed. We found some areas which required improvement. These were in relation to guidance for staff around some people's specific health needs and how prescribed creams should be used. People were happy with how easy it was to get in touch with the management team. They told us they were contacted regularly to make sure they were happy with their care.

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

Rating at last inspection

The last rating for this service was good (published 07 November 2017).

Why we inspected

We inspected this service due to the length of time since the previous inspection. We completed a focused inspection of the key questions safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

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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.

Inspection team

The inspection was carried out by an Inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 14 November 2023 and ended on 22 November 2023. We visited the location's office on 14 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service and 8 of their relatives. We spoke with 8 staff including the directors, the registered manager and care staff. We reviewed a range of documents including 5 care plans and other records of care monitoring. We looked at multiple medication administration records. We reviewed policies and procedures and quality assurance checks and documentation. We reviewed 3 staff files.

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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were generally supported to take their medicines safely. However, carers could benefit from more specific guidance about prescribed creams,
- We saw body maps were not always used to show staff exactly where to apply creams. However, staff told us they were updated quickly and regularly about any changes to people's needs with regard to prescribed creams. Medicine administrations records (MAR) charts showed people were supported to have their creams applied when they needed them. The registered manager told us they would review all plans for people who were prescribed creams. They told us they would ensure body maps were included to show exactly where creams should be applied.
- Staff told us they received regular training to enable them to support people to take their medicines safely. We saw evidence the registered manager had checked MAR charts, but the recording of checks was not systematic. The registered manager stated they planned to include a record of these checks in their quality assurance monitoring.
- People's care plans showed staff how they wanted to be supported with their medicines. People and their relatives told us they were happy with the support they received to take their medicines.

Assessing risk, safety monitoring and management

- Although risk assessments did not always contain a lot of detail about people's health issues, staff were very knowledgeable about them.
- Staff told us they received training to help them learn about people specific health needs. They also said the management team were very easy to contact '24/07' if they had any questions or concerns.
- Risks to people's well-being, health and safety were assessed before support was provided. These risks were then reviewed with people and their relatives on a regular basis. For example, one relative told us their loved one's care needs had recently changed quite suddenly. They told us the registered manager arranged a visit to review the needs and risks straight away.
- People told us they knew their carers and were generally visited by the same small team. This enabled staff to build a good knowledge of people's risks and needs over time. One person told us, "[The carer] is very proactive, [they] recognise what I need before I know it myself!"

Staffing and recruitment

- People were supported by adequate numbers of staff who had been safely recruited. Checks were made to ensure potential staff were safe to care for people. These included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- After initial recruitment not all staff who had worked for the service for many years, had had further DBS checks completed. This is not a legal requirement; however services do need to demonstrate ongoing checks to ensure staff remain safe to perform their roles. The registered manager told us they were considering introducing further periodic safety checks for all staff.
- People told us staff generally attended care calls on time and the service had enough staff to support last minute changes to people's needs. For example, if a carer was late because they had supported a person in a crisis, another carer was quickly arranged. One relative described the staff team as 'exceptionally flexible.'

Systems and processes to safeguard people from the risk of abuse

- Systems to monitor and ensure people's safety were effective. Staff understood how to identify safeguarding concerns and knew what steps to take to raise a concern.
- Staff told us they received regular safeguarding training. They knew how to access the organisations safeguarding policy and procedure.
- At the time of our inspection there had been no recent safeguarding concerns raised.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- 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 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.

Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong.
- There was an open learning culture within the team. Staff told us they would tell the management team if they were worried something had gone wrong. We saw guidance reassuring the staff everyone makes mistakes and encouraging them to always tell the registered manager.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place to monitor the quality of care people received. We found some areas of potential risk which would benefit from improvement.
- Systems to monitor the quality of people's care had not enabled the registered manager to identify the need for more detail in some people's care plans. We found no impact on people's care because staff knew their needs well. However, in the event of unfamiliar staff supporting a person, they may not have the information they required to meet their needs. Guidance lacked detail to enable staff to recognise signs for example of a person with diabetes having low blood sugars. Training was provided for staff on diabetes which they could access the notes for via an app at any time. Most people supported also either lived with family or had a lot of support from family. This lessened the risk as family members were also present to monitor for signs of deterioration. The registered manager told us they would ensure people's care plans were updated with more detailed guidance on health needs.
- Staff we spoke with had a clear understanding of their roles in relation to safeguarding, incidents and accidents.
- Medicines management systems had not assisted the registered manager to identify guidance for staff on the use of prescribed creams was limited. Staff told us they would use the instructions on the boxes and communication with family and the registered manager about how creams needed to be used was good. However sometimes boxes just advise to 'use as directed' and lack specific detail about where or how thickly to apply creams. We found no evidence that creams had been used incorrectly or inappropriately. Records showed staff were recording the use regularly. However, the use of body maps with clearer directions would prevent possible risk of applying creams incorrectly. The registered manager assured us all people using creams would have the use re-assessed and body maps would be introduced.

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

- People's care was person centred. Their wishes and needs were at the centre of all assessments and reviews of care plans.
- The culture of the service was positive. Staff, people receiving care and their relatives all spoke positively about the registered manager and the management team. One staff member told us, "[The registered manager] is very approachable, she is a lovely lady, with a very caring nature." People and their relatives also spoke positively about the care they received. They told us they received good quality care. One person told us, "I couldn't be happier with the service I get.... It is worth every penny." Another said, "It makes the

difference for me to stay in my own home, that's worth its weight in gold."

- Staff told us the management team were very easy to get in touch with when needed. The registered manager supported care calls when needed and spoke very positively about the staff team.
- Staff told us they could raise any concerns they had, they felt their opinions were sought and valued. Some staff had been working for the service for many years. They told us this was because they felt very happy in their jobs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were consulted regularly about their views on the quality of care. People also had regular reviews of their care to make sure it was right for them. People had responded very positively in the most recent feedback surveys they had completed.
- Reviews considered people's needs in line with their equality characteristics. For example, when a person developed a physical disability, their needs were fully re-assessed.
- We saw concerns were investigated in a sensitive way, lessons were acted on and shared with the staff team.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their duty of candour responsibilities and apologised when mistakes had been made. They told us, "Whenever someone is unhappy or something has gone wrong, the first thing we always do is apologise, then we investigate."

Working in partnership with others

- We saw evidence of staff working with a number of other health care professionals and services to ensure people received the care they needed. These included chiropody, pharmacy, occupational therapy, and district nurses. Staff also assisted people to attend appointments when needed.