

All Seasons Community Support CIC

All Seasons Community Support Two Limited

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: All Seasons Community Support Two Limited is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection the agency was supporting 349 people, only 325 were receiving personal care. CQC only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

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

People's experience of using this service:

- People told us they were supported to stay safe by staff who knew them and treated them with kindness.
- Risks to people were managed with them and took into account their views and choices.
- Staff had clear guidance about how to support people based on their needs and preferences. Care plans were developed with people and reviewed regularly.
- Staff were recruited safely and had the training and support they required to meet people's needs.
- People were encouraged to be as independent as possible and staff supported them to try new things.
- There was a culture of learning and continual improvement. This was supported by regular audits of all areas of practice and actions to address shortfalls. All learning was shared with staff.
- People were supported to stay healthy and staff worked closely with health care professionals to enable people to remain in their own homes.
- People were given opportunities to feedback on their care and complaints were responded to and used as opportunities for learning.
- Staff worked in small groups in order to give consistent support to people.

Rating at last inspection: This is the first inspection since a change of legal entity in December 2018

Why we inspected: This inspection was completed earlier than scheduled based on some concerns we had received. The rating was Good.

Follow up: We will continue to monitor the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

All Seasons Community Support Two Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type: All Seasons Community Support Two Limited is a domiciliary care service providing support and personal care to people living in their own homes who are in receipt of the regulated activity of personal care. The service supported older people and people living with dementia, younger people with disabilities and those with mental health conditions, to enable them to continue living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 9 April 2019 and ended on 12 April 2019. We visited the office location on 9 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We did not request the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make, due to the inspection being carried out earlier than planned. We used this information to plan our inspection.

During the inspection, we reviewed a range of records including:

- Notifications we received from the service
- Completed surveys from people who used the service
- Six people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with seven people who use the service and two relatives.
- We spoke with the registered manager, head of care, head of people, service development manager and care staff
- We also received feedback from three health and social care professionals.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training as part of their induction and had regular refresher sessions.
- Staff could tell us about the different types of abuse they may encounter and how they would respond.
- When there were concerns relating to people's safety the management team work closely with the local authority safeguarding team to keep people safe.

Assessing risk, safety monitoring and management

- Prior to the inspection we had received some concerns about moving and handling practices at the service. We found on inspection that moving and handling training was in place and that staff worked in line with good practice. Guidance for staff was detailed and staff completed moving and handling training annually. This included competency assessments. Minutes of a recent meeting showed that occupational therapists agreed that the training included and staff were following best practice.
- People were supported to manage their own risks where possible. For example, where people had food via a PEG due to the risk of choking and chose to still eat some foods, this was respected by staff. Plans were put in place with people to agree how the risk would be managed and what to do in an emergency. A PEG is a tube which is used to allow food to go directly into the person's stomach.
- Other people were supported to seek advice and equipment to keep them safe. For example, where people wanted to smoke, staff contacted the local fire safety officer to seek advice. People were also supported to purchase fire retardant bedding and nightwear.
- Risk assessments were in place relating to risks to people and their environment. These were detailed and gave clear step by step guidance for staff about how to minimise the risks and how to keep people safe.
- The registered manager had developed more accessible versions of tools such as the waterlow score which is used to measure people's skin integrity. The new version gave staff guidance about what each stage would look like and what action to take.

Staffing and recruitment

- Staff were recruited using robust recruitment procedures to ensure they were suitable for their role.
- Staff were grouped into teams to cover different locations. Office staff continually worked towards people having support from a consistent group of staff. The registered manager told us, 'Consistency is the key and we are always looking for ways to give people consistent staff teams.'
- The management team had looked at innovative ways to recruit and retain staff including the development of wellbeing experiences for staff and rewards of experience days.
- Staff tagged in electronically when they arrived at people's homes. This enabled the office to monitor when they arrived, staff were encouraged to tag out as they left people, but this was yet to become embedded in practice.

- People told us staff were generally on time and that they were contacted by the office if staff were running late. Staff were allocated travel time between visits and this was adapted based on the area where they worked.

Using medicines safely

- People were encouraged to remain as independent as possible when managing their medicines.
- When people needed support with their medicines this was provided by staff who were trained and had their competency assessed. Care plans gave clear guidance about how to support with medicines including topical creams.
- Medicines administration records were reviewed by the management team and action was taken to address any issues found. When medicines errors occurred, these were investigated and when necessary staff had additional training and competency assessments.

Preventing and controlling infection

- People told us that staff used gloves and aprons where necessary to minimise the risk of infection.
- People's care plans for catheter care detailed how staff could minimise the risk of infection to people. A catheter is a tube used to remove urine from the body.
- There was an infection control lead at the service who kept up to date with good practice and shared information with staff. Staff collected their personal protective equipment from the office and there was always stock available.

Learning lessons when things go wrong

- The registered manager recognised that staff were not using their leave until the end of the year which led to disruptions in people's support. As a result, staff were asked to request their leave for the whole year, this allowed the management team to ensure there were enough staff available at all times to meet people's needs.
- People's daily notes were reviewed when received by the quality assurance team. A check was completed and staff were contacted if any issues were found with the standard of recording or the care described. This was done by letter and a meeting for the staff involved.
- Accidents and incidents were reviewed from trends or themes and any learning was shared with staff via meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by a dedicated team. Assessments were comprehensive and took into accounts both people's needs and preferences.
- The assessment took into account protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture.

Staff support: induction, training, skills and experience

- People told us that the staff were well trained.
- Staff were given a comprehensive induction when starting to work at All Seasons. This included face to face training and shadowing experienced staff. Staff told us this helped them to feel more confident about supporting people.
- There was an ongoing programme of training which was adapted to meet the needs of people. For example, the management team realised they did not have enough staff trained in stoma care to meet an increasing need. They spoke to the local stoma nurses and arranged some training quickly. This subject has now been added to the annual training programme. A Stoma is an opening in the body which allows waste to be collected in a bag.
- Staff had supervisions and competency assessments to ensure they were completing their role correctly and to offer support.

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

- When people had support with food and drink there were clear guidelines for staff about what support they needed and how they preferred it to be given. One person told us, "My water bottle is always full up with fresh water and they always offer me a cup of tea."
- Some people could be reluctant to eat, so staff encouraged them and offered smaller snacks rather than one large meal. When people lived in supported accommodation staff would accompany them to communal meals when required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team had built positive relationships and clear systems when working with other agencies, such as other domiciliary care agencies, housing providers and health professionals. This enabled them to meet people's needs in a joined up and consistent way. For example, as part of the support to people in supported accommodation staff manned a phone which people living at the accommodation could call in an emergency, this included people not usually supported by the service. In order to provide the most appropriate support they worked with the housing provider and people to develop one page profiles for the people they did not support containing details such as their next of kin and health

conditions. This enabled staff to support people they did not know more effectively.

- Staff used daily logs, handovers and communication books to record any important information about people's support and also informed the office of any changes promptly.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health professionals in order to support people to stay healthy and manage long term health conditions.
- A group of staff had received extra training to monitor people's health using tools such as monitoring their blood pressure. They worked as part of an NHS acute response team (ART) whose aim it was to prevent hospital admissions. This had worked successfully and as a result the size of the team had increased and was due to increase again later in the year. By monitoring people's blood pressure and temperature staff were able to get medical professionals to intervene quickly in the event of any changes preventing the person from needing to go to hospital and work more effectively with clinical colleagues.
- When people needed support to attend appointments staff accompanied them and helped them to understand any information they were given.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- People's care plans detailed where they could make decisions for themselves and where they needed support to do so. Staff encouraged people to make choices and respected their decisions.
- When people lacked capacity, best interest decisions had been made. Where people had court appointed advocates or representatives, this was clearly documented, and the management team had established positive working relationships in order to enable decisions to be made promptly when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness by staff who respected people's life choices. One member of staff told us, "It is important to talk to people and listen to them, it makes them feel you really care. I often use photos they have to start a conversation."
- Staff supported people to access support groups relating to their sexuality. One older person had been unsure about accessing such a group, so staff identified a group with peers of their own age and built their confidence until they were ready to be involved.
- Staff knew what was important to people and took time to talk to people about these things. People and their loved ones told us, "They know all about me and my family, they know them all by name it makes a difference" and "They read him like a book now, they know his funny ways."
- A health care professional told us, "The care/support workers I have encountered have developed caring professional relationships, showing evidence of going above and beyond to support people."

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones were involved in planning their care, care plans clearly recorded their choices and how support should be given.
- When people had requests which were outside their normal support needs, the management team did their best to offer support. For example, one person had difficulty after a loved one passed away. The registered manager helped them to discover what had happened to their loved one, reconnect with family members and supported them to have a 'goodbye' for their loved one.
- When people struggled to express their needs, or were reluctant to accept support, the staff worked with them to understand their concerns and explain their options. For example, one person had been in hospital for an extended period of time and had been reluctant to leave. The registered manager and staff worked with other agencies to build a relationship with the person and understand their concerns. As a result, a plan was put in place and the person now lives successfully in supported accommodation.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be independent. One person said, ""If I say to staff member, I want to do something she will say go on then and she will walk around with me while I do it."
- Staff ensured that people were covered and curtains closed whilst they carried out personal care. When people chose to be undressed, staff supported them to find ways to cover up when they had visitors and respected their choice.
- When people were living with visual impairment, staff ensured that items in their homes were not moved, so people could move around independently minimising the risk of falling over something unexpected.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were developed with them and their loved ones.
- Care plans were detailed and gave clear step by step guidance to staff about the support needed and how people liked this to be done.
- When appropriate people were supported to try new activities and visit new places. For example, one person was reluctant to leave their home or use public transport. Staff built their confidence and supported them to apply for their own mobility car. The person now goes on regular days out with staff support.
- Staff accessed people's care plans on a mobile phone, as a result they always had the most up to date version.
- The service was contacted by community leader to seek support for a person living with dementia. After meeting the person, they supported them to gain funding for a care package which has allowed them to stay living in their own home with their pet.
- People were supported to maintain and build relationships. Staff supported people to go to community groups, to give them the opportunity to meet new people and meet friends.
- Staff knew people's religious and cultural preferences and supported these. Some people were supported to listen to religious music and others to attend religious services.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and that any complaints they had made had been resolved to their satisfaction.
- The registered manager told us that complaints were a way to improve and learn.
- Complaints were investigated and the complainant was informed by letter what the service had learned and changes as a result of the complaint.
- The complaints procedure was available in accessible formats for people.

End of life care and support

- The service was not supporting anyone at the end of their life.
- People who had life limiting conditions had a care plan relating to this and how they wanted to be supported, this included the service linking in with a local hospice.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and management team had a clear set of visions and values for the service. The aim of the service was to give people personalised care. This was shared by staff.
- The registered manager was open and transparent, any learning from complaints or concerns was shared with staff.
- There were regular meetings for groups of staff to discuss changes at the service and any learning. Also, events were held to reward staff such as Christmas parties for staff and their children.
- A monthly newsletter was sent to staff, this included updates on practice and recognised staff who had excelled. It also introduced any new staff to the service.

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

- There was a clear organisational structure and people and staff knew who to contact for support or advice.
- The management team were aware of their responsibilities in relation to regulation. The registered manager had informed the commission events when required.
- Audits were completed regularly including of daily notes, care plans and staff time keeping. Action was taken to address any shortfalls. This had led to the focus on staff tagging in when beginning a visit so call times could be monitored and issues addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete an annual survey about their support. They were also contacted by phone a minimum of 6 monthly and visited annually to ascertain if they were happy with their care package.
- If people were unhappy a member of the management team would meet with them to try and resolve any issues. As a result of some concerns the management team reviewed how calls where two staff were needed were scheduled to ensure they met people's needs. People had told the office that the times of calls now suited them more.
- Staff were invited to complete an annual survey by post, however the registered manager told us not many staff completed the survey, so they were speaking to staff to find a more appropriate way to get their views.

Continuous learning and improving care

- A new quality improvement tool had been implemented to review all areas of the service and identify areas for improvement or excellence. The tool also monitored progress on actions, this had driven improvements and ensured that there was a focus on continual improvement.
- It was identified that staff observations were not always being completed in a timely fashion. A rota was then put in place for the care assessors who carried out the observations to allocate one week in four to carry out observations. Staff observations were now happening on a regular basis.
- The registered manager attended coroners court to identify any learning which was then implemented at the service.

Working in partnership with others

- The management team and staff had developed positive professional working relationships with a range of other professionals. Local community and specialist nurses provided training for staff and advice where needed.
- When a person was supported by more than one agency the management team contacted the other agency to ensure there were systems in place to communicate any changes in people's needs or concerns.
- The registered manager and head of care attended local multi-disciplinary team meetings (MDT). This allowed them to speak to local nurses and GPs, hear about any themes in the area and discuss concerns about individual people.