

Four Seasons Community Care Limited

Four Seasons Community Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Four Seasons Community Care is a domiciliary care agency that provides care and support to adults of all ages, in their own homes. The service provides help with personal care needs in Torpoint, Milbrook, Donderry and Looe areas of Cornwall. At the time of this inspection 64 people were receiving a service from Four Season. These services were funded either privately or through Cornwall Council or NHS funding.

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

At the last inspection we found care plans had not always been completed for everyone using the service. There was not a robust system in place to help ensure risk assessments were always reviewed in a timely manner. At this inspection everyone had a care plan and risk assessments were present in all care plans as required. Staff were provided with clear information regarding any risks to the person and to themselves. Risk assessments were updated appropriately.

At our last inspection we found management oversight of the service needed to be more robust. At this inspection the registered manager had delegated specific roles, such as rosters and recruitment to others, and the overall management of the service had improved. This was confirmed by everyone we spoke with. Quality assurance processes were in place to monitor the quality and safety of the service.

People told us they received their visits at the agreed times. No one reported having had a missed visit. People told us issues that had concerned them at the last inspection, such as late visits, had been resolved and the service had improved. People told us they were happy with the service they received. Comments included, "I can honestly say at the moment the service is excellent."

Rota management had improved since the last inspection, and staff told us they were able to travel from visit to visit within the time allocated. Staff appreciated receiving their rotas in advance.

Staff reported an improvement in the consistency of visits made by the same staff. Comments included, "Yes I have the same round, its good as you get to know people well and they like that" and "I have a good relationship with all my regulars."

Staff were mostly positive about the improvements and how the service was run. Comments included, "It is definitely a lot better than last year. We were in a mess then. It is so much better now," "Its brilliant now, things have really changed. The rotas are on time, we all know what we are doing in advance, people are happier" and "Compared to last year there have been massive changes for the better. To think I was going to leave last year, I am glad I didn't." A small number of staff were less positive. Comments included, "Some of

us get spoken to badly and pressured to work and take on more and more" and "We ring in and say we are really tired and not well and they just tell us to keep going." The management team assured us that staff were not made to work when unwell. The provider told us they had bought in changes to the way the service was run and acknowledged that some staff had found this challenging.

Staff were recruited safely. Additional staff had been taken on recently to help ease the pressure on existing staff who had worked additional hours throughout the Covid-19 pandemic lockdown period. Comments from people included, "They have a number of new carers who are excellent."

Staff were clear of their roles and responsibilities in relation to safeguarding. Staff had received necessary training to carry out their role safely.

Every person receiving a service had a care plan. Most were held electronically, a few were still paper based. Care plans contained information to direct or guide staff on how to support people according to their preferences. Some care plans required additional detail to help ensure all staff were clear on how to provide safe and effective care and support. We have made a recommendation about this in the Safe section of the full report.

Care plans were reviewed appropriately. People were provided with paper copies which were held in their homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to ensure the effective management of medicines. Staff who were administering medication had been trained and had their competencies checked to ensure correct procedures were followed. Medicine records were regularly audited.

Staff were aware of the Public Health England guidance on the use of personal protective equipment (PPE) such as masks, gloves and aprons. Comments included, "They (staff) regularly wash hands on entering and leaving and feel they are complying in every way possible".

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 February 2020). There were two breaches of the regulations. The service had conditions imposed on their registration following the inspection 28 September 2019. The conditions remained in place and required the provider to submit monthly reports to the Care Quality Commission.

Why we inspected

The inspection was carried out to follow up on the action we told the provider to take at the last inspection. As a result, we carried out this focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this

inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. The condition on the registration of this service will be removed.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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 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

Four Seasons Community Care

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check on the action taken by the provider to meet the requirements of the regulations.

Inspection team

The inspection was carried out by a lead inspector and two Experts 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.

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

This inspection was announced. We announced the inspection several days in advance to ensure the registered manager would be available to participate in the inspection process, to make arrangements for information to be shared with the commission prior to the site visit. We invited all people who received support from Four Seasons, and staff, to have an opportunity to speak with us if they wished. Before we visited the services office, we discussed infection control processes for people, staff and inspectors with reference to Covid 19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

We spoke with 11 people who used the service, on the telephone, prior to the office visit. We also spoke with four relatives. The inspector spoke with 20 staff on the phone. We sought feedback from two health and social care professionals who had regularly worked with the service.

During the inspection

The lead inspector visited the locations office and met with the registered manager, and three of the management team who were responsible for specific areas of the running of the service. We looked at four care records in relation to people who were being supported with a regulated activity, risk assessments, quality assurance records and information related to the running of the service.

After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager prior and during the site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Enough improvement had been made at this inspection. The key question is now rated as Good.

Assessing risk, safety monitoring and management

- At the last inspection we found people were not always assured of receiving consistent care. This was because new systems and processes were not yet embedded to ensure people were always protected from the risk of harm.
- At this inspection we found the electronic system had been used effectively and consistently and people received safe and timely care.
- Care plans contained appropriate risk assessments that guided and directed staff on how to reduce assessed risks. For example, how many staff and what specific equipment was to be used to move a person safely.
- Staff were advised of any risks regarding the access to people's homes. For example, how to safely access properties.
- People told us they received their visits at the agreed time. No one reported a missed visit.
- People confirmed that they were able to phone the office to change the visit times, if needed, and the office would re arrange this for them. People told us they received a response out of hours when necessary. Most staff had been able to contact management out of hours. Some staff reported their calls not always being answered. We discussed this with the registered manager who assured us the main phone number was diverted to the out of hours phone which was always responded to by a member of the management team.

Staffing and recruitment

- There were sufficient staff deployed to meet the requirements of the people who used the service. Additional staff had recently been recruited to help with the pressure on existing staff who had worked long hours throughout the Covid-19 pandemic lockdown period and a period of being short staffed due to sickness and staff leaving.
- New staff were safely recruited. We spoke with new staff who said they had attended induction and provided with support until confident to work alone.
- Disclosure and Barring Service (DBS) checks and references were received before staff were able to visit people alone.
- Staff confirmed their rotas included sufficient travel time for them to arrive at visits at the time agreed. Some rota changes had been necessary due to staff sickness and staff reported that these changes were communicated well to them.
- Staff reported an improvement in the consistency of visits made to people by the same staff. Comments

included, "Yes I have the same round, its good as you get to know people well and they like that" and "I have a good relationship with all my regulars."

- People told us they had noticed a considerable improvement in the service provided. They were happy with the service they received. Comments included, "They have a number of new carers who are excellent," "Often, in the past they would be late, but these days they have a perfectly good reason for being late, but this happens very rarely" and "They are usually on time and yes I feel very safe with them now that I always get the good ones, but it wasn't always that way, sometimes, in the past, I never knew who was coming."

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. The provider had raised concerns appropriately to the safeguarding unit.
- People told us they always felt safe. People said they felt able to speak to staff or managers about any concerns as they would be listened to and were confident action would be taken.
- People told us, "They look after me well and I feel very safe with the things they help me with" and "I live for their visits, in fact it's the only thing I live for and they come four times a day".
- Staff told us, "People seem happier now that the rotas have become more stable," "If a person does not want a certain carer they tell the office and it's added to the system which stops that carer being allocated to go there again" and "They (people) get the same carer most of the time and their visits are pretty much always on time. If we run late, we always ring them and let them know what is happening."

Using medicines safely

- People told us they were supported with their medicines and received them on time.
- Staff had received medicine training. Spot checks were carried out regularly to help ensure staff competency.
- Medicine administration record (MAR) audits were carried out along with competency checks of staff to help ensure they managed medicines safely.
- The provider was in the process of extending the use of the electronic system to include the management of medicines administration.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- Staff encouraged and supported people to participate in cleaning and domestic chores within their homes.
- People told us, "They (Staff) always wear gloves and masks and an apron so I feel safe now" and "They (staff) regularly wash hands on entering and leaving and feel they are complying in every way possible".
- The office held stocks of PPE for staff to collect as needed. Hand sanitiser was available for visitors in reception. The office displayed the NHS QR (Quick Response) code to support the Covid-19 Track and Trace system.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.

Is the service responsive?

Our findings

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the programme to review and update all care plans had not been completed and the provider was still in breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of the regulations.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone who received a service from the agency had a care plan. Most care plans were held on the electronic system, a few remained to be transferred on to the system. Care plans could be viewed electronically by all staff on their work mobile phones. We were assured that paper copies of care plans were available in people's homes. People confirmed this when we spoke with them.
- Most care plans contained person-centred information including details of the person's past life and medical history. A few care plans required some additional information to be added to help ensure all staff were clearly guided and directed to provide consistent care and support.
- The provider had identified that some staff were providing different care, to a few people, than what was on the care plan. This was due to a lack of specific guidance and detail in a few people's care plans. We were assured this would be addressed by reviewing the relevant people, together with their family members, to ensure the care plan was person centred and clearly detailed the person's needs and wishes.

We recommend the provider ensures all care plans are transferred on to the electronic system as soon as possible, and take advice and guidance from a reputable source to help ensure care plans always contain the detail required to advise staff on how to provide the consistent care and support required by people.

- Care plans were reviewed and updated as needed.
- Staff completed daily records detailing all care and support provided. These were regularly audited by the management team.
- People told us, "The carers at the sharp end are excellent," "One (staff member) just seems to know what I need without me having to ask and they do the extra things and volunteer to do it rather than me having to ask" and "They give me personal care and sort all my medicines out for me and I don't have to worry about asking for additional things as they just do it for me like going to the shops and yes they are particularly good at making sure I have everything I need and do everything I ask".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained guidance for staff about people who may need support to understand information, such as glasses or hearing aids.
- Staff confirmed they knew the people they visited well and were able to meet their communication needs.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy. People confirmed they were aware of how to raise any concerns and told us they felt confident that issues would be addressed.
- We were contacted by a relative to told us they had raised a complaint about the care of their mother. The provider was aware of this concern and had recorded it as a formal complaint. They were in the process of investigating the specific concerns with the staff concerned. The provider had requested the local authority review the needs of this person in order to allocate additional time for each visit due to the increase in this person's needs. We were assured the care plan would be reviewed immediately.
- One person told us, "I rang to complain, I think I have got the better carers now".
- Relatives confirmed the service had improved. They told us, "They (staff) review them (family member) every six months, if there is no one in the office I've got a mobile number I can call. Things are much better now than they were "

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not made sufficient improvement to adequately assess and monitor the quality and safety of the service provided to people. Systems were not yet robust enough to demonstrate the service was effectively managed and resulted in the risk that people could receive unsafe and ineffective care. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection improvements had been made and the requirements of the regulations had been met.

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

- At the last inspection the providers oversight of risk and quality was not yet robust enough to ensure that people were protected from the risk of harm.
- At this inspection we found the registered manager had delegated clear roles and responsibilities to other members of the management team. There was now effective oversight of the times of all visits made by staff. The use of the electronic system was being extended to include additional aspects of the running of the service.
- There was an out of hours service. If staff needed support out of hours they rang a number which diverted to the on-call phone. A small number of staff reported this phone was not always answered, especially early in the morning. This was discussed with the registered manager who assured us this phone was always held by a member of the management team and was answered.
- Auditing systems and processes were in place and were effectively identifying any concerns. This led to improvements being made to the service provided.
- Effective management of the rota system had reduced the number of late visits experienced by some people.
- There was an effective system to help ensure staff had accurate and up to date information relating to people's needs. For example, staff from one shift passing on any changes in a person's needs to the next shift.

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

- People, relatives and healthcare professionals said there was a positive culture in the staff team and staff confirmed they were happy working for the service. Everyone we spoke with commented on the

improvement of the service over recent months.

- People told us they had their personal preferences and choices respected and supported. If a person raised any exception to a member of staff, for any reason, this was added to the electronic system and that staff members name would not be accepted on to the rota to visit that person in the future.
- When people or staff raised concerns about staff not supporting people to achieve good outcomes the management took action to address these issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. Comments we received included, "The registered manager is open and very passionate about doing the best they can. Sometimes they have taken on too much in the past in an effort to help out. This did not always go well, and they recognised that. They have learnt from this. Now they assess new work carefully."
- The local authority told us the provider had always been open and honest and was open to recommendations. The service had worked closely with the local authority to bring about improvements in the scheduling of visits. The Quality Assurance Team at the local authority had completed and closed their action plan with Four Seasons as they were satisfied that required improvements had been made.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- The registered manager had sought the views and experiences of people that used the service and the staff. Responses were used to further improve the service.
- Healthcare professionals told us, "They (staff and management) are all very committed and very proactive. They have got people's needs at heart of what they do" and "They (staff) all go above and beyond for some people for example, taking Christmas dinners out to people who live alone."
- Staff were mostly positive about how the service was run. Comments included, "It is definitely a lot better than last year. We were in a mess then. It is so much better now," "Its brilliant now, things have really changed. The rotas are on time, we all know what we are doing in advance, people are happier" and "Compared to last year there have been massive changes for the better. To think I was going to leave last year, I am glad I didn't." A small number of staff were less positive. Comments included, "Some of us get spoken to badly and pressured to work and take on more and more" and "We ring in a say we are really tired and not well and they just tell us to keep going." We discussed these concerns with the management team. We were given assurances that staff well-being was important to them and that the management team made calls to check on any staff who had reported feeling unwell.
- Regular staff meetings were held before the Covid- 19 pandemic. This gave staff the opportunity to discuss any organisational issues. At this time information was communicated via mobile text, emails or phone calls. One staff member told us, "The office are really good they regularly ring us to see we are ok. We can't go in to the office in groups now so we arrange to visit at the door to collect things. We get given information that is necessary. If there are any changes to anything like the rota we get told, sometimes it is unavoidable due to short notice sickness."

Continuous learning and improving care

- The provider had recognised the need to improve the administrative processes of the service since the last inspection. New systems, now embedded, were being used to further improve the service provided to people.
- The provider had worked with the local authority and the Care Quality Commission to improve the service since the last inspection.
- People told us that in the past they had struggled to be listened to and have their concerns addressed. People now told us that things were more organised and effective.
- The management team were aware staff had been under pressure recently due to the Covid-19 pandemic and staff shortages. New staff were being recruited to help with this pressure.
- We were told that the management team recognised staff who had worked hard and were rewarding them with small gifts to thank them for their commitment.

Working in partnership with others

- The service worked in partnership with key organisations to support local care provision. Healthcare professionals told us, "They (staff) work very hard and I cannot speak highly enough of all of them" and "They are open and willing and I have definitely seen improvements."