

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this announced inspection on 15 and 17 January 2019. At our last inspection, in July 2016, we rated the service overall Good with requires improvement in Safe, because some people told us they had experienced missed or late visits. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 people's personal care needs in Torpoint, Saltash, Liskeard and Looe areas of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection approximately 160 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding.

Everyone we spoke with told us they were happy with the quality of the care provided. They said they felt safe using the service and trusted the staff who supported them. Comments included, "I feel very safe, nothing is too much trouble", "We are very happy with them" and "They keep my dignity and respect. I have no family, [worker's name] is my family, and friend."

People had a team of regular, reliable staff, they had agreed the times of their visits and were mostly kept informed of any changes. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. Staffing levels were managed in a way to ensure staff were available to provide a consistent service to meet the needs of people who used the service. Rotas were well managed and the registered manager knew the location and times where new packages could be accepted.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and preferences.

Each person had a care plan, that had been developed with them, and was personalised to their needs and wishes. There was a system in place to review care plans every three months, or sooner if people's need changed. The review of some care plans had fallen behind and we were assured that these care plans would soon be updated.

Risk assessments clearly identified any risks and gave staff guidance on how to minimise the risk. This included any environmental risks in people's homes and any risks in relation to the care and support needs

of the person. They were designed to keep people and staff safe while allowing people to develop and maintain their independence. People who needed help taking their medicines were appropriately supported by staff.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. The service had robust recruitment practices, which meant staff were suitable to work with vulnerable people. Management provided staff with appropriate training and supervision. Staff told us they found the training to be beneficial to their role and said they were encouraged to attend training to develop their skills and career.

Management and staff acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The management approach was open and inclusive.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

## 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 has improved to Good.

People now received their visits as planned.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Four Seasons Community Care

## **Detailed findings**

### Background to this inspection

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

This announced inspection of Four Seasons Community Care took place on 15 and 17 January 2019. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector and two experts by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The experts by experience telephoned a sample of people and their relatives to check people were happy with their care and support.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, care co-ordinator, administrator and one care staff. We visited two people in their own homes and met another two care staff and a relative during those visits. We looked at five records relating to the care of people, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the visit to the provider's office we spoke with a further 25 people, three relatives and four care staff.

# Is the service safe?

## Our findings

At the last inspection in July 2016 we rated the safe section as Requires Improvement because at that time some people told us they had experienced missed or late visits. At this inspection we found improvements had been made and no one reported any missed visits and overall people were satisfied with the timings of their visits. Therefore, the rating of the safe section had improved to Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. They commented, "I feel very safe, nothing is too much trouble", "We are very happy with them" and "I'm very happy with the service."

People told us they had a team of regular, reliable staff, they had agreed the times of their visits and were mostly kept informed of any changes. A small number of people told us they were not always informed of changes to their times. The registered manager was aware that sometimes people had not been informed of changes. To address this two new receptionists had recently been employed at the office to answer the phone and make calls to people about changes.

The service used assistive technology for call monitoring which was a 'live' system meaning office staff could see the movement of staff from visit to visit. This enabled them to identify any gaps there may be and to take immediate action. For example, there had been no missed calls due to staff being able to monitor the movement of care staff.

There were enough staff employed by the service to ensure people were safe and received their agreed visits. Staffing levels were determined by the total number of hours provided to people using the service. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the location and times where new packages could be accepted.

There were suitable arrangements in place to cover any staff absence. The service employed three team leaders who were community based. They were not allocated any regular work and were therefore available to cover for staff sickness and annual leave. The management team also covered visits when staff were unable to work and because people knew the management team and team leaders it meant they still received a consistent service.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible.

The registered manager was on call outside of office hours. They had details of the rota and telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service

provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were answered, inside and outside of the hours the office was open. We were made aware of two incidences where staff had not been able to get through to the on-call phone in the evening. The registered manager had also been made aware of this and measures had been taken to ensure calls were answered and messaged were picked up.

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident managers would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

People were safely supported with their medicines if required. There were arrangements for the prompting of and administration of medicines. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when people took their medicines if this was part of their care package. These were audited regularly to ensure they had been recorded as required. Only staff who had received training in the administration of medicines were responsible for dispensing medicines.

If accidents and incidents took place in people's homes staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

# Is the service effective?

## Our findings

People's needs and choices were assessed before they started to use the service. This helped ensure people's wishes and expectations could be met by Four Seasons Community Care. People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care and support they required.

Effective care was provided for people because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to help ensure staff received appropriate training and refresher training was kept up to date.

Staff were supported by a system of regular one-to-one supervisions, annual appraisals, quarterly staff meetings and observations of their working practices. Staff told us they felt supported by the management and valued the opportunity to discuss their work and training needs.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff told us, "I have done a lot of training since starting and I am doing the care certificate" and "My induction was fantastic."

People told us staff supported them to access healthcare appointments. Management and staff had developed good working relationships with healthcare professionals and care records confirmed people had been supported by healthcare professionals such as, GPs, occupational therapists, dentists and community nurses. This helped to ensure people's health conditions were well managed.

Staff supported some people with their meals. People told us staff prepared meals of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also said staff always stayed the full time of their agreed visits. Electronic records showed that staff stayed for the agreed length of the visit.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. At the time of the inspection there was no one using the service who had any restrictions in place.

# Is the service caring?

## Our findings

People told us staff were caring in the way they supported them. They said staff treated them with kindness and consideration. Comments included, "We are very happy with Four Seasons, we have had the same girl for two years and I think my Mum is very relaxed with her", "Caring, kind, considerate, helpful. I`m bed ridden so I rely on my carers and trust my carers totally, they are my family", "They are very humane and kind. I`m very, very pleased with them" and "They are very, very caring and nothing is too much trouble for them."

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with staff and got on well with all of them. New staff were introduced to people before they started to work with them and because management and team leaders covered for sickness and absences they knew everyone who used the service. This meant people received care from staff who were known to them.

Staff spoke about the people they supported fondly and showed pride in people's accomplishments and a willingness to support people to develop and maintain their skills. They were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I love the job" and "I enjoy helping people to do things for themselves" and "It's great that we can help people to stay in their own homes."

The service provided to each person was person-centred and based upon their specific needs. Care plans contained detailed information so staff could understand people's needs, likes and dislikes. Care and support was provided in line with those needs and wishes. Staff had a good knowledge and in-depth understanding of people's needs.

Care plans also contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

The staff and management team understood the importance of confidentiality. People's records were kept securely and people had consented to their records being shared with others as was necessary. This was in line with General Data Protection Regulations (GDPR).

Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

## Is the service responsive?

### Our findings

Before using the service, a manager visited people to complete detailed assessments of their individual care and support needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. We found people received care and support that met their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person said, "We had to contact them to rearrange an appointment, due to a different commitment, it was sorted, smoothly and easily."

Each person had a care plan that was personalised to their needs and wishes. Most people were aware of their care plans and said a member of the management team had reviewed their care plan with them. Staff told us care plans mostly contained the information they needed to provide care and support for people. Any changes in people's needs were communicated to staff by phone, text messages or through regular team meetings. Staff told us, "Care plans are mostly OK some need a bit of updating. However, the office is really good about giving us messages about changes to rotas and people's needs or cancelling visits because of hospital admissions etc. Daily notes in the homes are good and we give handovers to each other within the team", "We are a good team, who work together to pass on information" and "The office staff are very good about letting us know about changes to people's care plans."

There was a system in place to review care plans every three months, or sooner if people's need changed. The review of some care plans had fallen behind because office staff had spent three months inputting care plans into an a new electronic system. After experiencing problems with this system, from the start, it had become clear that the system was not useable and information had been lost. Just before our inspection the registered manager had taken the decision to revert to paper copies until the issues with the electronic system could be resolved. The registered manager advised us a few days after the inspection that most of the outstanding care plans had been updated and the remaining ones would be completed shortly.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Records were returned to the office each week and audited by management to check that any changes to people's needs had been actioned.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if

necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

The service sometimes supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded to support staff to meet those wishes.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People and their relatives felt their concerns would be taken seriously. Comments included, "Any complaints I would ring the manager who I've spoken to before. She was very helpful" and "I've never had a complaint in 10 years."

## Is the service well-led?

### Our findings

A registered manager was in post who had the overall responsibility for the day-to-day running of the service. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the day-to-day running of service. They were supported by a care co-ordinator, two administrator/receptionists, finance staff and three team leaders. 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 and associated Regulations about how the service is run.

People and relatives all described the management of the service as open and approachable. Commenting, "I don't think Four Seasons can be improved upon", "We have complete confidence in our carer and Four Seasons. You couldn't get better than this" and "I would recommend them, before me they looked after my husband until he died and now they are looking after me. We have had the same carer for ten years."

There was a positive culture within the staff team and staff spoke passionately about their work. The management team were also clearly committed to providing a good service for people. The registered manager recognised that valuing and supporting staff was integral to providing a good service for people. Staff were complimentary about the management and how they were supported to carry out their work. Comments from staff included, "They have been very supportive about giving me directions when I started to work in a new area", "Management are very approachable and supportive" and "[Registered manager's name] is always available to help if you need it."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular supervisions and at team meetings. Staff said management listened to their feedback and acted upon it. One member of staff said, "We have team meetings and the manager listens to and actions what we say. For example, a few of us said that training was always booked on our week to work. So training was changed so each course had two dates to choose from, each one on a difficult shift pattern. This has been really helpful."

Management and staff worked in partnership with other agencies, such as community health teams and the local authority, in a collaborative and transparent way.

The management team strived to continually improve the quality of service provided. There were robust processes in place to and monitor the quality of the service provision. The management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Feedback was sought from people about their views of the service provided through annual surveys. In

addition, the service had recently started a system of making monthly calls to people to ask for their views. People told us someone from the office rang and visited them regularly to ask about their views of the service. One person told us, "I filled in a survey and got a satisfaction call soon afterwards, but everything is fine."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

The provider had a range of policies and procedures. Staff had access to these and were given key policies as part of their induction. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.