Ms Elizabeth Speight

All Seasons

Inspection report

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Date of inspection visit:
26 August 2016

Date of publication:
09 November 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced inspection carried out on 26 August 2016. At the last inspection in July 2014 we found the provider met the regulations we looked at.

All Seasons is based in the Garforth area of Leeds. The agency provides personal care and support to people living in their own homes.

At the time of our inspection the service had a registered provider, although they did not have a registered manager. 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.

The inspection concluded the administration of medicines was not always safe as staff competency checks had not been carried out. Protocols for 'as and when required' (PRN) medicines were not in place and we found some gaps in the recording on medication administration records, although a sample of daily notes showed some of these visits had been cancelled.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the responsibilities this placed on them. The registered provider had made referrals to the local authority regarding MCA assessments. We recommended the registered provider formalise these records in people's care and support plans.

Staff did not receive supervisions and appraisals in line with the registered provider's policy, although staff felt they were adequately supported by the manager who was approachable and familiar with people who received this service.

Recruitment practices were not always safe as one member of staff had been allowed to commence work with a DBS dated May 2012 and no last employer reference.

People felt safe receiving this service and we saw risks had been appropriately assessed. People were confident they received care and support from a staff team who had been adequately trained and were familiar with their needs. People and relatives were satisfied that staff worked at their pace and ensured they were able to maintain their privacy and dignity.

People and their relatives had been involved in creating their care plans which were detailed and person-centred. Staff were satisfied they accurately represented people's care and support needs, although we saw some updates were required. Reviews of care plans were taking place on a regular basis.

There were no outstanding complaints at the time of our inspection. People had been given information which enabled them to complain in the event they were unhappy with the service they received. A recent

satisfaction survey contained positive feedback from people who received this service. The manager had formally contacted people who raised any concerns.

Staff were allocated sufficient travel times between their calls and the registered provider and manager covered for any emergencies or staff absences. Visits were usually on time and no one reported experiencing a missed visit.

People were supported by staff to access the local community and appropriate referrals to healthcare professionals had been made. People were supported by staff who ensured they had enough to eat and drink and could identify the risks of not receiving adequate nutrition.

The registered provider carried out medication audits, although we found these were not always fully completed. Daily notes were also checked to ensure visits had taken place and times recorded match staff time sheets. Some of the policies we checked were not up-to-date.

Notifications were not submitted to the CQC as required under the terms of the registered provider's registration. We dealt with this outside the inspection process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People felt safe receiving this service. Safeguarding notifications were not submitted to the CQC by the registered provider. Recruitment procedures followed were not safe.

Risks to people and staff were appropriately assessed. People received a service at the times they expected their visit to take place. Staff were given sufficient traveling time between visits.

Staff received medication training, but did not have their competency checked. Medication records were not fully completed.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had a satisfactory knowledge of the Mental Capacity Act 2005 (MCA) and people were referred to other professionals for mental capacity assessments.

Staff received an induction with training and shadowing opportunities, although ongoing support through supervision and appraisal was very limited.

Staff ensured people had enough to eat and drink. People were supported by staff to promptly access healthcare services.

Is the service caring?

Good

The service was caring

Staff had developed good relationships with the people they supported and knew people's needs well. People told us they were happy with the care they received and their needs had been met.

Staff were able to provide examples of how they respected people's privacy and dignity. People and relatives confirmed they received this support.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were detailed and contained evidence of person-centred support, although some adjustments were needed to ensure they were up-to-date. Reviews were taking place on a regular basis.

People knew how to complain if they were dissatisfied with the service they received. There were no formal complaints outstanding at this inspection.

People were enabled to be part of their community as staff supported them to access local services.

Is the service well-led?

Requires Improvement

The service was not always well-led

The registered provider had not submitted notifications to the CQC as required. Policies and procedures needed updating.

Satisfactions surveys contained positive feedback. Medication audits were not always fully completed. Daily notes were checked to ensure recording was accurate and visits had taken place.

Staff were happy with the support they received from the manager who was approachable. The staff team worked together to ensure people received the care and support they needed.

All Seasons

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 inspection took place on 26 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector who visited the provider's premises and spoke by telephone with people who used the service and their relatives.

At the time of our inspection there were 13 people who used the service. We spoke on the telephone with four people who used the service and six relatives of people who used the service. We spoke with five members of staff, the manager and the registered provider. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

People we spoke with were satisfied they received appropriate support from staff who administered their medicines.

We looked at the management of medicines and found this was not always safe. For example, one person's care plan noted staff were to apply Diprobase to their legs. We asked about this and found this was not listed on the person's medication administration record (MAR). We were told this would be added to the MAR to ensure staff recorded when the cream had been used. The same person's medication sheet in their care plan did not match the medicines listed on their MAR. The manager told us, "It does need reviewing."

We looked at three MAR's and found people mainly received their medicines as prescribed. However, occasional gaps in recording were seen. We checked some examples of gaps in the recording against daily notes and found evidence which showed people had cancelled their visits and were not at home to receive their medicines on these occasions.

One person had been prescribed paracetamol as a PRN (as required) medicine. We asked whether a protocol was in place which guided staff when they should offer this medicine. We were told this was not documented.

MAR's were returned to the office and audited, although we found these were not always signed to say they had been checked. Where gaps were seen in the recording, we were unable to see evidence to show this had been identified and acted on. We asked the manager whether they formally assessed staff competency in the administration of medicines and found this was not checked. However, training records we looked at showed staff had received training in how to safely administer medicines.

The manager told us they would introduce staff medication competency checks and would also ensure the system for auditing medicine management would be more robust with clearer records.

This was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at records of nine incidents in the last 12 months which included examples of serious injury and allegations of abuse which had not been forwarded to the Care Quality Commission, which is a requirement of the registered provider's conditions of registration. Both the registered provider and manager told us they were unaware of the requirement to provide notifications for such events to the CQC. In the records we checked we saw each incident had been reported to the local safeguarding authority, investigated appropriately and relevant action had been taken.

This was a breach of Regulation 18, Notification of Other Incidents of the Health and Social Care Act 2008 (Registration) Regulations 2009

People who used the service and their relatives told us they felt safe receiving care and support from All Seasons. Staff had completed safeguarding training and were able to describe different forms of abuse and the signs they look for which could identify a person was being harmed. They told us they would report any safeguarding concerns to the registered provider or manager and felt confident they would take appropriate action. Staff were also able to identify the different external agencies they would report safeguarding concerns to.

We looked at four staff files to check the recruitment procedures followed and found this process was not always safe.

One staff file showed a candidate who started in January 2016 had been allowed to commence their employment without a last employer reference. The registered provider's recruitment policy stated staff would not be permitted to start work until a reference from the previous employer had been received. The 'registered manager declaration' for this staff member dated January 2016 noted, '[Name of staff member] won't lone work until satisfactory references received and new DBS'. The same candidate had been allowed to start work with a check from the Disclosure and Barring Service (DBS) dated May 2012. We noted an updated DBS was not received until March 2016.

The DBS is a national agency which holds information about criminal records. This helped to ensure people who used services were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Other staff files we looked at showed appropriate recruitment processes had been followed. We found they each contained a record of the DBS having been checked and two references were taken. A formal risk assessment had been carried out to assess the suitability of one staff member who had a historical disclosure on their DBS. We also found evidence of disciplinary procedures being used appropriately to ensure people were cared for by suitable staff.

Risks to people were appropriately assessed, managed and reviewed. For example, care and support plans we looked at contained detailed examples of environmental risk assessments. This ensured risks to staff and people had been minimised to ensure they were protected from the risk of harm or injury. Staff demonstrated good knowledge of people's needs and the risks involved when providing the care.

The manager told us they treated anything over 30 minutes later than the nominated visit time as late. People told us they were usually notified if their visit was running late. Both the registered provider and the manager stepped in when needed to cover for staff absences. This meant visits were not missed and people and relatives we spoke with confirmed this was the case. The registered provider had an effective out of hour's service.

The registered provider was responsible for creating weekly staff rotas. Staff told us they were confident they were given sufficient time to travel between visits. We asked people whether staff arrived on time for their visit and stayed for the full duration. One person told us, "Absolutely always, sometime longer." Another person commented, "Yes they do. I check the book."

Requires Improvement

Is the service effective?

Our findings

The registered provider's supervision policy stated staff should receive supervision support eight times a year. The manager told us staff were receiving one supervision meeting per year. Records we looked at showed supervisions were clearly documented and were reflective as they looked at targets set at previous supervisions.

The registered provider's PIR stated, 'We intend on carrying on more frequent supervisions to check things such as communication between staff and service users'. The manager told us they would update the supervision policy to reflect supervisions would be carried out once every quarter. At the time of our inspection there were no appraisals taking place.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At the time of our inspection, the registered provider provided care and support for people who they told us did not have capacity. The manager told us referrals were made to other professionals such as GP's for MCA assessments and they recorded this in daily notes. We recommended the registered provider formalise these records in people's care and support plans.

Staff we spoke with understood their responsibility with respect to offering people choices and the need to ask for consent prior to carrying out any care tasks. Staff had a good understanding of the MCA and said they would respect people's right to refuse care, but would encourage them to accept care and support.

People who used the service said they were asked for their consent and preferences when care tasks were carried out. One person said, "They ask me what I want to wear." We saw one care plan which noted, 'Ask [name of person] her preference for lunch'. This meant the person was given choice for their meals. Care plans we looked at contained consent to care and treatment forms which had been signed.

Staff who did not have any experience of working in the care sector were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff were supported by the registered provider to access further training by completing a National Vocational Qualification (NVQ) in health and social care. NVQ's are work based qualifications which recognise the skills and knowledge a person needs to do a job.

As part of their induction, the registered provider required all new staff to undertake a minimum of two visits to each person receiving a service from the registered provider. This ensured they were familiar with

people's care and support needs and people were not visited by staff they had not previously met. People and relatives we spoke with told us they felt staff were competent and well trained. One person said, "I've no complaints. They're not novices and they're all clued up."

Refresher training was provided to staff on an annual basis. The training records we looked at showed all but three members of staff were up-to-date with their training. We saw those three people had been booked on to refresher training before our inspection. This was due to take place before the end of August 2016.

The registered provider's PIR stated, 'We refer to occupational therapists and make sure that service users have environmental adaptations that meet equal opportunity legislation and best practise. We make sure that we offer accessibility for all service users to make day to day life easier for them which inevitably enables them to remain independent in their own homes.

During our inspection we saw staff were in communication with a GP and family members following a home appointment. The manager told us, "If any changes need making, we'll implement them." One staff member told us they were supporting a person to attend a hospital appointment the week after our inspection. During the April 2016 staff meeting the manager stressed the importance of communicating with and working alongside other health professionals such as district nurses. Staff we spoke with confirmed they were encouraged to report changes in people's health.

Staff recognised the importance of ensuring people were given enough to eat and drink. Staff said they had in the past made records of food and drink when people were nutritionally at risk. Staff actively encouraged people to eat and drink. One staff member said, "It's important for their wellbeing. It can affect their kidney and their liver. We encourage people to have a balanced diet and have soup rather than a biscuit."

Good

Is the service caring?

Our findings

The registered provider's PIR stated, 'We check with service users if they are happy with how staff are respecting their human rights and service user rights, and we ensure service users and staff are aware of our policies and procedures surrounding privacy, dignity, respect, compassion, individuality and human rights. It is important to us all at All Seasons that each service user feels valued, respected and cared for'.

As part of our inspection planning, we asked people and relatives to complete a survey. One relative responded and told us, 'The carers themselves are genuinely caring people but the management team are also fully committed to every aspect of the service and have the hands-on experience to provide an exceptional service'. Another relative commented, 'I cannot express sufficiently that All Seasons have been a God-send in terms of caring for my mother in my home'.

People and relatives spoke positively about the attitudes and values displayed by the staff who provided their care and support. Comments included; "By all means they are caring and compassionate", "They are very good, caring and excellent", "I could not ask for a better firm of carers. It's like they were related to us. If and or when I get older I would like my care provided by All Seasons" and "They could not be better, more lovely and caring to me. I look forward to them coming and don't want them to leave."

People told us they felt the staff team were familiar with them and their care and support needs. They also said staff worked at a pace which was consistent with their needs. One person told us, "They tell me to take my time."

We saw one person's response to the March 2016 satisfaction survey stated, 'Care workers engage with [name of person] in a friendly and caring manner. They fulfil all her personal care needs and [name of person] enjoys the social interaction with them'. In the same survey, another relative stated, 'The service and care my mother receives is excellent. She is treated with the utmost respect and all the carers show lovely kindness to her'.

People and relatives who we spoke with confirmed staff knew how to respect their privacy and dignity and applied this to their work. We found staff were able to describe the different ways in which they helped to protect people's privacy and dignity. Staff told us they ensured curtains and doors were and people were covered with a towel whilst providing personal care. One staff member told us, "I understand it could be embarrassing for people."

During our visit to the registered provider's office we heard members of the staff team discussing care packages with people who received this service and their relatives. We found staff were friendly, supportive and listened to people's comments.

Requires Improvement

Is the service responsive?

Our findings

The manager told us they did not have any outstanding complaints for us to review at this inspection. People and their relatives told us they knew how to complain if they were not satisfied with the service they received. People said they would contact the manager in the first place. One relative told us, "I've always had a satisfactory response."

During our inspection, we looked at records which referred to two matters as 'complaints'. One matter concerned a visit which had been appropriately responded to by the manager as they had carried out a home visit to meet with the person. We found this had been recorded appropriately. We asked the manager about these incidents and they told us people had wanted to make them aware of their dissatisfaction, but when asked, those people did not want to make a formal complaint.

The registered provider's PIR stated, 'We involve service users and/or their family/advocates fully in the development of their individual care plans to ensure it is person centred and tailored to their personal and individual needs. People we spoke with all confirmed they had been involved at the point when there care and support package was created.

Staff we spoke with were satisfied care plans were sufficiently detailed and contained up-to-date information for them to refer to. One staff member said, "I'm quite impressed with them really."

We looked at three care and support plans for people receiving a service and found these were detailed, although in some cases, aspects of the care and support plan needed to be updated to reflect current practice. For example, weekly routine sheets recorded the duration of visits and when they should take place throughout the week. In each of the care plans we found the times had changed since the record was created. The manager told us they would ensure these were updated immediately.

We spoke with a staff member who told us they were required to assist one person with a specific task to help them stay mobile. We found this was not documented in their care plan. The manager told us they would add this following our inspection.

Care plans covered a range of needs such as mobility, communication, toileting, pressure care, medication and eating and drinking. We saw people's likes and dislikes were documented in their care plan as well as their hobbies and interests. We saw information on life history was available for staff to refer to. This meant staff were able to provide person-centred care for people.

We saw evidence of the registered provider encouraging people to remain as independent as possible. One person's care plan recorded, '[Name of person] likes to prep as much of the tea as is possible herself'. Another care plan described clearly the aspects of showering one person was able to manage independently. This meant care and support plans were person-centred and designed to ensure people maintained day to day skills.

The registered provider's PIR stated, 'We encourage social inclusion and the use of community resources by our service users by taking them out to community events like coffee mornings etc. by promoting and encouraging social inclusion it gives our service users a better quality of life'. One member of staff told us they had arranged through a GP for the use of a wheelchair to enable one person to access the community on a weekly basis. We saw evidence which showed people were enabled by staff to access their local community.

The manager told us a formal review of people's care and support needs was carried out on an annual basis or sooner, if there needs changed. Reviews accounted for changes in care and support such as medication, health and safety and the necessary action to be taken. We were told staff received a text alert to advise them they needed to check a person's care plan if this had been updated. All members of staff we spoke with confirmed they received alerts concerning these changes.

We found reviews were taking place on a regular basis and in one case; ad hoc reviews had been carried out four times in less than two months. One relative who we asked about reviews told us, "We often discuss her progress and care when it is appropriate."

Requires Improvement

Is the service well-led?

Our findings

Notifications were not submitted to the Care Quality Commission by the registered provider as required under the terms of their registration.

During our inspection we looked at the registered provider's polices relating to complaints, recruitment and induction. We saw two polices were dated November 2010 and the third May 2012. This meant changes in practice and current legislation may not have been reflected in these documents.

A communication board in the office was used to record details of extra visits for people, hospital appointments and holidays. We saw this was an effective system for managing day-to-day changes. We saw weekly checks were carried out which looked at visit times by reviewing daily records, invoice information forms and staff time sheets. These were effective checks which had been used to identify a case of inaccurate recording which was dealt with appropriately.

We saw team meetings had taken place in November 2015 and April 2016. We saw these were two way discussions which covered for example, care plans, training needs and confidentiality.
The manager told us they wanted to hold more regular team meetings, but acknowledged it was difficult to bring the team together. The registered provider's PIR noted, 'The main improvement we intend on making is more regular staff meetings, even if we have to do them in two parts'.

The registered provider carried out an annual satisfaction survey to gather feedback from people who received a service and their relatives. We looked at responses from 12 people in March 2016 which showed overall very positive feedback about the service. We saw the manager had provided individualised responses to each person which specifically addressed any queries they had raised. The manager told us they had sent out a staff survey, although they had not received any responses.

The manager told us they had discussed introducing formal spot checks with the registered provider before our inspection. They told us they would introduce these checks following our inspection.

At the time of our inspection there was a registered provider who carried out visits to deliver care in people's own homes. A manager was also in post who was responsible for day-to-day operations. They told us they were considering applying to become registered with the Care Quality Commission.

Staff spoke positively about the manager. Comments included; "I don't think we'd have a company if it wasn't for her", "[Name of manager] is very friendly and I think she knows what she's talking about", "She's lovely. She makes you feel comfortable. She tells you things and how they should be" and "I think she's very approachable and easy to talk to. She goes out of her way to help you."

There was a positive culture amongst the staff team which staff told us existed. The registered provider told us, "It's not like a business as such; it's more like a family." One member of staff said, "We've got a good set of lasses. I just love my job."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems used to ensure the safe administration of medicines were not sufficiently robust.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive supervision and appraisal support in line with the registered provider's policy.