

Season Healthcare Living LTD

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

About the service

Seasons Healthcare Living is a domiciliary care agency. It provides personal care to people who require care and support in their own houses and flats in the community. At the time of our inspection there were 2 people using the service.

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

Right Support: Staff received the training they needed to meet people's needs. Staff supported people to enable them to maintain their own health and wellbeing where possible. Staff communicated with people in ways that met their needs. People spoke positively about the service they received from staff. The service gave people care and support in a safe environment. 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.

Right Care: People were supported by staff who knew them well. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People were supported with nutrition and hydration. Care was person-centred and promoted people's dignity, privacy, and human rights. Staff understood how to protect people from poor care and abuse and relatives told us they felt their loved ones were safe. Care records contained risk assessments with guidance for staff to follow, staff we spoke to knew how to support individual risks. Appropriate checks were carried out when recruiting new staff to support people.

Right Culture: The registered manager promoted a person-centred environment and people experienced good outcomes. People were involved in decision making and their views sought to improve the service. Relatives spoke positively about the management team and staff. People received good quality care and support because staff could meet their needs and wishes. Staff spoke positively about the support they received from the management team.

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

Rating at last inspection

This service was registered with us on 27 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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.

Season Healthcare Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on the 22 of January 2023 and ended on 1 February 2023. We visited the locations office/service on 22 January 2023

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager of the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records including risk assessments for 2 people and 3 staff recruitment files. We also reviewed a range of management records concerning staff training, quality audits, and service user feedback.

After the inspection

After the inspection we telephoned 2 staff members, contacted 2 relatives and 1 person using the service to seek their feedback about the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. People we spoke to were asked if they felt safe. Comments included, "Yes I do [feel safe], when in the house my carers walk with me when I walk around the house."
- Relatives were confident their family members were kept safe by the service. Comments from relatives included, "Always [feel their relative is safe]. They [staff] are very thorough with lots of protocol in place."
- Staff had received appropriate and effective training in safeguarding, they knew who to report safeguarding concerns to. Staff told us, "I've had training and would report anything that I didn't feel was right either to management or to the Care Quality Commission" and "Safeguarding is about protecting people from harm, abuse, neglect. I have a safeguarding number to call if I ever needed to."
- The provider had an effective safeguarding policy and procedure in place. The service was yet to raise any safeguarding concerns, however we were assured concerns would be acted on promptly.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of harm to people. Risk management plans provided staff with guidance on actions to take to reduce identified risks for specific conditions.
- Staff we spoke to were able to provide detailed information about action they would take to support people and their conditions safely. Collaborative working and training had been provided by other services to support the risk associated with this.
- People's records contained information about how to reduce causes of behaviour which may distress people. Where risks were identified, there were supportive strategies detailed to guide staff to manage these risks safely.

Staffing and recruitment

- People and their relatives told us they received care as planned. Comments included "I have 3 carers who cover each other when required" and "Yes we receive a rota and the staff are on time."
- People and their relatives had a choice of carers and were actively involved with the services recruitment of staff due to the nature of care provided.
- There were enough staff to meet people's needs, which was confirmed by people's relatives. One person's relative told us "There is barely any staff turnover."
- The provider operated safe recruitment systems and ensured appropriate pre-employment checks were completed before staff were employed. This included DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of inspection, nobody required support with administration of their medicines, however staff were present when people took their medications and kept daily records of this where appropriate. One person told us "I administer my own medication, but staff do give me reminders where necessary."
- Training around medication practice for domiciliary care had been completed by staff, as well as NHS (National Health Service) medication training around the use of oxygen.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured people were protected by the prevention and control of infection as far as possible
- Staff had attended infection control training and demonstrated they knew how to prevent the spread of infection.
- People we spoke to had no concerns about the use of PPE and commented staff wore PPE when required.

Learning lessons when things go wrong

- As the service was yet to experience any incidents, we did not see any documented reflections or action in place to demonstrate lessons learned.
- Staff were aware of their role and responsibility, comments included "We've got a system care planner that we use, as soon as something happens we take the action to support the person."
- The provider recognised when working very closely with people and families, relationships were established which may result in crossing of boundaries or misunderstandings. The service ensured lessons learned around boundaries had been shared with relevant parties.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 effectively assessed prior to care commencing. We asked people and their relatives where appropriate if they were involved in the care planning process to ensure personalised plans were in place. One person said, "Yes I was involved with my care planning."
- Care plans contained information about support required. Staff told us care records gave them enough information to understand people's needs and how to best support them. For example, one staff member told us, "Yes I have more than enough information, and if there have ever been any changes I'm informed immediately."
- Staff applied their learning and training effectively. For example, a staff member described how one person's condition affected their fatigue throughout the day. Staff supported them to carry out certain activities in the morning in order for them to maintain independence.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training which records confirmed. This included shadowing other staff members to learn about people's care needs.
- In order to provide individual tailored support, staff also worked closely with people's relatives, for example one relative provided staff with extra training specific to this person around their communication.
- Staff told us they had the training, knowledge, skills and support necessary to support people, and were confident further training would be provided if required. Additional training was provided to ensure staff could meet people's specific needs effectively and staff received support through regular supervision meetings and their competencies checked regularly through spot checks.
- People and their relatives had no concerns about staff training or ability. One person told us "The manager takes training very seriously to ensure everyone is up to date."
- All care staff had either completed the Care Certificate, had equivalent qualifications or were working towards this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People received effective support to ensure they had enough to eat and drink. Care plans detailed people's likes and dislikes but did not always detail the level of support needed, staff we spoke to confirmed what support was required.
- Staff told us they were aware of individuals' risks and support needs where concerning nutrition and hydration. Comments included, "We have had specific training about choking and the care plan tells us what

to do if they [person] chokes." Documentation within daily care records showed when support had been provided.

- The provider worked closely with people's relatives and other support services to ensure people received effective support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with a range of professionals and partner agencies to ensure people received effective support. This included physiotherapists, occupational therapists, and local hospitals.
- The registered manager and staff had good knowledge and understanding about people's healthcare requirements and staff supported people where appropriate to appointments in the community.
- When asked about how staff supported people to access healthcare services people using the service commented, "Yes [they support me to see] the nurse at my Dr's surgery and to the hospital in London."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff had a good knowledge of the principles and requirements of the MCA and supported people accordingly. This included comprehensive 'about me forms' which guided staff to understand and support people in a way that was person centred and reflective, however did not always contain information about people's capacity status.
- People confirmed staff supported them by always gaining consent before undertaking any care tasks. Staff told us "Although [the client] may not have capacity, they are able to make decisions about everyday things such as what to wear, or what to eat so I always make sure I give them a choice."
- The registered manager had a good understanding of the principles. Staff had received training to ensure they supported people in line with the principles.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 told us they felt cared for by staff. Comments included "Yes I feel I am treated with kindness and compassion" and "They are [people] always treated with kindness and compassion. Always. [Person] is well supported and loves all of Seasons carers."
- Staff told us about people's preferences, in relation to the protected characteristics under the Equality Act 2010, was documented in people's care plans. Staff comments included, "I recognise that everyone has their unique way and people like to do things certain ways, all whilst maintaining dignity and respect" and "I always put people's needs first and treat people how they want to be treated."
- Staff told us they felt they got to know people well and had time to support people. Comments included, "We learn things everyday about the people we support and I've always got the support plan if there's anything I might not understand." Examples of how well staff knew people were given.

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

- People were included in planning their care. Initial assessments took place where people's care and support needs were discussed, and these were reviewed.
- People told us they felt involved in making decisions about how their care was provided.
- People were supported to express their views and make decisions. Several examples of feedback from people and relatives remarked the care they received was respectful, competent, and recommendable to others.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in supporting and maintaining people's dignity. Staff commented, "I will always ask for permission, inform people of what I'm doing and wait for them to respond" and "I ensure I support people in a private area."
- The registered manager told us about a person who they supported with their communication. Staff supported the person to practice their communication and word recognition with the help of signs and Makaton. Makaton is a communication tool together with speech and symbols, to enable people with disabilities or learning disabilities to communicate.
- Staff knew people's needs and tolerances, when best to carry out activities in order to support people to retain independence, manage their symptoms and, what support people needed in emergencies.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care which met their individual needs and preferences. Care records described what people enjoyed doing and their abilities. For example, care plans detailed what foods people liked, what topics they enjoyed discussing as well as what they did not want to discuss.
- People were involved in choosing the right care staff for them and their needs and their care plans were sent to them to review.
- Staff told us they were kept updated when people's needs changed. One staff member said, "We are told when they are updated." Another member of staff told us, "I'm told immediately about any concerns or changes when I start work."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans identified people's communication needs, how people preferred to communicate and what support was in place to communicate effectively with people.
- Documents were available in different formats if required, such as Easy Read. Easy read is a method of presenting written information to make it easier to understand for people with difficulty reading.
- Staff were able to describe individual techniques used to communicate with people, from supporting one person with signs and understanding individuals body language and gestures.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns and who to speak to if they were unhappy with the service. One person said, "I've raised one complaint directly with the manager and it was dealt with very professionally."
- The service had an appropriate complaints policy and procedure in place for the management of concerns.
- During the inspection care staff and those using the service were asked what if any improvements they would like to see implemented. People were very happy with the service and felt they could raise matters which would be dealt with swiftly and professionally.

End of life care and support

- The service was not supporting anyone who was nearing end of life. The registered manager said end of life training would be provided and the service owner had experience of working in palliative care.

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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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback about the service from people and their relatives was positive. Everyone we spoke with said the service was well managed, staff were reliable and the office easy to reach. One person commented, "I would 100% recommend them, so professional and very kind."
- Staff felt supported in their roles. We heard positive comments about the management of the service. Comments from staff included, "I feel supported by management, they are very responsive and professional" and "I can reach them at any time, I'm 100% satisfied, I get so much support."

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 management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The registered manager was able to inform us of the process they would follow in the event of any mistakes made that could impact on people's health and safety.

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

- There was a clear system of delegation and staff understood what their roles entailed.
- There were processes in place to monitor the quality of the service. These included internal monitoring visits, seeking feedback from people and carrying out regular audits of care and records to ensure people's needs were being met as planned.
- The provider had ensured all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.

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

- People were involved in their care provision, from developing care plans to feeding back into how the service could be run. Regular meetings or phone calls took place with the person's family or representatives. Regular surveys were also conducted to gain feedback from families.
- The service operated an 'open door' policy to all people, staff, and families or representatives. This was to ensure any queries or concerns were dealt with immediately.

- Regular team meetings were held to discuss how best to support people to achieve their goals. All staff were encouraged to participate. Staff commented, "We have a group chat and emails also, we are notified there's a team meeting happening. They are useful, we have never had anything we wanted to change."
- Regular spot checks were carried out by the management team and relatives to ensure care was being delivered in line with people's assessed needs.
- Everyone we spoke with said they had had the opportunity to give feedback and would highly recommend the provider. One person said the service was "Professional 5 star agency. Would recommend widely."

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required.
- The registered manager, the provider and staff were committed to the continuous improvement of the service.
- The service had systems in place to monitor people's needs and request professional support when needed. The registered manager and staff worked with external health and social care professionals to ensure people's needs were being met. Where advice and guidance was provided, this was included in people's care documentation for staff to follow.