

Mrs Nina Glarvey

All Seasons Home Care

Inspection report

Telford House
Warwick Road
Carlisle
Cumbria
CA1 2BT

Tel: 01228542800

Website: www.allseasons-homecare.co.uk

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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

This announced comprehensive inspection took place on 12 & 16 January 2016. The provider was given 48 hours' notice of the visit because the location provides support and personal care to people living in their own homes.

All Seasons Home Care provides a domiciliary service to people within and around the Carlisle area. The agency provides personal care to adults including, older people, people with sensory loss, physical disability and various forms of dementia.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People told us they knew the staff who supported them and that they felt safe and relaxed in their company. Relatives told us they had no concerns about the safety of their family members when they received personal care.

Staff were able to demonstrate their knowledge about different types of abuse and how they would raise concerns if they thought people were at risk of abuse of any kind.

Care plans were written in an easily understood way and based on a thorough assessment of needs. They contained sufficient information to enable people to be supported correctly. The service managed medicines appropriately.

People we spoke to who used the service, made very positive comments about the caring attitude of the staff and the way they were supported.

Staff ensured that people's privacy and dignity were protected at all times.

People's needs were fully assessed before the service started.

People were able to contact the agency staff if they were worried or concerned about anything.

There was a complaints procedure in place.

The registered manager asked people for their views about the care they received and made any changes necessary in line with concerns raised.

There was a quality monitoring system in place although much of this was on an informal basis through

home visits by the registered manager or one of the senior care staff.

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

The support workers knew how to protect people from harm.
There were good systems to ensure people knew the staff that supported them.

There appropriate robust recruitment procedures in place to ensure only suitable people were employed to work in this service.

Care records evidenced people who were supported by this agency were involved in the delivery of their care and support.

Is the service effective?

Good ●

The service was effective.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice was being followed.

Staff training was in place to ensure people were supported by staff who had the knowledge to provide an appropriate level of care

People received adequate support with nutrition where necessary.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were procedures in place to ensure that people's privacy was protected

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally through the complaints procedure.

People had their needs fully assessed prior to the service starting.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place.

Staff told us they felt supported by the registered manager and by other senior staff.

There was a suitable internal quality monitoring process in place.

All Seasons Home 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 was 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 12&16 January 2016. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the registered manager was available.

The inspection was carried out by one adult social care lead inspector.

Prior to the inspection we reviewed the information we held about the service this included any statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted a local commissioner of the service. We did not receive a Provider Information Return (PIR) before the inspection as one was not sent to the provider for completion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspector visited the office from which the service operated and spent time with the registered manager discussing how the service was run. We looked at the care support plans for five people, spoke to four members of the care support team and spoke to the member of the management team who was responsible for personnel processes. We also spoke to the administrative staff who worked in the office.

We visited one person in their own home and spoke to four other people on the telephone. CQC had also sent out questionnaire surveys and we were able to read the comments made by staff who worked at the agency as well as comments from people who used the service and their relatives.

Is the service safe?

Our findings

We spoke to people who used this service and asked them if they felt safe when staff from the agency visited them in their home. All the comments we received were positive and included, "Oh yes, I have never felt anything but safe with the staff who support me. They have become my friends".

We spoke to staff and asked how people were protected from bullying or the risk of abuse. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to demonstrate their knowledge about different types of abuse how they would raise concerns if they thought people were at risk of harm or abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others. Staff also told us they would report any unexplained bruising they saw when they were delivering care.

Staff training records showed all staff were up to date with safeguarding training which was provided by an external training organisation. Staff also had access to e-learning materials if it was felt that they needed extra support. However, the registered manager confirmed they were moving away from on line learning to concentrate on training through their current external provider.

We saw that potential risks to people's safety had been identified and their records contained information for care staff about how to reduce the risk. The staff we spoke with told us they knew how to keep people safe. Risk assessments were in place and reviewed with the care plans.

We discussed staffing levels with the registered manager and they confirmed that always made sure there was sufficient staff before they took on a new package of care. There had been problems in the past recruiting the right sort of people but at the time of our inspection there were sufficient staff to provide the care to those supported by this agency. People we spoke to told us they usually had their own team of carers but understood there could be changes to the roster because of holidays or sickness. We asked people who used the service if there were sufficient staff to support them and if they arrived at their homes on time. The people we spoke to and their relatives told us they were satisfied with the number of staff who provided the care and the staff were usually on time unless there was a crisis somewhere else. People were always advised if there was a problem and the carer may be late.

We discussed the recruitment procedures and found evidence that the process was robust. Each applicant had to complete an application form, provided references and attended for interview. No new member of staff started work until all the legal checks were completed. This ensured only suitable people were employed to care for vulnerable people who lived in their own home. All new staff shadowed more experienced staff until they were deemed capable of working alone or as part of a two person team.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. The service was aware of the different levels of support that people required and their medicine support plans correctly reflected this. Three of the senior staff had completed an in-depth medicines training course at one of the local hospitals and were in the process of producing a training package for the staff that would ensure all staff were competent in the safe handling of medicines. One of the supervisors had delegated responsibility for ensuring the medicines policy was adhered and

would be organising staff training and updates in this subject on a regular basis. This would ensure that staff were always up to date with the safe handling and administrations of medicines.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person told us, "Yes they know what they are doing." Another said, "We had a new carer today, she was great and certainly knew her job". Another person said, "They know what they are doing and I think they are well trained".

The staff we spoke to during our inspection told us their training was kept up to date. We saw that training was a mixture of face to face training with an external provider and some electronic courses. However the registered manager told us the service was moving away from E learning and would in future use the external provider for all the staff training. Training had been completed in moving and handling, safe handling of medicines, safeguarding, food hygiene, caring for people living with dementia and infection control.

We spoke to one member of staff who confirmed that she was just about to complete her level two qualification in social care and had enjoyed the course. Another member of staff said, "I haven't been here long and I am hoping to do a qualification so I can learn more about the job I am doing".

Some staff were responsible for preparing meals or snacks although the staff we spoke to told us the people they supported had meals delivered that only needed heating up in the microwave. We saw, in the care plans we looked at that where necessary the services of the dietician and speech and language therapist were accessed when necessary. One person we spoke to said, "The girls prepare my breakfast and leave me a snack for lunch. I have my main meal in the evening and the girls prepare that for me too".

The registered manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). The 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. Some electronic learning in this subject was completed by 51 members of staff last year and the staff we spoke to understood the importance of giving people the time to, as far as possible make decisions about their care and support. The registered manager told us she would be arranging more in depth training so that staff understood people's right to make decisions about their lives and care.

We saw that people who used the service were included in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. People told us that they could refuse any part of their planned care if wished and told us the care staff always respected their right to make their own choices.

People told us that when they felt unwell the carer contacted their GP on their behalf and said they had appreciated this support. We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care. Staff told us that if it had been

necessary to call the GP they always contacted the staff in the office with the details.

Staff supervision had been very much on an informal basis but this had recently been changed and formalised. Previously any supervision had been completed by the manager or senior carer during the personal care visit. This was more like supervision on the job rather than a formal meeting with their line manager. A new system had been introduced and staff were now invited formally in writing to attend a one to one supervision meeting. Two members of staff who had called in to the office during our inspection had collected their supervision invitation.

Is the service caring?

Our findings

People we spoke to who used the service, made very positive comments about the caring attitude of the staff and the way they were supported. One person told us, "I really like the girls that come to help me. They are very kind and have a very caring attitude. Most of them have been visiting me for some time and I feel they are more like friends. It is like that when you get the same team all the time".

Relative also were complimentary in their remarks. One relative said, "They have provided care to my [relative] now for five years. They have always gone above and beyond their job and I know my [relative] is very happy with their care". Another relative said, "I had tried several agencies before but this one is far and away the best. The care is exemplary and I couldn't ask for better".

Comments included in the questionnaire surveys returned to CQC included, "Standard of service is very good overall. The carers do not give an impression of lack of time and will always stay longer if there is an emergency (normally of a health related nature). For this reason we accept that occasionally their arrival will be slightly delayed by another client" and "I am delighted with the care my mother receives, she regards them as her friends. My mother has always been a determinedly independent lady and the fact that she feels so at ease with her carers is praise indeed". Relatives also said that there had been some problems in the past with the continuity of the care staff but this had now improved.

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke with assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this. Staff told us that part of their duties was to ensure the people they supported retained as much of their independence as possible. We asked staff about this and one said, "It is so important we encourage people to do as little or as much as they can for themselves and they do appreciate this. We learnt this through shadowing other staff during our induction".

The registered manager who was also the provider was 'hands on', with the care and acted as a carer on her own or as part of a 'double up' team. People we spoke to told us it was "lovely to see the manager when she came" and that her care was always exceptional.

The registered manager had recently introduced a new format support/care plan. This document was also used during the initial assessment of needs before the service started. It was completed with the person who would be receiving care and their family if this was appropriate. When the document was completed it became the plan of care and support and we saw from those we looked at that people had been instrumental in writing their own plan of care.

We noted that the service had policies that referred to upholding people's privacy and dignity and we asked the staff about this. One member of staff said, "I always make sure I am careful when giving personal care. I always make sure people understand what I am doing for them and always close the curtains".

Is the service responsive?

Our findings

We asked people for their views about the service and how the service made sure they received care and support that met their needs. People who used this service told us they first had had a meeting with the registered manager to discuss what their needs were and how they wanted the support to be provided. They said, "We met the manager right at the beginning to see exactly what we needed and that was fine. It has been good ever since".

We spoke to family members to ask if they thought the agency responded to the needs of their relative. We were told, "The agency staff respond well to whatever I ask" People told us, "They always ask me how I am and have even called my doctor if this was necessary".

One relative told us, "I can't praise the staff or the manager enough. When we had to go away the manager arranged for extra cover to help with more than personal care. I could go away with an easy mind knowing that everything would be alright".

The registered provider had recently introduced a new format for the care and support plans. She told us it was proving to be very good as there was more information about peoples' needs. We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. The care plans were discussed and completed during the initial assessment meeting which ensured each plan was personal to the individual.

We saw copies of the care plans when we visited people in their own home and saw that the care plans and daily records were up to date. "One person said, "Oh yes the girls write on those sheets every time they come. They have to you know".

We saw assessments were completed outlining what people's needs were and what the staff needed to do to meet the needs. We spoke to one person who told us, "On my morning call the girls help me to get up and into the shower. I like to do as much as I can myself but they help when I can't manage".

People told us that they knew how to contact a senior person in the agency if they wanted to request any change to their planned care. They said that if they ever needed to ask for a change to their care the agency did "everything possible" to agree to their request. People told us they received care from staff who they knew and who they liked. Relatives told us they were happy with the response of the agency staff in communicating with them if there was ever a problem.

We asked people if they knew what to do if they were unhappy or had a complaint to raise. One person said, "Well I see the manager often as she sometimes comes to help me so I would tell her right away. Otherwise I would just speak to one of the girls. I have never needed to complain though as I am happy with the help I get".

The registered manager told us she liked to use any concerns and comments she gets to improve the care provided.

Is the service well-led?

Our findings

This service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. She had been the registered manager since the agency was first registered. Everyone we spoke to said the service was well managed. People who used the service and the relatives we spoke to said that they had frequent contact with the manager, who was also 'a hands on' carer by choice.

We spoke to members of the care staff team and those who worked in administration office and they all said they thought the agency was well run. They said the registered manager was approachable and they liked the fact that she still was part of the care team. Some of the staff had worked at the agency for some time but we did speak to one carer who had only worked at the agency for a few months. She said, "I love working here and I have found the teamwork is excellent. The registered manager is very approachable and so are the senior carers. There is a nice atmosphere". One other carer said, "We get tremendous support from the manager especially during the recent floods". She always made sure we were safe and could manage".

There were systems in place to monitor the service provision although most of this was done on an informal basis. The registered manager often goes out as part of a 'double up' team and is able to speak to people and ask them for their opinions about the service. Other spot checks are done to ensure people are happy with the care and support they receive.

The registered manager and the senior carers completed three monthly reviews with all those who use the service although if any problems come to light in between the visits these were dealt with as soon as possible. Survey questionnaire forms were sent out every year and were being sent out to all those who used the service and their relatives a couple of weeks after our inspection visit.

Regular audits/checks on the care plans were completed as were checks on the medicines records. Any changes in people needs were recorded and changes to the risk assessments were implemented as a result of the care plan audits.

During our visits to the office we saw that staff felt confident calling into the office to speak with the registered manager or deputy manager. The staff we spoke to said they knew they could call in the office any time they needed to.

Staff meetings had been a problem in the past as the registered manager told us it was difficult to get sufficient staff in the office at the same time. There had only been two since September of last year but she told us she was in the process of addressing this but added, "Staff know they can come in to the office at any time and they do. Nevertheless I know the impromptu meetings will need to be formalised",