

## All Seasons Care Limited

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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 

### Overall summary

This inspection took place on 14 July 2015. We gave the provider 48 hours' notice of our inspection to ensure members of the management team would be available at the office, and to ensure they could make arrangements for us to meet with and speak to staff and people who used the service.

We last inspected this agency in May 2014. At that time the systems in place to monitor the safety and quality of the service were not adequate. We asked the provider to take action and at this inspection we found the required improvements had been made.

All Seasons Care provides support to people living in their own home. At the time of our inspection there were 90 people using the agency. People required support from the agency for a variety of reasons including age related conditions, needs relating to dementia, people experiencing mental ill health, and people living with physical and sensory impairments.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 using this service told us they felt safe. The registered manager had developed systems that ensured there were always enough staff available to support people. The staff employed had been subject to robust recruitment checks and had received the training and support they required to safely meet people's needs.

Some people required staff to support or prompt them to take their medicines. Records we viewed and conversations we had with both people using the service and members of staff provided evidence this was undertaken safely, and that people received their prescribed medicines at the correct time, in the correct dose.

Staff were able to support people to ensure they had adequate amounts to eat and drink. Staff we spoke with were aware of people's dietary preferences and of their health needs which might impact on the food they should choose.

Staff we spoke with were able to describe a range of activities they undertook each day which ensured people stayed healthy. Staff described how they observed people's feet and skin for signs of infection or sore places for example when they were supporting them with personal care. Staff described occasions when they had sought medical advice for people after observing a change in their condition. These observations and subsequent actions ensured people were able to maintain as good health as possible.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Staff we spoke with and the registered manager had undertaken training to ensure they were aware of their responsibilities under the act. In discussion they demonstrated a good awareness of the impact the MCA had on their work. Records showed that consideration

was given to people's needs under the MCA in the pre-admission assessment and at subsequent reviews. This would ensure changes in people's needs or wishes would be identified and the support amended.

The culture of the agency had been built around providing a caring service. People and staff we spoke with consistently described ways in which they had felt supported or cared for. Staff we met spoke enthusiastically about the people they were supporting, and in discussions were able to explain people's needs, their preferences and were aware of important people in the person's life.

Before being offered a service by 'All Seasons Care' a senior member of staff would visit the person at home to determine what care and support the person required, and how they would like this care to be provided. This information was then developed into a care plan, and shared with staff that were supporting the person. This ensured all staff were aware of the person's needs and wishes. Staff we met were able to describe at length how they met the individual needs of the people they supported.

The registered provider had developed a complaints procedure. We saw records showing the concerns that had been raised and how these had been investigated and resolved. People could be confident their feedback would contribute to the development and improvement of the service.

The feedback from people using the service, relatives, staff and professionals was consistently positive about the management of the agency. People told us the management team were approachable, friendly and that they did what they said they would do.

The registered manager had used feedback from the last inspection to develop the service, and we found the action plan they submitted had been effective at achieving the necessary improvements. The registered manager and registered provider shared with us ideas they had to further develop and establish the agency, building on their existing achievements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People we spoke with consistently told us they felt safe.

The registered manager had developed systems to ensure that adequate numbers of staff were always available. The staff had been subject to robust recruitment checks, and had received the training they required to work safely.

People were supported by staff to take their medicines. We found evidence that demonstrated this was undertaken safely.

Good



### Is the service effective?

The service was effective.

People we spoke with consistently told us they were happy with the support they received to stay healthy. People's health care needs had been assessed, planned for and kept under review.

People were supported to eat and drink meals that they liked and which met their needs and preferences.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (2005) and worked in ways that protected and maintained people's rights.

Good



### Is the service caring?

The service was caring.

People shared with us the ways in which they felt cared for and supported by members of staff. Staff we met spoke about the people they supported with enthusiasm and compassion.

People told us their dignity was maintained and that staff were respectful in their interactions with them.

Good



### Is the service responsive?

The service was responsive.

People told us the care and support they received was provided in the way they liked and preferred. People (or those close to them) had opportunity to contribute to planning and reviewing their care.

There was a system for investigating and responding to complaints. People could be confident their feedback would be heard and action taken in response to it.

Good



### Is the service well-led?

The service was well led.

We received consistently good feedback from everyone we spoke with about the management of the agency. People told us the registered manager was supportive, approachable and could be relied upon to do what she said she would do.

Good



# Summary of findings

The registered manager had developed systems to ensure that the quality and safety of the service was kept under review. This meant people could be confident they would get the service they needed and preferred

# All Seasons Care Limited

## 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 14 July 2015. We gave the provider 48 hours' notice to make sure that there would be someone at the office at the time of our visit, and to allow arrangements to be made for us to meet and speak with members of staff. The inspection was carried out by one inspector.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These

help us to plan our inspection. The provider was asked to complete a Provider Information Return (PIR). 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. This information was received when we requested it. We spoke with four people using the service and with the relatives of four people to ask them about the care they received. Before our inspection questionnaires were sent to people who use the service, their relatives, staff and other stakeholders. We used all this information to plan what areas we were going to focus on during our inspection.

During our visit to the service we met the registered manager, a care co-ordinator and the registered provider. We sampled the records relating to five of the people using the service and three records relating to staff recruitment and training. We also reviewed records relating to the management and quality assurance of the service. In total we spoke with ten members of staff either in person, or by telephone.

# Is the service safe?

## Our findings

People had no concerns about their safety regarding the service they received in their own home. They said they were well cared for and felt safe with the staff that provided their support and personal care. One person told us, “I feel very, very safe. The girl I have is always kind and helpful.” This was further supported by the relatives we spoke with who also told us they had no concerns for the safety or wellbeing of their loved one. Their comments included, “I feel reassured that mum has carers going in every day. I have no concerns about her safety.” Another relative described the prompt action taken by the agencies staff in response to changes in their loved ones wellbeing. They told us the staff couldn’t have done more, or acted more quickly to ensure the person’s safety. The members of staff we spoke with were able to describe a wide range of actions they took each day to ensure people continued to be safe. Staff we spoke with explained how they sometimes observed changes in people’s needs or well-being and this prompted them to get medical support. Several staff described new hazards they had identified in people’s homes, and the changes they had helped people make to manage and reduce the impact of them. We saw that people were visited at home by a senior member of staff before they started using the service. During this visit potential risks and hazards were identified and where possible action was taken to minimise or remove these. We were informed that this had included supporting people to access specialist fire safety advice for example.

The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Staff also told us they could raise concerns with the management team and felt that the service kept people safe.

The provider had conducted assessments of potential risks to people before they joined the service and as their conditions changed. These covered risks such as health, mobility, moving and handling and the environment. Staff confirmed that they had been trained in moving and handling people safely, and had undertaken courses that ensured they were able to work safely and identify hazards and risks.

There were sufficient staff employed to meet people’s individual needs. One person told us, “I usually have the same staff every day. If she is away they ask me who else I might like or suggest someone they think I would get on with.” The registered manager told us that they only offered a service to people if staff were available. They told us the number of people they visited was based on the number of staff employed. The registered manager had been proactively recruiting new staff to cope with growth of the service and to ensure they could cover the peak holiday period. The registered manager had considered ways of introducing new carers to people. Staff confirmed they had recently undertaken some shifts working alongside the existing carers as a way of getting to know new people and their needs. This ensured as far as possible that people were supported by staff they were familiar with and who were aware of their needs.

We were told by people who used the service and staff that people were always supported by the number of care staff identified as necessary in people’s care plans. Some people needed two staff to assist them. Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed.

There were systems in place to ensure the provider recruited staff that were suitable to support the people who used the service. The staff we spoke with felt the provider’s recruitment system was robust and confirmed that it included checks such as a Disclosure and Barring Service check (DBS) and checking people’s employment history by gaining references from previous employers. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We looked at how the agency helped people who required support with their medicines. People told us that they felt confident that the staff supported them to take their medication safely. One person told us, “I need a lot of cream applying. The staff that come to me know how to do this, and I am happy I get the treatment I require.” The registered manager told us that all staff who administered medication had been trained and assessed to make sure they were competent to do so. Records confirmed this. Staff

## Is the service safe?

knew how to administer people's medication safely but told us that most of the people they supported required only prompting to take their medication or their relatives gave them their medication.

# Is the service effective?

## Our findings

People told us they were happy with the staff that regularly supported them, and had only praise for the way staff helped them maintain good health and supported them to have enough to eat and drink. People's comments included, "Excellent service, well trained and professional staff" and "The carers I have had so far have been very friendly, helpful and clean. Very professional in all they do. I am well satisfied."

Before a person commenced using the service, a senior member of staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. The staff then met with people after the service had started on a regular basis to discuss their care needs and identify if there had been any changes. People we spoke with said that they were supported in line with their care plans. Relatives of people who used the service said that care staff knew the care people needed to maintain their welfare and had only praise to describe the way that care was delivered.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work for the service. We discussed the agency's induction and training processes with the registered manager and checked the information against three staff files. We met and spoke with two members of staff who had recently started work for the agency. They confirmed that they had completed an induction, which included some shadow shifts with more experienced members of staff. The provider had introduced the new 'Care Certificate' for new staff and had made this available to more established members of staff to ensure their knowledge and skills were refreshed and updated. Feedback from care staff and the registered manager confirmed there were systems in place for regular supervision and all the care staff we spoke with told us they felt supported in their role. Their comments included, "I have always found the office staff very helpful and supportive during times of need. The staff are willing to give extra training whenever the need arises and should I feel unable to deal with a client for any reason they will undertake to help sort out the issue", and "I feel confident I can meet the needs of the people I currently support. I am confident I could get training on any subject if I needed it to support one of the clients."

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act (MCA). Care staff we spoke with were able to tell us how they sought consent from people and offered choice. We saw this area had been assessed and planned for in people's pre-admission assessments and on-going care plans. The registered manager was aware of which people had been subject to mental capacity assessments and who had people legally appointed to manage their affairs, when the person was no longer able to do this for themselves.

Some people required support with their meals and diet and we saw this had been documented in their care plan. People told us that staff met their needs in line with this. Staff told us they had relevant information about people's dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen. Staff we spoke with told us how they helped some people with shopping and purchasing foods, and where possible encouraged people to make healthy choices. Another member of staff explained that in the recent hot weather she had been pro-active in encouraging people to drink more, leaving people an increased number of drinks to consume between their care calls, and ensuring that snacks left to eat between the calls would remain fresh and good to eat. One member of staff explained how a person had gained some weight in the time they had been providing support. This was a goal of the care plan, and the staff were proud that the encouragement and support provided had contributed to this positive weight gain.

Staff we spoke with were able to describe a range of actions they took each day to ensure people stayed healthy. Staff described how they checked people's skin and feet for example as they helped them with personal care. They also said they observed people for bruises or signs that their health needs might be changing. One member of staff described the actions they took to support a person with diabetes, and the monitoring they undertook to ensure their condition remained stable. People told us that care staff would call the doctor or other health professional if they asked them to. People and staff told us that support to attend health care appointments was provided if this was required. We saw evidence that people had been supported to attend hospital appointments and the dentist for example.



# Is the service caring?

## Our findings

People gave consistently positive feedback about the care and support they received from All Seasons staff. People we spoke with praised the direct care staff who came out to their home as well as the care and support offered to them when they phoned into the agencies office. All of the people who returned our pre-inspection questionnaire told us they were happy with the care and support they received, that they were treated with dignity and respect and that the care workers are always caring and kind. One person told us, "All the carers are good in my opinion. They are worth their weight in gold to me. We always have a chat and they make me laugh." This view was further supported by relatives who told us, "Their service is excellent and professional" and, "I could only describe the carers as 'superb'. They pay a lot of attention to detail and that gives me confidence my relative is well cared for."

Members of staff we spoke with described the people they supported with compassion and warmth. They were aware of important people in the person's life, their earlier work and life history, and the things that the person currently enjoyed or found difficult. The registered manager explained how they celebrated each person's birthday by sending them a card each year. These actions would all help the person to feel valued.

People told us they had been involved in planning their own care. All of the people who returned our pre-inspection questionnaires confirmed that they had been involved in decision-making about their own care. Care records we looked at were individual to each person, and contained information that was pertinent or of particular importance to the individual. We saw the records contained information about people's culture and faith, their family and important relationships. Staff described

how although they often could anticipate what people would like them to do; they always asked them before starting any activity in the person's home. They described how they checked that the person was happy with what was planned and the order of things they were going to undertake.

Staff were able to describe a wide range of actions they undertook each day that promoted and protected people's dignity. Staff were able to describe how they encouraged people to be as independent as possible and to do as much for themselves as they felt able or wished. Staff described the needs of one person who sometimes found it difficult to accept the care that had been agreed. Staff described the ways they worked with compassion and discretion to support the person, while maintaining their dignity and rights.

Our inspection identified that the culture of the agency was built upon the desire to give good care and helping people to feel valued. Both direct care staff, the registered manager and the registered provider described events and activities they had supported people with, that included helping people to attend funerals or special events of people that were important to them and helping people to get their animals treated at the vets.

The service had supported a number of people at the end of their life. At the agencies office we were able to read letters and cards of thanks recognising that the care and support provided at the end of a person's life had been particularly compassionate, or had enabled the person to die at home, which had been their wish. The registered manager described the actions she and other staff had been involved in following the death of a person they cared for. This had included going in person to break the news of the person's death to other family members and playing an active role in the person's funeral.

# Is the service responsive?

## Our findings

The registered manager told us that they conducted an assessment in a person's own home when they were initially referred to the service. During the assessment they discussed the person's care needs and conducted risk assessments for the environment and the person who needed the care package. People told us that the service met their needs and that they had been included in planning and agreeing to the care provided. People's care plans had been kept under review by senior care staff and people. Their relatives, if appropriate were involved in these reviews. One relative told us, "Staff from the office came out before we agreed to have the service. They involved Mum and I in deciding what needed doing, and how mum would like it done. They come back at least once a year to check the care plan is still suitable, and that Mum and I are happy with it."

Staff we spoke with were aware of the need to meet peoples' needs and expectations. All staff described how they ensured this when they spoke with us. Their

comments included, "We try and find out how people would do something if they could do it themselves. Then we can help them in the way they like, and not just do it our way",

People who used the service and their relatives told us they felt comfortable to complain if something was not right. One person told us, "I did have to make a grumble in the early days. It was taken in hand and there have been no further problems." The service had a complaints policy and procedure on display. We looked at the record of complaints and saw that action was taken promptly to investigate any concerns that were brought to the provider's attention. The records and discussions with the registered manager provided evidence that the action taken was proportionate and responsive to the concerns raised.

People told us that they knew how to contact the manager and would have no hesitation in doing so if they were not satisfied with the standard of care. They expressed confidence that the manager would act on concerns raised.

# Is the service well-led?

## Our findings

People we spoke with consistently praised the management of the agency. People told us they were helpful, approachable and that they did what they said they would do. People's comments included, "Everything is absolutely fine. I have no complaints at all"; "This is a very, very good service. I couldn't praise it highly enough. It is incredibly flexible and the care provided is excellent" and "I am absolutely thrilled with every aspect of the service." A relative we spoke with told us, "The agency has a good reputation and in my opinion it is well deserved."

Staff told us that they felt well supported by the management team, that the service offered was well organised, and that they were clear about what was expected from them. Their comments included, "The

management are supportive on every level. Any issues relating to work, and even my home life they will help me if they can" and "The office door is always open, and I am encouraged to share how I feel about things."

The agency had a registered manager in post. They had notified us about reportable events, and the registered provider was complying with all the conditions of their registration.

People had been asked to complete questionnaires commenting on the quality of the service and their satisfaction with it. The feedback from these surveys were consistently good, praising the organisation of the service as well as the direct care.

The registered manager had developed and implemented a wide range of checks and audits to ensure that people were receiving a safe, high quality service. Records and the explanation of how these were being used by the registered manager showed that these were being effective.