

Four Seasons Community Care Limited

Four Seasons Community Care

Inspection report

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19 August 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 7, 8 July 2016 and 19 August 2016 was announced.

Four Seasons Community Care provides domiciliary care services to adults within East Cornwall. On the day of the inspection Four Seasons Community Care was providing personal care support to 100 people including those with physical disabilities, sensory impairments, mental health needs and people living with dementia.

The service had a registered manager in post; the registered manager was also the registered provider. 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.

At our last inspection on 12, 21, 22, & 26 May 2015 we asked the provider to make improvements to how people's care was recorded, to ensure staffing met people's needs and preferences, and to demonstrate how people consented to their care. Improvements were also required in respect of how risks associated with people's care were managed, and how the provider monitored the ongoing quality of the service. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People were critical of late or missed visits. People told us they had raised their concerns, but were frustrated because action had not always been taken to rectify the problem. Overall, staff told us they had enough traveling time between each person; however, some staff told us rotas were not always effectively designed. However, a new computer system was being put into place at the time of our inspection, which we were told by the registered manager, would help to improve this.

People told us they felt safe when staff entered their homes to provide care. People were protected from abuse, because staff knew what action to take if they suspected someone was being abused mistreated or neglected. People's risks associated with their care were managed to help ensure they were kept safe. Risk assessments relating to health care needs, such as diabetes were not always in place, but the registered manager told us she would take immediate action to rectify this. People's medicines were managed safely and staff received training.

People received care from staff who had undertaken training to meet their individual needs, and additional training was organised if staff felt they required further knowledge. People had consented to their care and had their human rights protected, because the registered manager and staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA). People were encouraged to eat and drink, and were supported to access healthcare services to maintain their health and wellbeing.

People told us staff were kind and caring. Staff understood the importance of respecting and promoting people's privacy and dignity. People received individualised care and had detailed care plans in place to enable staff to know how to support them. People were involved in decisions relating to their care, and were invited to take part in the review of their care plans, to ensure they were reflective of their wishes and preferences. People's complaints were investigated and used to make improvements to the service.

People and staff had an increased confidence in the management and leadership of the service. Plans were in place to recruit a deputy manager, who would assist with the day to day running, management and quality monitoring of the service.

There was a culture of honesty and openness which reflected the requirements of the duty of candour. The registered manager was open and transparent when working with external professionals; they listened to advice and implemented changes as required. The registered manager valued feedback about their service to enable improvement and development.

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice. Staff told us they would not hesitate to raise concerns about staff conduct or practice.

There were processes in place to help monitor the quality of care people received and further systems were being developed. People and staff were asked for feedback about the service which was used to make improvements.

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 did not always feel safe as some visits were late or missed.

People were protected from avoidable harm and abuse.

Risks relating to people's care were managed to ensure their freedom was supported. The registered manager told us immediate action would be taken to ensure risks assessments were in place for all healthcare needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken training to meet their needs.

People had consented to their care, and had their human rights protected.

People were supported and encouraged to eat and drink.

People could access healthcare services and were supported by staff when necessary.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind towards them and had a caring manner.

People were actively involved in decisions relating to their care.

People's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received responsive individualised care.

People were encouraged to maintain their independence.

People told us they felt comfortable about complaining. As a result of people's feedback, the registered manager continued to review their approach to complaint management.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported by the registered manager.

The registered manager had systems in place to monitor the quality of the service.

The registered manager worked in partnership with external professionals to help with the development and ongoing improvement of the service.

Four Seasons Community Care

Detailed findings

Background to this inspection

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

This inspection took place on 7, 8 July 2016 and 19 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of one inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. Before the inspection, we asked the provider 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During our inspection, we spoke with 20 people who used the service and/or their relatives. We also spoke with five members of staff and the registered manager.

We looked at four records which related to people's individual care needs. We viewed three staff recruitment files, training records for all staff and records associated with the management of the service including policies and procedures.

Is the service safe?

Our findings

At our last inspection on 12, 21, 22, & 26 May 2015 we asked the provider to make improvements to how risks associated with people's care were managed and to ensure staffing met people's needs and preferences. At this inspection we found some improvements had been made, but people remained dissatisfied with staffing arrangements.

People were critical of late or missed visits, comments included, "There is no timekeeping. They are supposed to be here at 9am but sometimes they don't turn up till 11am. It's annoying", "I have regular late calls and they've forgot me a few times", and "The service is ok as far as the carers are, but the timing is all to pot". People had raised their concerns and told us they had felt listened to, but were frustrated because action had not always been taken to rectify the problem.

Overall, staff told us there were enough staff and rotas were managed well to ensure they had enough traveling time between each person. However, some staff told us rotas were not always effectively designed, particularly for when people required the assistance of two members of staff. The registered manager explained that a new computer system, which was being put into place at the time of our inspection, would help to make improvements. In the meantime, they told us they always tried to listen to people's and staff's feedback.

People were protected from risks associated with their care. For example risk assessments were in place to provide direction and guidance to staff about how to meet people's moving and handling needs. For example, one person required a hoist to get in and out of bed; the risk assessment was descriptive about the action required of staff and of how many staff were needed to ensure the person was kept safe. Risk assessments relating to health care needs, such as diabetes were not always in place, but the registered manager told us she would take immediate action to rectify this. People's risk assessments were reviewed to ensure they were reflective of people's up to date needs.

People were supported to minimise risks to themselves and to others. For example, staff had become increasingly concerned about one person causing a fire because of forgetting to extinguish their cigarettes. So with their consent, the fire service had been contacted and the person had been provided with a smoke alarm and fire blanket.

People told us they felt safe when staff entered their homes, telling us "I feel safe because I collapsed the other week and my carer stayed. She knew what to do and rang an ambulance" and "They (the staff) don't dictate or are pushy about anything they do".

People were protected from abuse because staff knew what action to take if they felt someone was being abused, mistreated or neglected. Staff told us they had raised concerns in the past, which had been dealt with promptly, and as a result the person had been protected from ongoing harm. Safeguarding and abuse was also an agenda topic to be discussed at all staff meetings. Recruitment checks such as reference requests from previous employers, and Disclosure and Barring Service (DBS) checks had been made, to

ensure people employed were safe to work with vulnerable people. Staff always wore a uniform and identification badge so people could identify them on arrival.

People's medicines were managed safely, and people told us they had confidence in the staff. Care plans provided guidance and direction to staff about how to support each person. Staff had received training and the provider's policy had been updated to reflect the action expected of staff, for example what the differences between prompting a person with their medicine and administering a person's medicine were.

Is the service effective?

Our findings

At our last inspection on 12, 21, 22, & 26 May 2015 we asked the provider to make improvements to how people consented to their care. At this inspection we found improvements had been made.

People's care plans recorded their consent to care and treatment. People told us staff asked for their consent prior to assisting them, with one person telling us "The girls always ask me what I want doing, they are lovely". Staff, provided us with examples of when they obtained people's consent. For example, before assisting a person with personal care, with one member of staff telling us, "I always ask permission" and another explaining "People are asked if it is okay".

People's human rights were protected because the registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and people's care plans recorded their mental capacity so staff were aware of how to individually support each person. Staff told us if they were concerned about changes to a person's mental capacity, they would speak with the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported and encouraged, when required to eat and drink through-out the day. People's care plans, when required provided guidance and direction for staff about how to meet people's nutritional and hydration needs. Staff received training, in relation to nutrition and told us if they were concerned about someone not eating and drinking enough, they would contact the person's GP or district nurse with their consent.

People were supported to access health care services, such as their GP or district nurse. Staff told us if they were concerned about a person's general health and wellbeing, they would encourage the person to make an appointment. The staff team had recently recognised a decline in one person's health, so support had been given to the person to make contact with relevant health professionals, and as a result, the person had been admitted into hospital.

People received care from staff who had undertaken training to meet their needs. Relative's told us, "I believe the carers have a lot of training", "They have lots of training, they are truly excellent", and "The management are good at training up the staff, especially the younger carers".

New staff completed an induction to introduce them to the organisations policies and procedures and to help ensure they were confident and competent prior to supporting people on their own. A new member of staff explained "You don't go out"; if it is felt you do not have the skills or confidence. The registered manager had incorporated the care certificate into the organisations induction. The care certificate is a

national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Staff told us they were provided with good opportunities for training, with one member of staff telling us, "We can go to her (the registered manager) when we feel we need more training" and another telling us "She (the registered manager) is always up for extra training". There was an incentive scheme to encourage staff to keep their training up to date, and a member of staff commented the registered manager was "Hot on training now".

Staff were expected to complete mandatory courses, such as moving and handling, medicine administration and safeguarding, however staff were also provided with training which enabled them to meet people's individual needs. For example, multiple sclerosis (MS) training had been requested to help ensure staff were better informed about the needs of some people and staff were trained in dementia.

Staff received ongoing support, in the form of one to one supervision and unannounced observations of practice took place, when there were concerns about staff practice. Staff meetings were held to aid effective communication, with one member of staff telling us the meetings were now "More regular", and gave opportunities to discuss people's needs, raise concerns and share ideas.

Is the service caring?

Our findings

People received support from caring staff who treated them with respect and kindness, comments included "The girls are very kind", "It's nice to know there are good people to help me", "The staff are lovely and so natural at their job", "The staff are smashing and so friendly", and "They are lovely girls and very very helpful". Relative's also felt staff cared, telling us "You can't fault the care, its brilliant", and "The care is truly excellent, they are a cut above the rest".

People and their relatives had also taken time to write thank you cards in appreciation of the care they had received stating, "You are brilliant", "Thank you all at Four Seasons for the wonderful care you have given Mum", "We just wanted to thank you for all the kindness and care you gave (...) we could not have managed without you" and "Thank you for all your help and support in this time. There is not enough room on this card to express how I feel about you all".

Staff spoke fondly of the people they cared for with one member of staff telling us, "I love my job" and a member of staff telling us how she had visited one person when they had been admitted into hospital.

Staff told us how they respected people's dignity by reflecting how they would feel if they were being supported to get wash and dressed. One member of staff told us, "We are there to help, not to take over".

People's care plans had also been written to take into consideration people's dignity. For example, one person's care plan detailed within their personal care section the following "(...) will have a top put on, for dignity purposes" and "Please leave (...) for some privacy".

People's privacy was prompted. Staff explained how they knocked on people's doors and closed curtains. Staff were also mindful if other family members were in the person's house. Explaining care was carried out discretely and that they kept their voices lowered, to ensure details about people's care was kept private. People also confirmed staff were respectful at all times.

People's care plans provided information about their past, such as their previous occupation and their achievements. This information enabled staff to have meaningful conversations with people. The registered manager told us, "I like to find out about their life". Staff told us, "It's a really nice read...they love the fact that you join in...that you know about things" and the information gave an insight into "The life they've lead...not the person you see who is poorly".

The registered manager promoted a caring ethos, and told us she tried to go the extra mile for people and their families. For example, to meet people's staffing preferences and to respond to changing care requests, such as times or increased visits. Staff also told us they felt cared for and valued by the registered manager.

People were supported to be actively involved in making decisions about their care. People were asked if they would like to be involved in the review of their care plan. Records showed people and their families had been consulted about whether they were happy with the care which was being provided and whether

any changes were required.

Is the service responsive?

Our findings

At our last inspection on 12, 21, 22, & 26 May 2015 we asked the provider to make improvements to how people's care was recorded. At this inspection we found improvements had been made.

People, prior to using the service had a pre-assessment review to establish what their needs were and to help ensure they could be met by the staff. For people, who required the use of the agency in an emergency, the registered manager tried to ensure a care plan was put into place within 24 hours of the information received from the local authority.

People had detailed care plans in place to provide directions and guidance for staff about how to meet their individual needs. A system for reviewing care plans had been put into place, to help ensure the information contained in each care plan was up to date, and reflective of people's current care needs. Staff told us, care plans had "Definitely improved" and "They're a lot more detailed, they do provide a lot more information than they did before".

People told us they received individualised care which was responsive to their needs, commenting, "I know they are busy but some of the staff try and sit down with me and have a cup of tea", "The staff are excellent. They come twice a week to change my stocking and rub cream into my leg" and "I have some good people who help me have a shower". One person explained how the staff had supported them when they had been discharged from hospital telling us, "I couldn't do without them". People told us staff encouraged them to stay as independent as possible.

People told us they were comfortable about raising concerns about the service, with one person explaining, "I had problems last year with late calls but it has all been sorted out now". A relative told us they felt the service had positively improved after they had complained. However, not everyone felt their complaints were listened to, with some people telling us they had been told issues would be sorted out, but action had not always been taken. We shared people's views with the registered manager.

The registered manager told us her approach to complaint management had changed, admitting that before there had been a reluctance to deal with complaints, which at times had impacted negatively on people and the agency. The registered manager told us, she had now learnt to deal with complaints promptly and ensured proper records were kept of action taken.

The registered manager had a complaints policy which was given to people when they joined the agency, the policy was used to investigate and respond to complaints. Records demonstrated the policy was effective and when a complaint had been made, the policy had been followed and solutions had been found. The registered manager kept a record of complaints to identify any themes, to help learning and improvement of the service.

Is the service well-led?

Our findings

At our last inspection on 12, 21, 22, & 26 May 2015 we asked the provider to make improvements in how they monitored the ongoing quality of the service. At this inspection we found improvements had been made.

The registered manager had monitoring and auditing systems in place to help ensure the quality of the service people were receiving was of a high standard. These systems helped to identify when improvements were needed to be made. Further systems were being developed.

People told us they felt the service was well-led commenting, "I think the manager knows how to pick the right staff", "The manager and staff are wonderful" and "I've been with them for three years so that tells you how good they are". However, some people and their relatives felt the management of the service was sometimes dis-organised, with one relative telling us "I can't fault the care but last week we were forgotten. The organisation is the issue".

Staff told us they had seen an improvement to the way in which the service was managed and were supportive of the registered manager telling us, "Feels a lot more relaxed", "More enjoyable and less stressful", "Replies more now and responds quicker when issues are raised" and "Very good manager...I can talk to her about anything". However, some staff felt the registered manager was very busy with one member of staff telling us, "I think she takes on too much and doesn't delegate...she can't do it all on her own, she needs help". The registered manager explained that she had recognised this, so a decision had been made to implement a new management structure. Plans were in place to recruit a deputy manager, who would assist with the day to day running, management and quality monitoring of the service.

The registered manager was open and transparent when working with external professionals; they listened to advice and implemented changes as required. The registered manager valued feedback about their service to enable improvement and development. The local authority service improvement team were currently working with the registered manager to help her make improvements to the service. We were told she was working in a collaborative manner and that they had also seen an improvement in the leadership of the service.

The registered manager had apologised to people when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The outcome and ratings given by the Commission of the provider's last inspection had been displayed in line with regulations.

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice and staff told us the registered manager had acted in the past, when they had raised concerns about staff conduct. Staff told us they would not hesitate to raise concerns about staff conduct or practice.

People's views and opinions were sought by questionnaires to help ensure the service met with people's expectations. Following our last inspection the registered manager had made the distribution of surveys a priority. The registered manager had not collated and shared the results of the surveys, but told us she would look at ways of doing this in the future.