

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

All Seasons Care Limited

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Date of Inspection: 07 May 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	All Seasons Care Limited
Registered Manager	Miss Donna Mullins
Overview of the service	All Seasons Care Limited provides personal care and support to adults who live in their own homes. It is registered to provide the regulated activity "personal care."
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Our inspection team was made up of one inspector who considered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

During this inspection we looked at the staff recruitment records for six members of staff. Appropriate checks had been undertaken before staff began work.

We spoke to people who used the service who confirmed they felt safe and were not afraid of any of the staff who came to support them. Comments from people included, "If there is a problem the worker calls the office, they call me, I give advice. I have no concerns at all about my relatives safety" and "They are friendly and reliable. I feel completely safe with my carer."

We checked people's care plans and found that these were detailed and up to date. Risks related to people's homes or their specific care needs had been identified and recorded to ensure that people had their care provided safely and risks to them and / or other people were minimised.

There were policies and procedures in relation to safeguarding and the Mental Capacity Act. Staff had received or were booked onto training to update their knowledge about these areas.

Is the service effective?

People told us they were happy with their care and support. People's comments included, "It is all very good", "I have no problem with them at all-excellent" and "They do what they are meant to do, when they are meant to do it. They knock the socks off other agencies we have used."

The records we looked at and the conversations we had with people using the service and their relatives indicated that people received plenty of time to undertake their personal care to a high standard.

Records showed that regular meetings were held with people or their relatives if appropriate, to review their care needs. One relative told us, "They ask us regularly if we are happy with the care and if it meets our needs. If we suggest anything it is sorted straight away."

Is the service caring?

Staff we met spoke with compassion about the people they were supporting. People told us that staff were "Lovely", "Kind and lovely" and "The carers are excellent, they are clean, tidy and very caring and they are considerate, respectful and really interested in my mom's health and care."

Some people had support from the agency to promote their independence and community involvement. One person told us that staff had supported their relative to a hospital appointment. They had been pleased with the level of information that had been fed back to them.

Is the service responsive?

People told us they were regularly asked if they were happy with the service and were given the opportunity to make a complaint if they were unhappy. People told us they were able to raise any concerns they had. One person told us, "They often ask how the service is going. There is rarely anything negative to say but even small problems are quickly nipped in the bud." "

Where people who used the service were able, they were asked to comment on the service provided, this included questions about the support they received. This feedback was used to develop the service or provide assurance that people were receiving safe and effective care that met their needs.

During our visit we looked at records of complaints and incidents. We found that consideration had been given to these by the registered manager and actions had been taken to reduce the likelihood of similar incidents happening in future.

Is the service well-led?

Feedback about the management and leadership of the service was overwhelmingly positive. Comments included, "The office staff are brilliant." Staff told us they felt supported by the management team and had access to advice and support when they needed it.

We found that the agency was generally operating in a very effective and well organised way. However we found that records did not always show people had received their prescribed medicines or had enough to eat for example. There was no system in place to identify these shortfalls and either provide reassurance or take remedial actions. The

provider understood these comments and gave immediate feedback about what they would do to improve upon this.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw assessment records, and people we spoke with told us that staff from the agency had visited them at home to find out about their care and support needs prior to offering the person a service. Assessment records we looked at had been completed in detail and took into account people's individual needs as well as important information such as the person's culture, sexuality and religion. This meant the agency could be certain they had the staff with the right skills and experience to meet people's needs in the way and at the time they wished.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked closely at the care plans for five people who were using the agency. The care plans were detailed and personal, reflecting the individual wishes and needs of each person. Staff told us they found these care plans helpful when delivering each person's care. One staff member told us; " Care plans are really helpful, and with this agency you can have confidence in them. They are reviewed and updated regularly." The agency had received complimentary thank you cards from a large number of satisfied people who had used the service or from their relatives. Comments received included; "(My relative) received good care, and there was always someone at the end of the phone in the office if we had concerns or questions." We spoke by phone with 16 people who were using the service at the time of our inspection. Their comments were also positive and included; "I have no problem with them at all" and "They come when they say they will. They have never missed a call. We have complete confidence in them."

Agency staff had undertaken a risk assessment for each person using the service. This meant risks associated with their care or their home had been considered and action taken where ever possible to reduce the risks to both the person receiving care and the staff supporting them.

Staff at the agency had asked people about their ability to make decisions about

themselves without help. (Mental Capacity.) This had been recorded in the person's care plan to ensure that people using the service would not be deprived of their liberty unless this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that safeguarding adults was a high priority within the agency. We saw evidence that safeguarding was discussed with staff at their recruitment interview, that staff received awareness training and information in their induction and went on to receive regular training throughout their employment with the agency. Staff we spoke to showed no tolerance for abusive practice and were confident they would speak up, and could approach office staff at any time if they had a concern for a person's safety.

The provider responded appropriately to any allegation of abuse. The provider was able to demonstrate how they had identified and raised any issues of concern with the police or responsible local authority. The agency has procedures to direct staff about the action they need to take in the event of abuse being suspected or reported. This meant abuse was quickly identified and referred to the relevant agency for investigation.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the recruitment records for six members of staff. These showed that each person had been subject to recruitment checks that would help the agency determine if they were suitable to provide care to vulnerable people. In each file we looked at the person had completed an application form, provided evidence of their identity, provided references about their character and previous employment history, and applied for a disclosure about any criminal record they had. These checks would help people using the service to have confidence that the staff supporting them were appropriately qualified and suited to care work.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff were able, from time to time, to obtain further relevant qualifications.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications. All six of the staff members we spoke with praised the support and training opportunities provided by All Seasons Care. Comments from staff included; " I like that we get specific training in people's needs. I support a person who has Parkinsons' and the manager arranged for me to go on a special course. It gave me confidence that I knew about the condition."

The agency had sent out questionnaires to staff and people using the service. Staff had opportunity to comment on the quality and appropriateness of the training. The returned questionnaires we looked at were all positive about this. One staff member had written;"I have been very happy with the support I have received. They have given me courage and confidence to support those that need help in the community." People who use the service were asked if they felt staff had the necessary skills and knowledge to carry out their role and meet their needs. The three most recently returned surveys all said yes, and specific comments included;" The workers are excellent" and " Very pleased with the service."

The manager maintained a record of training provided and training that would be needed in the near future. We saw that staff had been provided with training that would help them work safely and provide them with the specific knowledge they needed for the people they were supporting.

Staff files contained records showing that staff had one to one meetings with senior staff on a regular basis. The agency management team also went out and undertook "spot checks" (unannounced checks on the staff members work) to ensure that staff had the resources they needed to support each person and that they were working to the agencies expected standard. This provided staff with support and an opportunity to raise any concerns and provided people using the service assurance that the staff supporting them were supported in their role.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Systems to assess and monitor the quality of the service were in place but required development to ensure effective systems were in place to protect people against the risks of unsafe care or to identify a risk relating to the person's health or well being.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The agency used questionnaires to seek the feedback of people using the service, their relatives and staff members. We found the agency had used this as a way to assure themselves that the service being offered was meeting people's needs.

The provider took account of complaints and comments to improve the service. The agency had recorded concerns and complaints people had made. Records were available to show these had been investigated and action taken. One returned survey stated; "I was pleased to see that the complaint was taken in hand by your staff and manager." This showed that complaints were investigated and resolved to people's satisfaction as far as possible.

Each person's care had been recorded on a paper record. Periodically these were returned to the office for filing. During our inspection we identified that some records had not been fully completed. These included records about the food a person had eaten, and medicines that staff had administered. The agency was not able to show that these issues had been identified by staff providing the care or the office staff when the record was received. A further sample of records and feedback from people who use the service identified these were not common problems, however in this area we did not find that there was always an effective system in place to protect people against the risks of unsafe care or to identify a risk relating to the person's health or well being.

People using the service and members of staff we spoke with told us that All Seasons Agency was well led. Comments included; "Everything here is done well, it is completed to a high standard" and "The management have always helped me, whenever I need help they provide it."

The manager showed us a cycle of audits they undertake on a regular basis. These are set out to ensure that all areas of the service are reviewed in turn. We found that overall (with the exception of isolated food and medicine records) these had been effective at ensuring timely reviews and updates.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: People could not be confident that systems to assess and monitor the quality of the service were effective as regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 had not been met.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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