

Mrs Nina Glarvey

All Seasons Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 18 August 2017. All Seasons Home Care is a family run home care business located in Carlisle near to the city centre. All Seasons Home Care provides domiciliary and live in carers to people living in the vicinity of Carlisle and surrounding areas. At the time of the inspection visit All Seasons Home Care was providing support to forty seven people and employed thirty one staff.

There was a registered person in place. A registered person who is an individual who has registered with the Care Quality Commission to manage the service. 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.

This was the first inspection of the service at this location. The registered provider had moved offices since our last inspection visit. At this inspection visit we found all fundamental standards had been met.

People spoke positively about the quality of service provision on offer. Staff were described as caring and kind. People valued the relationships they had developed with their staff team.

Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

People told us that on the whole staffing arrangements were good. They said staff were reliable and always carried out the commissioned hours.

People who had regular carers told us they had developed positive relationships with staff and this enabled them to feel safe.

Care plans were in place for people who used the service. Care plans covered support needs and personal wishes. People told us they were involved in planning their own service which enabled them to receive individualised support.

The service had systems in place to monitor and manage risks. However, we found these were not always fully documented. We raised this with the registered person who took immediate action to ensure all risks were fully documented. We have made a recommendation about this.

Staff told us the service was a good place to work. They praised the management and the way in which the service was run. They told us communication was good and described the managers as caring and approachable. Staff told us they were provided with training which supported them to carry out tasks proficiently.

Staff were positive about ways in which the service was managed. They described the working culture as

positive and said team work was good.

Recruitment procedures were in place to ensure checks were made on staff prior to them starting work. This allowed the service to check people's suitability for working with vulnerable people.

Suitable arrangements were in place for managing and administering medicines for people who required support with this.

People's healthcare needs were met by the service. We saw evidence of partnership working with other healthcare professionals. When people required support with eating and drinking we saw appropriate records were maintained.

Staff who worked for the service had an understanding of the Mental Capacity. When people lacked capacity the service worked with other professionals to ensure capacity was assessed and appropriate systems were implemented.

The service was committed to ensuring person centred care was delivered and achieved. We saw evidence of regular consultation with people who used the service about their preferences and needs. The registered provider was working to ensure communication for people who used the service was fully accessible.

People told us whenever they had concerns and complaints they felt they could discuss them with the senior management team and were assured they would be dealt with efficiently and effectively.

The registered provider had a range of quality monitoring systems in place to ensure safe, effective and responsive care was provided.

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.

Systems were in place to manage risk. However, these were not always fully documented. We have made a recommendation about this.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

Suitable systems were in place to support people with their medicines, if they required support with this.

The provider had suitable recruitment procedures to assess the suitability of staff.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about staff.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner. This was made readily available to people who used the service.

Is the service well-led?

Good ●

The service was well led.

The registered person had a good oversight of everything that occurred within the service.

The management team had good working relationships with the staff. All staff commended the skills of management and the communication processes within the service.

We saw evidence of people being consulted with in order to develop and improve the service.

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 checked 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 18 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the offices. The inspection was carried out by an adult social care inspector.

Before our inspection visit we reviewed the information we held about the service. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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 provided us with information to enable us to plan our inspection effectively.

We also consulted with the local authority contracts and commissioning team to gain a balanced view on the service provided.

As part of the inspection process we spoke with six people who used the service and two relatives. In addition we spoke with the registered provider and eight staff members responsible for delivering care to people in their own homes.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service.

We viewed recruitment files belonging to four staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, accidents and incidents records and findings from monthly audits.

As part of the inspection visit we gained consent from one person to visit them in their home. We spoke with them and their family member about their personal experience of All Seasons Home Care and reviewed their care records completed by staff on each visit.

Is the service safe?

Our findings

We spoke with six people who received a service from All Seasons Home Care and two relatives. Five of the six people we spoke with told us they felt safe when being supported by staff. Feedback included, "I know my staff and they know me. I have no reason not to feel safe." And, "The girls make me feel safe." Both relatives we spoke with said they felt their family members were safe when being supported by staff from the service.

We looked at staffing arrangements in place to ensure people received the support they required. People and relatives told us staff were reliable and all scheduled visits took place. Feedback included, "I have no concerns about staff reliability." And, "There is no problems with reliability, they always come on time. Sometimes they may be late due to traffic but that can't be helped. They will always phone me if they are going to be late."

We noted the registered provider had carried out a risk assessment in relation to people's needs and the location in which they lived. A continuity plan was in place, should for any reason staff be unable to attend the location. For example, one person lived in a rural remote area which was subject to flooding in the area. An emergency plan was documented as to what staff should do should they be unable to attend the location due to flooding.

People who used the service and relatives told us staff did not rush their visits and always stayed the allocated time. The registered person told us they carried out unannounced spot checks to ensure they were working as stated on their rota. This allowed them to ensure staff were attending visits as stated upon the rota.

Staff we spoke with told us they considered their rotas well planned. They told us they had a small group of people they visited on a regular basis. They said the registered provider tried to ensure they visited people they knew well but said there were some times when they had to visit people they were not familiar with. Staff said this did not pose problems as they could familiar themselves by reading the person's care plan at the home and could ring the office for any advice and guidance. We discussed this with people who used the service. Although most people praised the continuity provided from the service, one person told us they sometimes felt less confident around staff they had not had the opportunity to build up a trusting relationship with. They said they would feel more confident if new staff received further support and guidance from a more established staff member before they attended alone. We spoke with the management team about this. They took immediate action and met with the person to discuss these concerns and look at ways of making the person feel more confident with staff.

We spoke with the registered provider about staffing. They told us senior managers provided hands on care when needed. They told us they did not use agency staff. This promoted consistency of care.

The registered provider had an out of hours on call system which meant that management support could be accessed outside of office hours. Staff said they were happy with the on call system and were confident the

management team would support them if required.

We looked at how the service managed risk. We found environmental risk assessments were routinely carried out prior to people receiving a service. In addition people had risk assessments in place for managing personal care, medicines and falls. During our discussions with the registered provider at the outset of the inspection visit we identified people who had associated risk due to their health conditions. We reviewed files relating to three of these people. Although risks had been identified within our discussions, these were not clearly presented within the care records. For example, we were informed one person was at risk of choking. We observed a note within the care file to state that foods were to be cut up, but this had not been updated within the care record. We were informed another person was at risk of injuring themselves whilst participating in a certain activity. This was not fully documented within the care record. We highlighted this to the registered person who took immediate action to ensure all identifiable risks were clearly documented within the care record. The registered person said they would review all care records to ensure risk was consistently addressed and documented. Following our inspection visit we were provided with evidence to show improvements had been made within the care plan and risk assessment. We recommend the registered person consults with good practice guidelines and implements a robust system for addressing and mitigating risk.

We looked at how safeguarding procedures were managed by the registered provider. Staff told us they had received safeguarding training and said they were aware of the importance of reporting any concerns. When asked, staff could identify types of abuse and how to report it. One member of staff said, "I would write down word for word, what the person told me or I had seen and then I would report it to the office. I am certain (registered provider) would investigate. I know I could raise it with the person's social worker, social services or the Care Quality Commission (CQC) if nothing was done."

We spoke with the registered provider about safeguarding procedures within the service. They had a sound knowledge of managing any safeguarding concerns. They told us they had experience of reporting a safeguarding concern to the local authority. This showed us the registered provider used processes in place to report concerns effectively.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Full employment checks were carried out prior to staff starting work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The registered provider checked this documentation prior to confirming a person's employment.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. We noted one person required medicines that were time specific to meet the needs of their health condition. The registered provider ensured staff were scheduled to work at these times. This meant they received optimal benefit from the medicines.

For some people who could not be involved in ordering their own medicines, staff provided support to do this. When people required support the registered provider issued a MAR (medicines administration record) for each person. Staff signed the record after administering medicines. The MAR sheet was audited by the

registered provider on a monthly basis to ensure appropriate processes were followed.

The registered provider had a system for reporting accidents and incidents. We saw evidence these were fully investigated to ensure further repeated incidents did not occur and risk was mitigated and reduced.

Is the service effective?

Our findings

People who used the service and relatives praised the effectiveness of the staff. Feedback included, "[Registered provider] does a good job at getting good staff who know what they are doing." Also, "I think most staff are well-trained." In addition, "The staff are well trained. They are trained how to care and how to speak to people."

We looked at training to check staff were given the opportunity to develop skills to enable them to give effective care. The service had recently employed a training coordinator who was responsible for booking and scheduling training. They also provided in house training where practicable. Staff praised the skills of the training coordinator and the training opportunities offered by the registered provider. The training coordinator maintained a training matrix which allowed management to track training and plan future training needs.

Training was provided through various means including DVD training and practical hands on training. In addition, when people had specific health conditions training was provided from health professionals to meet the person's health needs. For example, staff had received some training from a district nursing team to enable them to have knowledge of catheter care.

Staff told us the registered provider had recently started an initiative to promote dementia awareness. Staff were encouraged to undertake additional training to become dementia friends. This was being rolled out across the service to meet the needs of people who used the service. This demonstrated that training was provided to staff in order to meet the needs of the people who used the service.

We spoke with staff who had been recently employed. They told us they undertook an induction period at the start of their employment. New members of staff were encouraged to complete their care certificate as part of the induction. The care certificate is a set of standards which all workers are expected to follow. Induction training covered key topics including safeguarding of vulnerable adults, moving and handling, first aid and administration of medicines. They told us that in addition to training, they were supported on visits and shadowed experienced members of staff. All new staff members we spoke with said the induction gave them confidence and the required skills to work effectively and safely when unsupervised. One staff member said, "I was offered more shadowing. I could have had extra support if I needed it."

We spoke with staff about supervision. They confirmed they received supervision from a senior member of the management team. We looked at supervision records maintained by the management team and noted quarterly supervision meetings took place. Staff were expected to sign a supervision contract at the outset of their employment and were encouraged to say what they personally expected from the supervision session. Staff said they could approach the senior management team at any time in between supervision sessions. One staff member said, "I have seen [registered person] come out at 9:30pm when we have needed support." Another member of staff said, 'The [registered provider's] priority is to make sure everything is okay. They are easy to talk to.'

We looked at how the service met the health needs of people who used the service. Individual care records showed health care needs were monitored and action taken to ensure good health was maintained. When people had additional health needs we saw evidence of partnership working with the district nursing team. One health professional had provided written positive feedback commending the care and treatment provided to a person who used the service.

Staff were aware of the importance of consulting with health professionals in a timely manner. They told us they would seek help and assistance from relatives and relevant health professionals if they had any concerns about people's health. One staff member said, "We keep an eye on all our clients and report any concerns."

We looked at care records for a person who required support with their nutritional needs. When people required special diets this was detailed within the care plan. Records documented people's likes and dislikes and preferred foods.

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.

We looked to check the service was working within the legal boundaries of the MCA. We saw people's capacity was routinely addressed within care assessments and there was clear direction as to who to consult with should a person's capacity change. We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

Within the care records we viewed, we saw no evidence of any documented best interest meetings. The registered provider said all people being supported at present had capacity. They said that should they deem a person as lacking capacity they would consult with the local authority for advice and guidance.

Is the service caring?

Our findings

People and relatives were very complimentary about their personal experiences of receiving a service from All Seasons Home Care. Feedback included, "There isn't any staff member who isn't satisfactory. They know how to deal with people. They are very, very caring as well as being gentle and polite." And, "The standards of care are high from all the staff."

We saw evidence within care records of independence being addressed and promoted. For example, one person's care plan stated their desired outcome was to remain as independent as possible within their own home. Staff we spoke with were aware of the importance of promoting people's independence at all times.

People who used the service and relatives told us they were treated with dignity and respect. One relative said, "They treat people with dignity and respect and are able to have a laugh with my [relative]. They respond well to this."

Staff told us the management team scheduled their rotas as much as possible to ensure they worked with the same group of people. This enabled them to have a good understanding of people they supported. When asked, staff demonstrated a good understanding of the needs of people they supported. Staff were able to tell us in great depth about people's likes, dislikes and life history. Staff said this promoted continuity of care and enabled them to develop positive working relationships with the people they supported.

People and relatives spoke fondly of the relationships formed with staff from All Seasons Home Care. One person said, "We have been very lucky picking this company. They are professional but in a kind and caring way. They are a pleasant break for me." Another person said, "They have been wonderful. The boss chooses the most wonderful girls. I couldn't do without them." Also, "The carers make my [relatives] day."

Staff spoke fondly of people they supported and provided us with examples of when staff went the extra mile. A staff member told us on one occasion a person who used the service was admitted to hospital. They said the registered provider ensured the person's pet was looked after whilst the person was hospitalised. In addition, another staff member said that a person they supported sometimes refused to eat for staff. They said on these occasions whenever possible, staff would routinely call in in-between visits to try to motivate the person to eat.

During the inspection visit we spoke with the registered provider about accessible information. Accessible information is important within services to ensure people's communication needs are considered so people can be empowered. The registered provider had worked with a community group to develop a service user guide in braille for a person who was partially sighted. They told us one person had recently informed them they were unable to read correspondence from the service due to the small print. The registered provider said they planned to review everyone's needs and were going to send out communications in a larger text so people did not need other people to read them for them. This showed us the registered provider was committed to making improvements to ensure information was accessible to all people who used the service. This showed us the service valued people's human rights, as set out in the Human Rights Act 1998.

We spoke with the deputy manager about advocacy services. They were aware of the importance of using advocacy services when people could not make their own decisions. They said at present no one required an advocate but they would support people to make referrals should they need support and guidance to make decisions,

Is the service responsive?

Our findings

People and relatives we spoke with told us the service provided was person centred and responsive to their needs. One person said, "I am paying for a service. I tell them what I want and they do it for me."

Staff told us person centred care underpinned all their work. They told us this was embraced and encouraged throughout the service. Feedback included, "We know what the person can do and what the person wants from us. We help them to follow their own plan." Also, "Person centred care is our priority."

We looked at care records relating to four people who used the service. Care records we viewed were personalised and contained detailed information surrounding people's likes, preferences and daily routines.

People and relatives we spoke with confirmed they were involved at the pre-assessment stage in developing care plans. One person said, "I spoke with a person from the office before I started with the company. I put down some points which went into my care plan. Staff make sure these things happen."

We saw evidence that people's consent was sought throughout the care planning process. Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, mental capacity, personal care, diet and nutrition needs and personal safety. Reviews were documented within the care record to show they had taken place. Reviews took place at least every three months and included the person who used the service and relatives where appropriate.

Daily notes were completed for each person in relation to care provided. These were left at the person's home and collected on a monthly basis. The registered provider said care notes were audited by management and concerns identified within care records were discussed with staff.

We looked at how complaints were managed within the service. The registered provider told us they had not received any formal complaints.

Four of the six people we spoke with told us they were happy with the service they received. Feedback included, "I have never had to make any complaints." And, "I am more than happy with the service." One person said, "If I wasn't truly happy I wouldn't be with them." Relatives we spoke with said they had never had to raise any formal complaints and were happy with the service provided.

People who used the service were aware of their rights to complain. One person said, "I would go to [registered provider] to complain." We saw evidence within individual care records that people who used the service were given a complaints procedure detailing their rights to complain as part of their service user guide. This gave clear instruction to people informing them who to complain to and their rights. One person said, "I got a pack when I first started with the company, I think that has details of how I can complain."

Staff told us they were aware of the complaints procedure. They told us no one had formally made any

complaints to them but said they would raise all concerns with the registered provider should someone complain.

Is the service well-led?

Our findings

People who used the service and relatives told us that on the whole the service was well managed. Feedback included, "I was with another company before this one. These are much more organised and of a higher standard." And, "They (All Seasons Home Care) do very well."

Staff we spoke with considered the service as being well managed. Feedback included, "The service is well-managed. We never have any issues." And, "This is one of the better care agencies." In addition, "The management is very good. They try really hard."

Staff described a positive working environment with high levels of job satisfaction. One staff member said, "I love it. I love the job satisfaction of knowing I am making a difference." Staff repeatedly told us team work was good between all staff. One staff member said, "I am proud of all the carers. We all do a great job. We are good working as a team."

We looked at how changes were communicated within the service. The registered provider said they had tried to organise team meetings but found these were poorly attended. Instead communication with staff occurred through text messages and emails. Staff told us they were happy with these arrangements and said communication was good.

We asked people who used the service about methods of communication within the service. Four of six people considered communication to be sufficient and said they had no concerns with the service delivery. Two people however said they felt communication between people who used the service and the management team could sometimes be improved on. Both people said they weren't always consulted with when their rota's changed. One person said, "They don't always tell me when my rota changes." We highlighted to these people their right to complain. Both people agreed these concerns were minor however and said overall they were happy with the service. We spoke with the deputy manager about this. They told us these occurrences only happened when there were sudden emergencies. They said they would however take these comments on board and agreed to look at ways of improving communication in such emergencies.

The registered provider sent out questionnaires to people and relatives for feedback. This showed they were committed to listening to people's views in order to make changes. We viewed seven completed service user questionnaires. Feedback gained was consistently positive. Four people rated their care as excellent; three people rated it as good. Every respondent was happy with the service delivered. Feedback included, 'We can't thank you enough for an excellent job.' And, 'We couldn't fault the staff. They are very good, friendly and well mannered.'

One person we spoke with told us they had previously completed a questionnaire and had made a recommendation as to how the service could improve. They told us that following their suggestions being made the registered provider sent out a text to staff to inform them of the necessary changes required. They said, "This improved things for me." This demonstrated the registered provider was keen to make

improvements.

Staff praised the skills of registered provider and their commitment to providing a high quality service. Feedback included, "[Registered Provider] makes sure everything is done correctly to ensure we give good quality care."

Staff told us the registered provider provided direct care where necessary and worked alongside team members. One staff member said, '[Registered provider] is very hands on. They are very proactive.' The registered provider confirmed they worked alongside staff responsible for providing support and said this allowed them to have a good oversight and knowledge of the service.

During the inspection visit we spoke with senior management about quality assurance within the service. They told us they audited work on a daily basis. They did not however document this to show it took place. Staff confirmed these audits took place. One staff member said, "[Registered provider] does spot checks. They make sure everything is in order and we have done our job properly." In addition they had carried out an audit looking at travel times for staff to ensure this was reasonable and allowed staff enough time to attend visits punctually.

The registered provider kept a copy of all compliments received. Compliments included, "The care was always delivered with humour and good cheer. Your work enabled us to extend the time my [family member] had in their own home that she loved and this was incredibly valuable to them." Also, "Thank you for the wonderful level of care you and your team afforded [family member]. We always felt secure in the knowledge that they were being well looked after."

As part of the inspection process we reviewed statutory notifications submitted to the Care Quality Commission (CQC.) We noted the registered provider had made a statutory notification in a timely manner to the CQC. This showed us the registered provider had knowledge of their roles and responsibilities.