

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 ●

Summary of findings

Overall summary

This inspection took place on 19 September 2017 and was announced.

This service provides care to people living in their own homes and there were 30 people receiving personal care when we inspected. At the last inspection, in July 2015, the service was rated Good overall. At this inspection we found that the service remained good overall.

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 registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's care was delivered in a safe way when they received care. Care staff protected people from the risk of potential abuse and understood the potential signs to report. People's safety had been assessed and reviewed and their individual risks recorded. The plans showed care staff the steps needed to reduce a person's risks and prevent risk of harm or injury. People who had support with their medicines had them administered when needed, with staff that were trained and competent to do so.

The provider offered training linked to people's needs and care staff were knowledgeable about their roles and responsibilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they arranged their own healthcare appointments and that care staff were helpful in providing reminders of appointments.

People received care in their home from care staff they knew and liked. People received care that supported their independence and were able to direct staff on each call. People's dignity had been supported and staff were respectful of people's human rights.

People were involved in planning and changing their care which had been recorded in their care plans. The management team had been regularly reviewing these alongside people's requests and people's plans were updated when needed. People knew how to contact the office and were confident in how to make a complaint should they wish to.

People were contacted regularly from the management team to ask about their views and feedback on their care. Care staff spoke with the manager and provided feedback on the service. The manager told us they kept their knowledge current and provided staff with input and direction about the levels of care they expected through regular meetings and supervisions. The management team monitored the quality of the care that people received, this included reviewing records and observing staff practices.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 19 September 2017 and was announced. The provider was given 48 hours' notice because the location provides care in people's own home and we needed to be sure that someone would be in. The inspection was carried out by one inspector and an expert by experience who had experience of care at home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed 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. We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service and three relatives. We spoke with four care staff, the registered manager and the provider.

We looked at seven care plans, including the associated medicine records, six staff recruitment files, the last 12 months incident forms, and quality audits that the registered manager had completed.

Is the service safe?

Our findings

At the inspection on 14 July 2015 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us how care staff supported their safety and that they knew the care staff in their homes. One person told us, "Without exception, I've never felt unsafe". People told us the care staff checked they were okay before providing their care. One person told us, "It's nice to know that someone's coming". Relatives we spoke with were happy their family members were safe. One relative told us, "They don't rush off", which added to their confidence the care staff would not leave until their family member was safe.

Care staff told us how any concerns about a person's safety or suspected abuse would be reported to the management team who would take action to support the person. Care staff told us they knew people well and would be aware of any changes to a person. Care staff were aware of the signs and possible situations that they would report on.

People's personal risks or potential risks to manage their care needs had been identified when they started using the service. These had been recorded and updated with any changes. The plans detailed how care staff could reduce the potential risk of further harm. For example safe moving of a person. People we spoke with told us care staff always checked the care plans as well as asking them about any changes. Care staff were aware how to provide safe care and used the care plans to guide them.

People we spoke with told us care staff arrived at the expected time and had not rushed them on a call. One person told us, "I know whose coming. I've got a plan on the computer with names of staff on different days, and that's very nice". The registered manager stated the staffing levels meant they had not needed to use agency staff and would only offer new packages of care if they had the care available to do so. People and their relatives were happy with the consistency of care staff for people using the service. One person told us, "I can get a carer twice a week it's the same person".

The staff files we looked at had completed application forms and potential staff were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People who required support with their medicines had clear records about how care staff were able to provide them as prescribed. One person told us, "[Care Staff] puts drops in my eyes". Care staff had received training to support them in correctly administering people's medicines and the registered manager regularly observed care staff to ensure they remained competent.

Is the service effective?

Our findings

At the inspection on 14 July 2015 we found the service was good. At this inspection we found the service had remained good.

People told us care staff understood their care needs and what they needed to do to look after them. One person said, "They support me properly". Care staff told us they received regular training which provided them with the skill and knowledge that matched people's care needs. One person told us, "They're [care staff] all as good as each other". The care staff's learning and development needs were monitored through regular supervision meetings in the office and by being observed in a person's home. The management team had done this so they could be assured care staff were providing care that met people's needs.

People's records had been signed to show their agreement and consent to care. People told us they made decisions about their care, day to day routines and preferences. One person told us, "They [care staff] ask me exactly what I want". Care staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Care staff were clear that they listened and responded to the decisions people made. Care staff we spoke with and the registered manager told us none of the people currently using the service needed support with their decisions.

People chose what to eat and care staff prepared meals requested by people. One person told us, "[care staff] Organise my breakfast and then cooks me some vegetables for an evening and late afternoon meal". Care staff told us how they took the opportunity to offer people drinks and leave people drinks when their call had been completed. One person told us, "They put a drink out for me to have".

People told us they made their own their health appointments or with support from their families. Care staff we spoke with told they would help people arrange appointment where needed or let a family member know. One person told us, "The way it works is the carer puts it in the diary and reminds me of doctors and dental appointments". The registered manager said that if needed they would be able to offer support to people to make or attend appointments for additional health care needs.

Is the service caring?

Our findings

At the inspection on 14 July 2015 we found the service was good. At this inspection we found the service had remained good.

People told us they liked the care staff that provided their care. The care staff were kind and caring and always happy to help. One person told us, "We've all had a good laugh". People told us how staff found out about things that were important to them and care staff told us they enjoyed speaking with people they supported. One relative told us, "It's been absolutely brilliant. They get on very well together". Care staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. One relative told us, "I hear her talking to them as they make [person's name] a cup of tea, sit a little while and have a chat".

People said they got into a routine that suited their preferences. One person told us, "I prefer to do things my way. I'm quite content at the moment". All people we spoke with said care staff asked them how they would like their care to be given and knew their preferred routines. One relative told us, "[Person's name] knows the carers that come in and they ask what they'd like to wear, and she goes to the drawer and they help her choose".

People told us their independence was prompted and supported and care staff told us that often people only required encouragement and guidance. One person said, "I feel independent definitely because I get the help in the morning, otherwise it can take me ages to get ready at the start of the day". Care plans detailed how support was to be delivered in relation to the person level of independence. One person told us, "I'm living independently because [care staff] gives that bit of help I need".

People said they felt the care staff were respectful about their privacy and dignity. Care staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. People gave examples of requesting female only care staff which had been upheld. Care staff told it was important to respect each person as an individual. Care staff spoke respectfully about people when they were talking to us.

Relatives said they were involved with their family member's support and told us they had developed trust with the care staff. One relative said, "[Person's name is] always smiling and they are happy, as they [care staff] come in and they help her". Relatives were made aware if their family member was unwell so they could assist and said care staff kept them updated. One person told us, "They come on time, they take the time to do the tasks, and we all get on together."

Is the service responsive?

Our findings

At the inspection on 14 July 2015 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us the assistance provided supported their care needs and as their needs changed the care staff responded. One person said, "The carers know the whole picture". People said they would direct or ask staff for a small change in the care provided on each call. One person told us, "Everything's going smoothly and I'm quite happy with the situation". One relative told us, "They [care staff] noticed [person] suddenly had a bad rash. We all tell each other anything important".

People we spoke with made decisions about their care needs and these had been detailed in their plans of care. One person told us, "Planning my care wasn't a problem; everything I get, I asked for. Originally I wanted X, Y and Z and I might have changed one or two things as I needed more".

Care staff we spoke with said they knew people well as they were given all the information they needed to support people. They could describe what support people needed, which was reflected in people's care plans. People also told us their care plans were regularly reviewed. One person said, "The manager came to see us and did a review after four weeks".

Care staff told us that any changes to a person's care plan was communicated to them by telephone or in person at the office and the care plans were always updated without delay.

People's families had helped to support their relatives to plan their care and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required. People's care plans were reviewed with them frequently by the management team either on the telephone or in person. This included people's feedback about how the care and support had been provided. One person told us, "They [registered manager] phoned me up and I have had interviews with them".

People told us they were happy with their care and support and knew how to make a complaint. One person told us, "Just the odd thing I may have mentioned I just ring up and have a chat and it is sorted". Information on how to complain was made available to people in their homes. One person said, "They're all okay at the office if we ever need to talk". Where complaints had been received these had been investigated and responded to. Where needed complaints were then used as a discussion point for care staff so lessons would be learnt.

Is the service well-led?

Our findings

At the inspection on 14 July 2015 we found the service was good. At this inspection we found the service had remained good. There was a registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were pleased with how the service involved them, listened to them and how the management team were available and easy to approach. One person told us, "All in all, I'm very very pleased with the set up". People were asked for feedback about the quality of their care. One person said, "I'd give them 10 out of 10 as they are really good". People told us the care staff and management team were supportive and one person said, "I'm so fortunate to have these people, it's a big bonus".

The registered manager and provider had regularly reviewed the care and support provided and had completed audits, including involving people following any observations of care staff in the person's home. One person told us, "They [management team] come and see what the workers are doing but don't tell them, although they did phone me to ask if he could come". The audits we saw reviewed the care people had received, for example, they looked at people's care records, staff training, and incidents and accidents. The registered manager and care staff told us that they discussed the results of audits and any shortfalls were addressed to improve the overall quality of the service.

There was a clear management structure which provided guidance and support to care staff. Care staff had regular contact and were observed in their role, which provided opportunities for care staff to raise concerns or comments with people's care. When care staff were together they were relaxed and friendly towards each other and told us they all worked well together to support the people they provided care for. Care staff said they felt able to tell management their views and opinions. The care staff told us the support offered provided leadership and the consistent guidance they needed, to provide good care to people. In order to continue improvements and demonstrate a proactive culture, the provider had supported staff to study professional development training courses, such as National vocational Qualification (NVQ).

The registered manager knew which incidents needed to be reported to CQC. The management team worked with specialist within the local area to promote positive working relationships. For example, people's social workers and local GP surgeries and pharmacies to ensure people had additional support to meet their needs.