All Seasons Community Support LLP

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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

All Seasons Community Support LLP provides a domiciliary and support service and is part of a community interest (not for profit) company. The agency provides services in the Kent area. The service has a designated office in Margate and operates an on-call system outside office hours. All Seasons Community Support LLP provides care and support for periods of 30 minutes to 24 hours a day, 7 days a week. Their Mission statement is, 'To help people to remain in their own homes, living independently for as long as possible with comfort and dignity, by assisting those who need help due to disability, frailty or illness'. At the time of the inspection All Seasons Community Support LLP were providing care and support to over 500 people.

There was a registered manager employed at the service. 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. The registered manager was responsible for the day to day control of the service. They were supported by a head of care, quality assurance manager, area managers, co-ordinators, team leaders, human resources and an administration team.

At the last inspection in August 2016 three requirement notices were served. The provider sent the Care Quality Commission an action plan to address the shortfalls, with a timescale to become complaint with the regulations. At this inspection the breaches found at the last inspection had been met.

People were protected from the risks of abuse and discrimination. Staff were knowledgeable about the risks of abuse and understood the process for reporting any concerns. When concerns had been raised these were reported in line with guidance to the relevant authorities.

Risks to people were identified, assessed, monitored and reviewed. Risk assessments were in place to give staff the guidance on how to reduce risks to people. These were regularly reviewed and updated as required.

There was sufficient staff on duty to make sure people received consistent care. Staff had permanent rotas which were co-ordinated geographically, to reduce the travel time and help people receive their call at the requested time. People told us the staff usually arrived on time and stayed the duration of the call.

Staff were recruited safely with the necessary checks being carried out to make sure they were suitable to work at the service. New staff received an induction and shadowed experienced staff before they started to work on their own. Staff received support through one to one supervision meetings, staff meetings and competency spot checks. Staff received appropriate training to be able to perform their role and have the skills and competencies to meet people's needs.

Some people took their medicines independently with no involvement from staff. Other people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff were trained to support people with their medicines and senior staff checked they were competent to do so.

People told us that the staff asked for their consent before providing their care. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People were supported to make decisions and when required best interest meetings involving the person, relatives and health care professionals were held.

People's dietary needs were assessed and staff supported people with their meals and left drinks and snacks for people to eat later when needed.

People told us the staff supported them with their health care needs. Records showed that when required, staff contacted the relevant health care professional such as doctors and community nurses.

People told us the staff knew them well and that they were kind and caring. Staff were able to tell us about people's preferences and personal histories. Staff spoke about people in a kind and compassionate way. People were involved in the planning and reviewing of their care and support.

People told us that staff treated them with dignity and respect. Staff spoke with us about how they promoted and maintained people's dignity when they supported them. People's confidentiality was respected and records were stored securely in the office. People told us that the care staff were discreet and did not discuss other clients with them.

Care plans centred on the individual person and provided staff with important information and guidance to make sure they supported people in the way they preferred. People told us they received support from regular 'core' carers.

People and their relatives told us they knew how to complain. A copy of the provider's complaints process was in each person's home. When a complaint was received it was investigated and responded to appropriately. People, relatives, staff and health professionals were given the opportunity to provide feedback to the service.

The registered manager led by example. They had oversight of the day to day running of the service and used concerns and complaints as a learning exercise to make improvements. There was an open culture which was promoted by the staff.

There were systems in place to gather people's views, including regular reviews and quality surveys. Staff told us they felt valued by the organisation. Regular quality audits were completed to assess, monitor and improve the quality of the service 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.

People were protected from avoidable harm, abuse and discrimination.

Risk to people were assessed, identified, monitored and reviewed. Staff understood how to reduce potential risks to help people stay safe.

Staff were recruited safely. There were sufficient skilled, knowledgeable and trained staff to provide people with the care and support they needed.

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

People received care and support from trained staff. The management team supported staff through regular one to one supervision meetings and appraisals.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act.

People were supported to maintain good health and had access to health professionals.

People were supported to have a healthy diet.

Is the service caring?

Good

The service was caring.

Staff treated people and each other with kindness and compassion. Staff respected people's privacy and dignity.

People were encouraged and supported to be as independent as possible.

People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good

The service was responsive.

Care plans were centred on the individual and detailed people's life histories and interests.

Staff built strong relationships with people and their relatives. They knew people and their preferences well.

People received the care and support they needed and the staff were responsive to their needs. People's choices and changing needs were recorded, reviewed and kept up to date.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager led by example, mentoring and coaching the staff team. They and the staff promoted an open culture where people could contribute ideas. People and staff were positive about the leadership.

Innovative and creative ideas were used to involve people, staff and health professionals in the way the service developed and improved.

Regular quality audits were completed to assess, monitor and improve the quality of the service provided.

All Seasons Community Support LLP

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.

The inspection took place on 08 and 09 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we were able to speak with people who use the service and the staff who support them. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return. 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 sent a questionnaire to people using the service, their relatives and staff and reviewed their responses. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We went to the office and reviewed people's records and a variety of documents. These included ten people's care plans, visit records and risk assessments, four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys. We spoke with the registered manager, head of care, quality assurance manager, coordinators and care staff.

We visited and talked with four people in their own homes. We also spoke with 34 people by telephone to ask their views of the quality of service delivered by All Seasons Community Support LLP.

We last inspected All Seasons Community Support LLP in August 2016 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was rated Requires Improvement.

Good

Is the service safe?

Our findings

People told us they felt safe when they were receiving care and support from All Seasons Community Support LLP staff. People said they trusted the carers and felt comfortable having them in their homes. When we asked people if they felt safe their comments included, "The carers are very good to me. I feel safe because my girls are very experienced. They deal with things with great expertise", "If I did not feel safe I would ring the office", "I don't always have the same carer, but I get on really well with all of them and I do feel safe" and "I do feel safer knowing someone calls round every day". Relatives said, "[My loved one] is in safe hands and I don't have to worry" and "[My loved one] is safe because the main carer makes sure everything is done well".

At the last inspection in August 2016 the provider failed to make sure care and treatment was provided in a safe way. There was a lack of detail in risk assessments to guide staff on how to manage risks. We asked the provider to take action. The registered manager had noted on the provider information return (PIR), 'We have made significant improvements since our Inspection last August, we have updated our care plan risk assessment document in line with the CQC (Care Quality Commission) recommendations and have now replaced over 450 care plans/risk assessments for our existing and new client base applying the new model. Risk assessments provide in depth information on moving and handling, equipment and transfer, there is a falls risk assessment, step by step assessment of mobility, equipment checks bespoke to the person. We have dedicated risk assessments for our clients with a mental health diagnosis which identifies the specific diagnosis, risk history, triggers and relapse indicators'. At this inspection improvements had been made. The breach in regulation found at the last inspection had been met.

Risks to people were identified, assessed, monitored and reviewed. Risk assessments were in place to give staff the guidance on how to reduce risks to people. Staff told us they had received training on how to support people to move safely. The provider's training records confirmed that staff received regular training to make sure they were up to date with current best practice. Staff told us they felt confident moving people and that the care plans and risk assessments provided sufficient guidance for them to support people safely. Risk assessments were regularly reviewed and update when required.

People told us they felt safe when staff supported them to move using a hoist and thought staff were properly trained to do this. People told us that there were always two staff to help move them when a hoist was needed. One person commented, "Well, I can't say I enjoy it but the staff take the time to make sure I am as relaxed as I can be". Moving and handling risk assessments were detailed and gave staff step by step guidance on how to use the sling and hoist safely. There was guidance for staff to follow for the use of other special equipment, such as a slide sheet, to reposition or move people safely in bed. Risk assessments took into account people's medical conditions when they were being supported to move.

When people were living with diabetes there was information in people's care plan of what signs and symptoms to look for. This information had been written with the person so they could tell staff how their symptoms presented. For example, 'vision goes blurry', 'feels hot and sweaty' and 'can present as confused'. Some people managed their own insulin and others had the support of community nurses. There was also

guidance for staff to follow in an emergency, for example, should the person's blood sugar levels become too high or too low.

When people were at risk of developing pressure sores risk assessments had been written concerning this. They included possible contributory factors, such as mobility, weight loss or gain, nutrition and hydration. Suitable equipment, such as pressure relieving aids were in place and people were assisted to change position frequently whilst in bed. The support plans also contained body maps and detailed manual handling guidance.

Environmental risks were assessed, for example, street lighting, entering and exiting people's homes, poor weather conditions and lone working. Equipment, such as hoists and slings, was checked before staff used it and regularly serviced to ensure it was safe to use.

At the last inspection in August 2016 the provider failed to make sure care and treatment was provided in a safe way. The systems in place to manage medicines were not consistently safe. We asked the provider to take action. At this inspection improvements had been made and the breach in regulation found at the last inspection had been met.

Most people we spoke with managed their own medicines independently. People, who needed some support from staff, told us staff helped them to manage their medicines. People said, "I have a lot of tablets. The staff help me to take them. I make sure I take them on time" and "They do help me with medicines. I have mine in a blister pack and they make sure I get them on time". All the staff we spoke with said they completed regular medicines management training. Staff commented, "We do get [medicines management] training; it really helps" and "I do feel confident with medicines and the office are always there to help".

A 'medication champion by experience' was available to give guidance to staff when they needed it. This was a member of staff who was a qualified registered nurse. Senior staff completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. People's medicines administration records had been completed correctly. There was guidance for staff to follow when administering creams or pain patches which included using a body map. Some people their medicines on an 'as and when required' basis, such as pain relief, and staff followed the correct process to record this. Staff told about the different levels of support they gave people with their medicines and were knowledgeable.

People were protected from the risks of abuse and discrimination. All of the people who responded to our survey agreed they felt safe from abuse or harm and relatives all felt their loved ones were safe. People were supported by staff who understood their safeguarding obligations and responsibilities. Staff said, "We do get safeguarding training. I did it quite recently" and "Yes, I have [safeguarding] training every year. I think it's very useful".

Staff told us they felt confident they could identify signs of abuse and knew who to report their concerns to. They were aware that a referral to an external agency, such as the local authority safeguarding team should be made, in line with the provider's policy. Staff commented, "I would always report back to the manager if I saw something like abuse going on" and "I would whistle blow if I had to. To the CQC probably". When concerns had been raised these were reported in line with guidance to the relevant authorities.

Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The provider had a policy for safeguarding adults which staff

followed. The registered manager was the 'Safeguarding Lead'. They told us, "My role is to provide professional leadership to ensure vulnerable people receive a responsive high quality and confidential service in line with safeguarding procedures". When there had been notifiable incidents these had been reported to CQC and / or the local authority.

There were sufficient staff employed to give people the care and support they needed. Most people had regular staff to provide their care and support. People told us they preferred to know who was due to arrive to provide them with support. People had been asked in the CQC quality survey 'Do you have regular and consistent staff?' 18 of the 19 people who responded to the survey responded with 'always'. People said that staff usually arrived on time and stayed the allotted time of their call. People had been asked in the CQC quality survey 'Do staff stay for the agreed length of time'? 16 of the 19 people who responded to the survey responded with 'always'. People said, "They usually come on time. There's a reason if not" and "My carer never rushes. They're lovely girls and boys".

Duty rotas showed that staff were allocated calls in the same geographical area and that travel time was included between calls. We asked staff if they had enough time to give people the care and support they needed. Staff said, "I don't feel rushed or pressured", "Staff get five minutes travel time which isn't really enough sometimes but we cope" and "I think it's far worse in other agencies. If we think people need more time, we can tell our managers and something is done about it".

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people in the community. Information had been requested about staff's employment history and any gaps in people's employment were discussed at interview. Two references were obtained, including from the last employer and proof of identity was provided. Health questionnaires and equal opportunities monitoring formed part of the application process. Disclosure and Barring Service (DBS) criminal record checks were completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were organised and included proof of identity, health checks to make sure the staff were fit to perform their role and equal opportunities monitoring forms. The registered manager followed the provider's disciplinary processes when needed and records of these were kept securely.

People said that staff wore gloves and aprons. Staff told us, and training records confirmed that staff completed training about infection control. The registered manager said, "The staff have unlimited access to personal protective equipment (PPE)". During the inspection staff came into the office to collect PPE and told us they could pick up what they needed, when they needed it.

Good

Is the service effective?

Our findings

People said they were satisfied with the care and support provided. People told us they thought the staff were knowledgeable. They said, "My carers know what I need. They need to know what they are doing" and "They [staff] seem very knowledgeable to me".

People received effective care and support from staff trained in their roles. A relative commented, "I know they do E-learning and I have seen shadowing of experienced carers by new starters". The registered manager told us staff completed an induction when they started working at the service and new staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff told us they completed an induction when they started and shadowed experienced staff to get to know people, their preferences and routines. Throughout the induction new staff met with senior staff each month for 'welfare checks' to monitor their competence and progression. The registered manager said, "The welfare checks ensure support and guidance is available for new staff". Staff who had recently been employed told us they felt "Well supported" and "Immediately part of the team".

Staff told us they completed regular training and that it helped them carry out their roles effectively. They said, "There is training. We have access to online and face to face training", "I've done all the mandatory training" and "I did dementia training recently, which I felt helped me a lot". The HR department kept an overview of staff training to make sure refresher courses were booked as needed. Mandatory training in topics, such as health and safety, food hygiene and nutrition, basic life support and personal care, were completed. Additional training in long term medical conditions, for example Parkinson's disease, epilepsy and diabetes, was provided to enhance staff skills and knowledge. The senior managers presented at team meetings interactive subjects to keep staff informed and meet people's needs. For example, sessions had been held on 'understanding catheterisation', 'pressure areas' and 'professional boundaries'.

The provider noted on their website, 'We have recently won a grant from Skills for Care to develop apprenticeships within the company. We are committed to developing our workforce, and spend £100k every year on staff training. We are part of the Social Care Commitment, which is a promise to provide high quality services to people who need care and support. We as an employer have signed up to the commitment and we have a year to complete our chosen tasks, and then we are able to renew the commitment yearly'.

Staff told us they received good and effective support from the management team and met regularly for one to one supervision meetings. Staff said, "Supervision works well. It's open and honest and I can say what I want" and "I can go to the manager any time I have an issue really. I wouldn't wait for supervision". Staff were issued with mobile phones and training and supervision meetings were automatically downloaded and scheduled into their diary. The registered manager told us, "We review, through supervision meetings, staff's professional development for those who wish to study for a qualification".

Staff told us that they had been enabled and empowered to obtain qualifications in adult social care and

that the provider had taken into account those who may find it more challenging to learn. Some staff had readers and / or writers to support them with their learning and development. When needed the provider supplied staff with special equipment to support their learning and development.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and had received training. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other health care professionals. In domiciliary care people who may need restrictions of their care and treatment are safeguarded by decisions made through the Court of Protection. At the time of this inspection the manager told us that no one was subject to an order of the Court of Protection.

People told us that staff asked for their consent when carrying out their care. People said that they felt in control of their care and able to direct things the way they wanted. They said their relationships with their regular, 'core' carers were an important element in their levels of satisfaction and they had a very strong preference for being seen by these trusted carers. They said, "The carers always encourage me to do things for myself. They never force though", "I don't feel restricted at all. I can do things for myself now that I couldn't before" and "They always let me decide what I want to do. They wouldn't take over".

Staff understood that when people needed further support to make decisions about their care, best interest meetings were held with family and health care professionals to make decisions in their best interest. Staff also understood the rights of people with mental capacity to take risks. Staff told us how they supported people to make decisions, by giving them time to decide and offering them choices. Staff said, "The people I care for can all make their own decisions. I'm there to help them get what they need", "If people have mental capacity, they can do what they want" and "It's their home we're going into. They make all the important decisions".

People told us that staff supported them to have enough to eat and drink. They told us that staff left drinks and snacks for them when they left. One person said, "I used to have meals delivered but now I get help with ready meals I can microwave - it is much better". Care plans gave staff guidance on what support was needed for each person to help them maintain a healthy diet.

People told us that the staff supported them to remain as healthy as possible. Staff monitored people's health and appropriate referrals were made to health care professionals such as occupation therapists, district nurses or the mental health team, if they noticed any deterioration. Staff reported any concerns to the office and they contacted the relevant health care professionals for support and guidance. Staff followed advice and guidance given by the health professionals. The provider involved worked closely with a range of external health and social care professionals in the care of people, such as community nurses and GPs, on projects to promote joined up care to people in the community.

Good

Is the service caring?

Our findings

People told us the staff knew them well and that they were kind and caring. People and their relatives who responded to our survey all agreed that staff were kind and caring. People said, "The care is marvellous. I don't have to keep telling people what I need", "My main carer is perfect and understands everything" and "I look forward to seeing them. They are so cheerful". People told us that the staff were thoughtful and dedicated to their work. Staff spoke about people with kindness and respect. Staff said, "I think it's a caring service, yes. All the people I work with are caring" and "I wouldn't want to work somewhere that was uncaring".

Relatives said, "We are positive about All Seasons because the carer who supports [our loved one] has been with them for a number of years and enjoys the trust of both [our loved one] and us". A relative had noted on their response to our survey, 'Very dedicated staff. Staff have a vocation to care'.

The registered manager had noted on the provider information return (PIR), 'We also aim to communicate to staff that it is important to care and be compassionate. We do this through a variety of mediums; community team meetings, group supervisions and staff observations. With the latter we take into account how the staff member interacts with the client'. People told us that senior staff visited them to check on staff competency and review their care plans. Staff spoke openly about what equality and diversity meant to them. They told us that they treated people and colleagues as equals. The provider displayed their 'key statement' about this in their office. The registered manager told us. "We are committed to equality and diversity. We actively embrace and promote an understanding of protected characteristics".

People told us they were supported by staff to make decisions about their care and that the support was centred on their needs and preferences. People told us that staff knew they well and were able to chat to them about their lives and family. Their comments included, "All the carers are good. I miss [my main carer] when they do on holiday. It is not just that they are so good at their job – they really know me and almost seem to know what I am thinking sometimes" and "I worry about the carers. They work so hard and are giving all the time. They don't get the recognition they deserve for going a hard job with kindness and cheerfulness". There were details about people's lives in their care plans so that staff could chat to them about who and what was important in their lives. A member of staff said, "I think it comes from the managers. We're supported to get to know people; in fact, it's encouraged".

People were aware of the care plans and their contents and told us they were reviewed by staff. People said, "My care plan is here with me. I can look at it any time I want and so can the family" and "I have had a recent review of my care. I did feel part of it, yes". People said the staff knew them well. Care plans included information about people's life history, preferences and interests. Staff told us this information helped them to speak with people about things and people that were important to them.

People told us that staff respected their privacy and dignity. They said, "The staff are very caring people. They all treat me with respect" and "They treat me with every dignity and respect – I cannot fault any of them. I know their worth". People had been asked in the CQC quality survey 'Are you always treated with

respect and dignity?' All 19 people who responded to the survey responded with 'always'. Staff told us about the steps they took to make sure people's privacy and dignity were promoted and maintained. For example, closing curtains during personal care or covering people with a towel as they supported them to wash. Staff spoke with each other with empathy, compassion and respect. They told us they worked closely in geographical teams and sometimes in pairs.

People told us staff encouraged and supported them to maintain as much independence as possible. People said, "They [staff] help me to be independent", "I've always been independent and I hate asking anyone for help. They [staff] let me do as much as I can myself and they never, ever make me feel like a burden" and "They help me to be independent. I do the things I can". A member of staff commented, "We're not a big part of their lives really. They have to manage when we're not around so we shouldn't be taking away their independence".

Staff spoke with us about the challenging and emotional situations of having a client pass away. They told us that colleagues were "Very supportive" at these times. The registered manager said, "When people pass away it is a distressing time for the family and, of course, has an impact on the staff. We provide as much support at these times as we can and have a 'Well-being by experience champion' that is able to provide additional support". Staff had a clear process to follow should they find a person had passed away to make sure the person was cared for in a culturally sensitive and dignified way and to ensure the relevant people were contacted.

People's confidentiality was respected and records were stored securely in the office. People told us that the care staff were discreet and did not discuss other clients with them. Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence. The registered manager had noted on the PIR, 'Through Professional Boundaries training staff are taken through the importance of confidentiality and finding a balance of caring, duty of care and being professional and how this impacts positively on their professional relationship with clients'.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and confirmed that the senior staff visited them to review their care and to ask if they were satisfied with the service. People had been asked in the CQC quality survey 'Are you involved in decision making about your care and support needs?' All 19 people who responded to the survey responded with 'always'. Staff commented, "The support plans are reviewed regularly with people and their families, if they're involved" and "We involve families if the person wants it. It's up to them really".

At the last inspection in August 2016 the provider failed to make sure care plans were person centred. The care plans did not consistently contain sufficient guidance and information to ensure people's needs were met. We asked the provider to take action. At this inspection improvements had been made and the breach in regulation found at the last inspection had been met.

The registered manager noted on the provider information return, 'Following on from our inspection in August 2016 we revisited our care planning and risk assessment process with the registered manager overhauling the document to provide a step by step process to achieve a 360 view point with regard to personalised care and consistency. We also looked at how to ensure that this document was effective and easy to read by staff with an audit trail to evidence that staff have read, understood and signed to say the same. This documentation is produced digitally as part of the care planning risk assessment meeting and is printed off for the client and family to review in real time; one copy is immediately filed to the home folder. Using this format we can also ensure that any changes, updates to this process can be updated and back in the clients home the same day if it needed to be. If there were any changes this would be communicated to staff to review the specific sections of the document and sign to say that they have read and understood'.

At this inspection care plans centred on the individual person. A copy was kept both in the office and in people's homes. People's choices and preferences were recorded. People's personal and social histories were contained within them; it was possible to 'see the person' in care plans. Visit record books gave an insight into people's daily lives. People's care plans contained a high degree of detail and information about people's needs and actions required in order to provide safe and effective care in the way people had chosen and preferred. A member of staff said, "I think our service is very person centred. We always treat people as individuals". The registered manager commented, "We strive to focus on striking a balance when involving family, friends or advocates in the decisions about the care provided. We aim to keep the client at the centre of discussions and have a written plan that describes when staff need to do to ensure personalised care" and "We have ensured that by following a step by step process we cover people's aims, skills and abilities in how they want to manage their life". Staff told us the care plans were, "Much improved", "Really good" and "Very detailed". They said they used the care plans to make sure they were providing people with care in the way they preferred.

People told us that someone from the office had visited them when they first started the service and that their family had been invited to support them at this meeting. This was to make sure the service was able to provide the person with the care and support they wanted in the way they preferred. It included identifying

the time and length of calls and how many calls were required. The registered manager told us that the initial care plan was written at these meeting and a copy left in the person's home. All health and personal care needs were discussed and recorded to make sure staff had all the information they needed to provide the right care. One person commented, "I do feel they [staff] keep me informed. They wouldn't make changes without involving me".

People told us that senior staff visited them to review their care plan. One person said, "They sent someone last week - we spent 4 hours going through it and making changes if necessary. They are very good". Staff confirmed this and said, "The support plans are reviewed regularly with people and their families, if they're involved" and "We involve families if the person wants it. It's up to them really".

People told us that they received care from a 'core team' of carers. People had been asked in the CQC quality survey 'Do you have regular and consistent staff?' 18 of the 19 people who responded to the survey responded with 'always'. The registered manager noted on the provider information return, 'Staff rotas' are forward planned with calls allocated in line with that staff member's availability, travel time is punctuated through runs and rest breaks are shown. We monitor continuity of care to minimise the number of staff that form part of the trusted team, this is reviewed at the monthly senior manager quality meeting by area to ensure that numbers are kept to a minimum'. The registered manager told us there were times, for example during high periods of annual leave in the summer, sickness or over Christmas. They told us of a particular time and said, "We had logistically rethink core teams due to the sheer volume of absence. Part of the crisis action plan was to inform clients of the situation without going into great detail. No one went without a call and there were no missed calls in error. I strongly believe there was a balance of enabling all to receive the service safely". Staff told us that they built strong relationships with people and their families because they worked with them regularly.

Staff supported people to socialise and not become isolated. The registered manager met people who lived in a purpose built retirement court and held an informal quarterly 4C's meeting. They told us this stood for 'Chat, Coffee, Concerns and Catch up'. People said they enjoyed these. The quality assurance manager told us they were working on a project to introduce tea and coffee mornings in various village halls and community centres. They said, "We'd like to invite existing clients along with our care workers to join in the fun. I'm hoping to have sing-alongs and raffles as well as other fun activities. Depending on how successful these events will be, I'd like to invite other health professionals along to speak about their services and offer support. Ultimately I'd like to organise events with nominated charities, raise funds to support their cause specifically those relevant to our client's lives. For example, dementia awareness, heart foundation and cancer charities".

People told us they knew how to complain. They said they would speak with staff and knew they would be listened to and that their concerns would be acted on. People said, "Yes I know how to complain. I would speak to the manager but I never have to" and "I'd ring the office or speak to one of the girls. I'm sure something would be done". People had a copy of the complaints process in their care folders in their homes. The provider had a complaints policy which was available in different formats, such as an easy to read version. When a complaint was received it was investigated and responded to appropriately. Complaints were discussed with people and staff and action had been taken to rectify complaints when needed and used as a learning opportunity. Staff were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. They felt that action was taken as and when it was needed.

Good

Is the service well-led?

Our findings

People and staff told us they felt All Seasons Community Support LLP was well-led. People we spoke with said they would recommend the service. One person said, "All the Staff at the Office are approachable and as helpful as possible". Staff commented, "I think it's very well led. The manager is fair but firm I would say" and "I think it's really well organised. I wouldn't have stayed here if it wasn't". Health professionals who completed our survey felt the service was well led and tried hard to continuously improve the quality of care and support they provided.

At the last inspection in August 2016 the provider failed to consistently assess, monitor and mitigate risks relating to people's health, safety and welfare. We asked the provider to take action. At this inspection improvements had been made and the breach in regulation had been met.

Regular quality audits were completed to assess, monitor and improve the quality of the service provided. Checks included making sure staff attended calls in good time and monitoring missed calls. The administration team monitored the 'tagging' [clocking in system] each day to ensure people received their calls.

People told us that senior staff visited them to review their care plan and check that they were receiving the right support in the way they preferred. Senior staff said they carried out quality assurance visits to people in their own homes. The registered manager had noted on the provider information return (PIR), 'Over the last 12 months we have carried out 907 visits to clients where managers have spent a minimum of three hours with clients, family and friends discussing and recording personalised care support'. The head of care was piloting a more in-depth 'quality inspection'. These were detailed and included observations and competency checking staff, reviews of care plans and risk assessments, checks on specialist equipment and observations around the environment. Records of these included any action that needed to be taken, by whom and by when.

There was a clear, visible leadership. The registered manager acted as a role model and coached and mentored staff. They had oversight and scrutiny of the service. They looked at using innovative ways to involve people, staff and health professionals to help drive improvements within the service. For example, the role of 'Champions by experience' gave staff the opportunity to take on additional responsibility. There were Champions for safeguarding, well-being, infection control, health and safety, medicines, mental health and dementia. The registered manager told us, "The Champion roles were created to build on staff strengths and further develop their potential. The Champions cascade important information to staff to keep them up to date with best practice. They are also a source for staff to go to for advice".

The registered manager told us they believed in being "Open and transparent" with people, staff and stakeholders. They took responsibility for decisions that were made and ensured people understood the reasons why, particularly when these were not favourable. For example, the previous year, following discussions with the local authority, the provider made a decision to stop sending out weekly programmes [schedules]. A letter was sent to people to explain the rationale and to apologise for the removal of this

service. Some people told us they missed not having a schedule each week and others said they did not mind. Most people told us they had regular carers. The registered manager had worked with people to identify alternative ways of providing them with the information they wanted. For example, some people chose to use a secure email account. Other people rang the office to check who would be arriving. The registered manager was aware that some people would still prefer to have their programme posted each week and was keeping this under review and discussing it with people on a case by case basis.

The management team ensured that staff training was up to date and they all received supervision and an appraisal to enable them to raise any concerns about the service. Staff competencies were assessed and regular spot checks were made to ensure they had the skills to perform their role effectively. When we asked for any information it was immediately available. Records were organised and stored securely to protect people's confidentiality.

The provider had systems in place to gather and analyse feedback from people. At the last inspection other relevant bodies, such as health care professionals, relatives and staff had not been included in the survey. At this inspection a process was in place to actively seek, and record, the views of a wide range of stakeholders including visiting professionals, commissioners and staff. Results of these were positive. Health professionals commented, 'Staff from All Seasons have supported the client I work with very well, there has been a remarkable change in how they have been over the past 8 months. [Staff names] have been particularly supportive, helpful, professional and make sure that staff are appropriately supervised and supported' and 'I enjoy my working relationship with All Seasons. I think the organisation appears to be well led. [The registered manager] is always both approachable and professional at meetings'.

People, relatives, staff and health professionals had completed questionnaires to provide feedback to the service. The results of these were analysed by the registered manager to check if improvements could be made on the quality of service. The registered manager responded to people individually to provide them with further information or address any concerns or worries when required. Comments from people included, 'I can continue to manage at home with your care', 'Carer encourages me to manage at home with your care', 'I am more confident in myself & my outlook on life is better', 'Because the support has been put in place I can get on with my everyday life' and 'Peace of mind to know someone is calling in'.

The quality assurance manager told us how they involved people in promoting the service. People had taken photographs which were used in leaflets and some people were featured in the promotional material. The quality assurance manager said, "I spoke to everyone to obtain permission and the overall response was lovely. Everyone got their complimentary copy and was thrilled to be involved. I am looking at achieving this for our website at a later stage by asking our clients to actively get involved and featuring our tea & coffee morning events".

There was an open and transparent culture. Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the registered manager listened and responded and took action when needed. There were regular staff meetings to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff were kept up to date. There was a clear and open dialogue between the people, staff and the management team.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the registered manager and that action would be taken.

The provider valued their staff and there were systems in place to recognise loyal service and good

performance when staff went 'one step further'. Staff understood their role and responsibilities. Staff enjoyed their work and felt valued and motivated. They said they "I think it's a very caring place to work. All the staff are lovely and very friendly", "It is all about being able to make a difference to people's lives. I love it", "Keeping someone at home for as long as possible is so important" and "The best part of my job is when I go there and they are a bit down and I leave them smiling". The provider was reducing the number of staff on zero hour's contracts. The service was an 'employee mutual'. This meant that staff were able to have their say in running the service and receive a share of the profits. Staff were in the process of being recruited to become part of the board committee. Regular staff lunches, staff meetings and other events helped keep morale high. The registered manager commented, "We have group discussions to openly discuss the service and get the staff to 'buy in'. It is all about getting them involved. Being an employee mutual, I think, gives staff a strong sense of loyalty".

The provider actively sought opportunities to work in partnership with key organisations. For example, the registered manager told us that they had signed up to be part of a pilot with community nurses and the local clinical commission group, for the Thanet 'Acute Response Team' (ART). ART is a team of heath and care professionals working together to provide rapid and integrated care to local people – ensuring they get the right care and avoiding unnecessary hospital admissions. They said, "Our role in ART is to provide personal care, as part of a larger team, to people with long term medical conditions. We work with occupational therapists, GPs and community nurses. The aim is that people can remain in their own home and don't have to go into hospital".

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in a timely manner and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in line with guidance within the service. The provider's website had a link to their last CQC report which was displayed conspicuously so people looking for information about a service would see it.