



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

All Seasons (Kent) Ltd

**33A Joseph Wilson Industrial Estate
Millstrood Road
Whitstable
Kent
CT5 3PS**

Lead Inspector
Lisbeth Scoones

Unannounced Inspection
9th July 2008 10:10

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	All Seasons (Kent) Ltd
Address	33A Joseph Wilson Industrial Estate Millstrood Road Whitstable Kent CT5 3PS
Telephone number	01227 265899
Fax number	01227 773054
Email address	s.browning@allseasons.org.uk
Provider Web address	www.allseasons.org.uk
Name of registered provider(s)/company (if applicable)	All Seasons (Kent) Ltd
Name of registered manager (if applicable)	Mr David Stone
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection N/A

Brief Description of the Service:

All Seasons (Kent) Ltd is a domiciliary care agency based in Whitstable and serving the East and West Kent area. It is part of Enterprising Opportunities CIC in Partnership with the charity Canterbury and District Enterprise Trust (CADET). All Seasons operates as a Social Enterprise supporting the community. Each area is responsible to the registered manager and the operations manager.

The Company's mission statement is 'Supporting dignity & independence through quality services'.

The current range of fees for the services provided is from to £7.25 for ½ hr to £9.97 on Bank Holidays. Information on the agency's services and the CSCI reports for prospective clients are detailed in the Statement of Purpose and Service User Guide which can be supplied by the agency. The agency's web address is included in the previous page with other contact details. The agency does not expect clients or their advocates to travel to the office if they need to speak to office staff, have a problem or need additional information but will visit people in their own homes or meet at an agreed local venue.

The agency provides care to adults only and caters for older people, people with physical disabilities, Alzheimer's disease, learning disabilities and mental health problems. The agency does not offer care services to children.

The agency has a staffing system arranged by area and each area has a care co-ordinator and a team of community care workers. Each area is responsible to the operations manager. Staff meetings and training either occur in the head office or in an arranged local venue.

The agency partner 'Learn to Care' is based in the premises and delivers training packages including NVQ's to the staff and to other agencies.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **3 star**. This means the people who use this service experience **excellent** quality outcomes.

An unannounced inspection was carried out on 9 July 2008. The inspection comprised discussions with the registered manager and members of the management team, a tour of the premises and the examination of documentation. Prior to the inspection the registered manager submitted a very comprehensive AQAA (annual quality and audit assessment). The inspection was further informed by a number of comment cards completed by clients and staff and telephone conversations with six clients (randomly chosen). Information thus received is incorporated in the report. The agency has a quality monitoring system and the responses from this were also taken into consideration.

Key Lines of Regulatory Assessment (KLORA) have informed the judgements made based on records viewed, observations made and written and verbal responses received. KLORA are guidelines that enable The Commission for Social Care Inspection (CSCI) to make an informed decision about each outcome area.

The CSCI has been made aware of three safeguarding vulnerable adults referrals resulting in investigations. Two of these have now been completed; one investigation is not yet concluded.

No requirements are made. Two recommendations for improved practice are incorporated in the report. The registered manager has an ongoing development plan evidencing that the organisation intends to continually develop and improve.

What the service does well:

The registered manager and staff demonstrated their commitment to provide an excellent service as evidenced during the inspection and the agency's' development plan.

Feedback from clients indicates that they are happy with the service. Clients said: "I take my hat off to them". "They are all good". "My girls are all lovely". "I can ask them every little thing". "The agency informs me if there is a delay or a change of carer." " I am very satisfied."

The agency has produced a leaflet, statement of purpose and service user guide. These documents are available in different formats to assist individuals in receiving the information in a way they can understand.

Care coordinators carry out assessments in the client's home. The assessment process is well thought out taking into consideration the individual's needs and whether they need the support of a family member there. The assessment is written clearly and forms the basis of the care plan.

Care staff have a good understanding of individual privacy and dignity. The agency promotes staff awareness of Equality and Diversity both through induction, staff training, company policy and staff supervision. The manager provided examples of how the agency accommodates clients' religious needs. Jewish clients have calls at varying times to respect the Sabbath.

The agency provides a range of services and gets to know individual needs. Calls are timed according to the clients' wishes and where this cannot be achieved the call time is negotiated with the client, family and care manager.

There are clear medication administration and assistance guidelines. Care staff have received training in how to support individuals. The agency has had input from health specialists for additional staff training for specific health conditions and medications for individuals.

Clear risk assessments promote the safety of the clients and the care staff. Staff are provided with safeguarding vulnerable adults training.

A good range of staff training is provided to make sure that staff have the basic skills required for health and safety but also to support the diverse needs of individuals like support with communication difficulties and epilepsy.

The agency responds very well to issues arising from feedback and as part of the quality assurance monitoring. Last years survey indicated that clients felt that communication from the care coordination team could be improved. Through restructuring of the operations department and coordination team, communication has improved considerably.

What has improved since the last inspection?

The care plans and risk assessments have been re-designed. Care staff commented that they were given clear instructions to provide care and support to the clients. Care plans now include "approved moves" backing up the moving and handling training.

For the purpose of continuity of care, the agency ensures that the same carers are allocated to the clients. Some clients are sent weekly visit lists to monitor consistency of times carers are due to arrive.

The agency has improved the system of call allocation to carers. Calls have been allocated with reference to distance between each other. Many of the new care coordinators have worked out in the community and know the

geographical layout of peoples' homes so can arrange calls to suit this. The agency has systems in place that ensure that carers have adequate travelling time to get from one client to another.

The induction training has been redeveloped with 'Learn to Care'. A new workbook has been devised and tested and the initial induction training is over three days. A senior member of staff is in the process of becoming a trainer in moving and handling, First Aid and adult protection. Following training, such staff would become 'Champions' in their speciality. The agency is also looking into training Champions for people with Dementia, Learning Disabilities and Enablement.

Care Ambassadors have been introduced. These are qualified and experienced care workers who act as role models to inspire and encourage young people to consider a career in social care. They work with schools offering guidance and advice on career opportunities, helping to facilitate a creative programme of work experience.

Staff supervision has improved as a response to the need to better communication and increase the support to care staff out in the community. The number of care coordinators has increased with the agency restructuring. Every carer receives a one-to-one meeting every three months with their care coordinator.

In order to make the service more flexible, the agency is in the process of implementing a driving policy. This would allow the care staff to use their own cars to take their clients out to either social events or hospital appointments.

What they could do better:

It was recommended that a hand wash policy be included in the infection control procedures.

It was recommended that employment records be audited to ensure that all required documentation is present and in order.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

2, 3

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

The agency ensures that clients' needs are individually assessed before they are offered a service.

Staff have the necessary competence and skills to deliver the assessed care.

EVIDENCE:

The agency aims to undertake a home visit within 24/48 hours of the commencement of the service. Information from the placing authority is also on file. Feedback from the people who use the service confirms that someone from the office visited them to discuss their care needs. A care and risk assessment is carried out and a care plan drawn up with the agreements of the client/next of kin.

The skills and experience of the care staff are matched to every client's individual needs. Following induction, 'Learn to Care', the training sister company provides specialist training such as Epilepsy, dementia, Multiple Sclerosis, Diabetes and Parkinson's disease.

Clients surveyed said that the service is flexible and consistent with carers arriving and staying the allocated times. Carers commented that their rotas are consistent and travel time is considered.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 10

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

Every client has a personal service user plan providing staff with all the necessary information to provide the assessed care.

Clients are treated with dignity and respect for their privacy and independence.

Good medication procedures ensure that clients are protected and assisted to maintain responsibility for their own medication.

EVIDENCE:

Every client has a folder containing pre-placement assessments, care plan and risk assessments for moving and handling and the environment and guidelines. The care plan format has a clear layout. A sample of care plans was examined. The content was comprehensive and provided staff with the up to date information needed to perform their tasks. People using the service said that they were happy with their care plan, which meets their needs. For the purpose of monitoring and review, co-ordinators visit clients in their own homes yearly, six monthly or more frequent due to changing needs. There was evidence of such reviews.

In comment cards, care staff demonstrated their understanding of equality and diversity and gave examples of how the agency achieves this. Documentation viewed demonstrated the agency's commitment to working in a multi-agency capacity. The manager described the support for one person as an example of this. The service provided extra support and time for carers to develop effective communication methods and a rapport to support the individual. Additional specialist training and guidelines were provided.

Clients' feedback evidences that the agency promotes privacy and dignity and encourages clients to maintain their independence.

The agency has an administration of medication procedure and there are guidelines for staff. Care staff indicated that they were aware of medication procedures and what tasks they were not allowed to complete. Client surveys contained positive comments of the support they get from the carers. Records of medication taken by the clients are maintained in the visit record book. Through PCT involvement, the agency has ensured additional staff training as e.g. the administration of Warfarin.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 14

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

The agency ensures that the health, safety and wellbeing of clients and staff are promoted.

Through training and robust procedures the agency ensures that clients are protected from abuse.

EVIDENCE:

It is evident that the agency protects its clients and staff. The risk assessment, carried out by the care coordinators, forms part of the care plan booklet and a sample was viewed. See also standard 7.

The agency has a "lone" working policy and staff are provided with personal alarms. The office is staffed from 07.00 to 22.00 to provide staff support. In respect of training, see standards 3, 19 and 21.

Revised adult protection and complaints policies clearly identify the correct courses of action and the steps to be taken. The management team have also attended training on the Mental Capacity Act and there is a training plan to cascade this information through the teams.

The registered manager acts promptly and appropriately to any issues, which may be construed as abuse. Three safeguarding vulnerable adult referrals have been made. Two of these are completed; one is currently being concluded. As already referred to, a senior staff member is in the process of becoming an adult protection trainer.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19, 21

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

Clients are protected by the agency's policies and procedures on recruitment and staff selection.

Clients are confident that the staff caring for them are well trained and supervised.

EVIDENCE:

The agency's recruitment and selection procedure is robust. Staff are interviewed by the care coordinator for the area and a member of the Human Resources team who is responsible for ensuring anti-discriminatory practice and equal opportunities. POVA and enhanced CRB checks are carried out on all staff. Verbal and written references are requested. Applicants shadow an experienced care worker for at least 10 hours before and after induction.

Through comment cards staff confirmed that their recruitment was done fairly and thoroughly.

Three staff files were examined and confirmed most of the necessary documentation. The agency has introduced a checklist to ensure that all information is kept in the file. The checklist however was incomplete. For auditing purposes, it was recommended that the checklist indicate the forms kept on file or kept elsewhere.

The partner company 'Learn to Care' provides training and training is organised for individuals through supervision and appraisal. Care staff interviewed said the training was good. A number of newly employed care staff were receiving induction training during the visit. Training records were viewed and discussed with the registered manager.

A comprehensive staff handbook and job description is given. Staff are provided with a three-day induction in which they are introduced to the Common Induction Standards (CIS) workbook. During these three days the following training is provided: Health and Safety, Personal Care, moving and handling, medication, First Aid and Adult protection (This includes financial protection procedures). The CIS workbook, once completed, can be used as underpinning knowledge for their NVQ level 2, which they are registered for after a six-month probationary period. There is an ongoing programme of NVQ training. Currently there are 71 staff with and 46 staff working towards the NVQ 2 in care. Some of the operations team have been trained as Expert Witnesses to enable them to carry out observations on carers who are working towards achieving their NVQ 2.

Refresher training and study days/workshops are provided. Sometimes external speakers are invited on topics such as Alzheimer's disease and Dementia UK. Infection control training is included in Health and Safety training. It was recommended that a hand wash policy is available to staff.

Care staff surveys indicate that they feel supported with the training provided.

The agency communicates changes to its staff through a variety of ways such as the newsletter "Cascade". Monthly team meetings are held at head office or at local bases. Following restructuring, the number of care coordinators has increased considerably resulting in an improvement in direct contact with carers and clients. Care staff supervisions are carried out monthly for the first six months and every three months following confirmation in post. One of these being an observation and the fourth one the annual appraisal. Care staff commented that they feel well supervised and supported.

Clients who responded to the CSCI survey and via telephone conversations commented positively on all aspects of the service. The recent Investors in People inspection visit acknowledged improvements made.

There were also positive comments from care staff surveys: "Training is thorough and always updated". "Agency keeps to the clients' time schedule". "There are meetings every month to discuss if we have any problems and discuss new ideas". "The agency always listens when a situation arises and always gets back to us if needed". "I find them a good employer in every aspect and very good with service users' needs".

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22. Service users receive a consistent, well managed and planned service.
- 23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 26, 27

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

Clients are receiving a well-managed, consistent and planned service.

Clients' complaints are listened to and acted upon.

Through good quality assurance monitoring the service is run in the clients' best interests.

EVIDENCE:

The main office is in Whitstable and has appropriate facilities and suitable equipment for its purpose. There are designated Fire Wardens and fire drills are carried out. There is a clear management structure in place. 'Learn to Care', the partner training company, is based at the premises and there are several training and meetings rooms. Regional bases have been set up where staff can collect equipment like gloves and have supervision and team

meetings. Employees' representatives have recently been introduced representing staff in each geographical area.

Mr David Stone is the registered manager. He has achieved the Registered Managers Award (RMA) and a number of other relevant qualifications. The AQAA states: "Enterprising Opportunities CIC provides excellent backup resources for All Seasons, both in terms of human resources, information technology and administration. The coordination of this support has been improved." Mr Stone praised the commitment of his staff. "They are good 'all-rounders' and have a good rapport with Social Services". He added that the company is excellent at developing its staff.

Roles of a "Duty Officer" and "Project Manager" have been created which allows the agency to be more involved with care management and hospital staff in relation to hospital discharges.

It is evident that the agency is run in clients' best interests. The organisation has excellent quality assurance and audit systems. The company achieved the Investors in People status in November 2004 and had an excellent recent inspection report. A full time Quality Assurance officer is in post who took an active part in this inspection visit. The Quality Assurance team meets every two weeks "to discuss issues that arise and carry out analysis and review targets". Each area has its own Business Development Plan. Copies of June 2008 were seen. Business plans are reviewed regularly at QA and Business managers meetings.

Annual service monitoring visits and annual surveys of clients and their families are carried out. The target in the development plan, "instead of annual reviews, these would be carried out every six months for clients with more complex needs", has been achieved.

All clients have a complaints procedure in their service user guide in their homes. Clients spoken with said they had no complaints. If they had, they would know whom to speak to.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	X
2	3
3	4
4	X
5	X
6	X

Managers and Staff	
Standard No	Score
17	3
18	X
19	4
20	X
21	4

Personal Care	
Standard No	Score
7	3
8	4
9	X
10	4

Organisation And Running Of The Business	
Standard No	Score
22	4
23	X
24	X
25	X
26	3
27	4

Protection	
Standard No	Score
11	3
12	3
13	X
14	4
15	X
16	X

N/A

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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