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All Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

All Care is a domiciliary care agency which provides personal care to a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability or learning disability. At the time our visit the service supported 53 people.

We inspected this service on 12 December 2016. We last inspected this service in August 2015 and we had some concerns around staff not being trained effectively, peoples needs not being met, staff not obtaining peoples consent before providing care, peoples needs not being reviewed on a regular basis and systems and processes not being established and operating effectively to investigate any concerns. This resulted in some breaches in regulation and the service was rated requires improvement. During this inspection, we saw the registered manager had made the necessary improvements to ensure they met all of the regulations.

The service has 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 2008 and associated Regulations about how the service is run.

The provider was given 48 hours' notice of our visit. This was to ensure documentation and people were accessible on the day of our inspection.

People were complimentary about the service they received from All Care. People's needs were assessed and appropriate information was given to people before the service commenced.

Staff had a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.
Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Is the service effective?

Good

This service was effective.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good

This service was caring.

People were supported by staff that were kind and caring.

Staff treated people with dignity and respect.

Staff had a good understanding of people's care needs.

Is the service responsive?

Good

The service was responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

Good

This service was well-led.

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

All Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an announced inspection and took place on the 12 December 2016.

The inspection was carried out by two inspectors and an Expert by Experience (ExE) who assisted to make phone calls to people who used the service. 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, we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection. The provider had also sent us a completed 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 Provider Information Record (PIR) before the inspection. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we spoke with the registered manager the care manager and deputy care manager, care co-ordinator and four care staff. As part of the inspection, we spoke with sixteen people who used the service and four relatives.

We also reviewed ten people's care records. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records, training and supervision records.

Good

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. Comments included, "I always feel safe with them, I am perfectly satisfied" and "I always feel safe as my carer is confident in what she does and she knows what she is doing."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. For example, it had been reported to the relevant people when there had been a medication error. They took corrective action to prevent situations from reoccurring which involved staff having extra training and supervision. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would report anything of concern and if I was still concerned I would contact social services or CQC." And, "I have never felt the need to report anything but I would go straight to the manager and let them know." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, one person uses a walking frame; the staff member explained that they check they have a clear route around the house to ensure there are no trip hazards that might prevent the person walking independently. The deputy manager told us, "All risk assessments are reviewed every three months and staff are text any updates so they are aware of any changes prior to supporting people." Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

We were provided with rotas for care staff. We found there to be sufficient numbers of staff employed to meet people's needs. The registered manager told us that they would not commit to taking on a new care package unless they had sufficient staff to do so. Care staff told us, "The staff in the office will step in and

help if necessary they have all been trained."

The service had recently introduced an electronic rostering system. This was not yet fully in operation and they had a few staff left on paper rosters. The registered manager told us that staff had been provided support when this system had been introduced but a few staff were receiving on-going support to understand and use the system effectively. An on-call system meant staff sickness did not impact on people's care. For example, the care coordinator told us if a staff member called in sick they or one of the other managers would try to cover or complete the visits themselves. This meant people were kept safe by receiving support when it was scheduled. Travel time is included in the rostering process so staff had sufficient time to move to the next visit.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Baring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

Documentation was kept safely and securely, this was in paper format and on a computer system which was password protected and backed up regularly.

The service had systems in place to assist with the management of people's medicines. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medicines safely. Staff responsible for administering medicines had their competency assessed regularly. This involved being observed administering medicines to make sure it was done appropriately. Staff were aware of what action to take if they made an error with administering people's medicines or if they found a medication administering chart (MAR) had not been signed. One member of staff told us, "[Name of training manager] comes in to check we are following our training and provides support. I would also contact the pharmacist if I was concerned about something."

We looked at records of staff competencies and found that action was taken if staff did not follow the correct procedures. For example, one incident form was completed that recorded that a member of staff did not check the MAR chart prior to administering a person's medicines, the recorded action stated the staff member was brought in for further training and then re-assessed.

People we spoke to told us they believed that staff took hygiene and infection control seriously. One person told us, "They are always putting gloves and aprons on and changing them for clean ones." Staff told us they carry a supply of gloves and aprons and replenish them whenever they need to.

Good

Is the service effective?

Our findings

When we last visited the home in August 2015, we identified breaches in relation to people not being supported by staff who had been trained effectively, people not having their needs met and people not being asked for their consent before providing care. At this inspection, we found the registered manager had made improvements and addressed our concerns thoroughly.

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "I feel confident that they know how to use the hoist and if there is a new carer then they always come with somebody more experienced."

The service had recently appointed a new training manager that had introduced more efficient methods of training and supporting staff, they were also qualified as a trainer and therefore able to teach staff. New staff told us they had an induction programme before commencing work at the service which included a mixture of classroom based training and shadowing experienced staff. One newly recruited member of staff told us, "I had to do the care certificate and all of the mandatory training." The care certificate is a training programme designed specifically for staff that are new to working in the care sector. Staff told us mandatory training included moving and handling, medicines and safeguarding adults. The new staff member told us they felt really supported when they started. They said, "[Training manager] is very supportive, I would pop in the office and they supported me in completing the care certificate." The service had its own equipped training room located within the office.

We were shown the training plan for this year and could see all staff were currently up to date with key areas. This included, fire safety, health and safety, moving and handling, mental capacity, safeguarding and diabetes, Staff told us they had access to specific training to meet people's needs which included end of life training.

We found that the service gave effective support to staff. Staff told us they had yearly appraisals and regular supervisions. One member of staff told us, "I have had two already and I haven't been here long, it is h helpful as I can talk any problems through and ask for advice. Senior staff would also carry out spot checks on staff to ensure competency. Staff said there had team meetings comments included, "Managers do listen at the meeting I asked for a review of a person I was supporting and it was carried out straight away." We looked at minutes for these meetings and could see staff were invited to attend and if they did not they needed to confirm they had read the minutes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had

received training in MCA both during induction and at regular refresher training. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support decision making for example, presenting information in a way that people could understand and giving people the time and the space to process information. One member of staff told us, "It is about decision making, I encourage people and give them options, if there was a problem I would tell the office and involve family members." Another member of staff said, "We would involve the person's social worker or GP if we are concerned." They then gave an example, when they kept finding a person's tablets on the floor; they asked the GP to complete a capacity assessment to ensure the person was safe to continue to administer their own medication.

People we spoke with told us they were asked for their consent before any tasks were undertaken. Where people were able to sign in agreement to their care plans this was done. If people were unable to sign, this was discussed and recorded on their care plans. Documentation was recorded where people had lasting power of attorney, court of protection involvement and advocacy. This meant the service was aware of how to support and promote best interests in line with the MCA.

People were supported with their nutrition and hydration needs where required. Staff ensured they recorded appropriately where people were supported with food and drink. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed.

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors, and district nurses to ensure where people required medical input this was sought and put in place. Where appointments had been made, clear notes were recorded with the actions and outcomes. People told us, "My carer will contact the GP if I need them to."

Good

Is the service caring?

Our findings

People told us they felt the staff were kind, caring and flexible. One person told us, "My carer treats me more like a friend, I certainly think of them more as a friend that a carer, they totally understand me and we talk about all sorts of things."

Relatives were complimentary about the staff. One relative told us, "I would recommend the agency my [relative] has Alzheimer's and is very deaf, so communication is hard but they always try to chat with [relative] about his past. One of them in particular, would talk to [relative] about growing up in Manchester, he loved it."

All the people we spoke with confirmed that staff treated them with respect and always maintained their dignity when providing personal care. One person said, "The carer treats me with respect and covers me up I am never left uncovered during personal care." Another person said, "They talk to me tell me what they are doing all the time."

People told us that staff always asked if there was anything else they wanted doing before they left and felt that staff were generally supportive of them.

Care staff understood why it was important to interact with people in a caring manner. They were able to explain to us how they cared for people. Staff knew people's needs well including likes and dislikes. Staff were able to explain how they would support people to be independent and how important it was to enable people to do as much for themselves as possible. People told us, "On some days I can do more for myself than on other days, but my carer understands that and makes allowance, they encourage me to be as independent as possible."

Staff were able to give examples of positive relationships with people that used the service. One staff member tod us, "A gentleman I visited kept mentioning that he fancied fish and chips so on one visit I took some for him."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

Good

Is the service responsive?

Our findings

When we last visited the home in August 2015, we identified breaches in relation to peoples care plans not being reviewed on a regular basis. At this inspection, we found the registered manager had made improvements and addressed our concerns thoroughly.

Care plans were reviewed at least every six months however, if people's needs changed within that time reviews were undertaken promptly to ensure people were receiving the support and care they required. People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed to say they agreed with the care as part of the initial assessment process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person which covered their physical, mental, social, and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. Where people needed social interaction to reduce their feelings of isolation, this was also included in the care plan. One relative told us, "They come if I need to go somewhere to keep my [relative] company; they sit and have a cup of tea with [relative] and have a chat. They are very reliable and very pleasant people."

People were happy with the care they received and told us they had been fully involved in their care plan. One person told us, "I have a care plan and do feel involved in my care plan. They are coming to review it next week."

Management visited people in their homes every three months to ensure they were happy with the care they were receiving and to assess if anyone's needs had changed if so this would then be updated in the care plan this meant that the care plan gave current up to date information for staff to follow. We saw that one person had been diagnosed recently with vascular dementia their care plan had been updated along with their risk assessments.

When people had become unwell and underwent a period of hospitalisation, the manager visited them to re-assess their needs and ensure that any additional care and support was in place prior to discharge.

The service tried to accommodate people's choice of male or female carers. One person told us, "I particularly wanted a male carer and I am very grateful they listened to me. If my regular is off they still try to send a man."

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where

complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from re-occurring.

Good

Is the service well-led?

Our findings

When we last visited the home in August 2015, we identified breaches in relation to systems not being in place to investigate immediately any concerns or allegations of abuse. At this inspection, we found the registered manager had made improvements and addressed our concerns thoroughly.

The manager recorded and dealt effectively with safeguarding issues, including notifying us of concerns in a timely fashion. The manager had investigated any concerns and kept a clear audit trail to show the outcomes and any actions that had been taken.

Since the last inspection, the registered manager had invested in recruiting new staff to support her in the running of the service. This included a training manager, care co-ordinator and a care manager. It was evident from our discussions with these staff that they held the registered manager in high regard and staff morale was high. They spoke with enthusiasm about the changes that had taken place and told us that the registered manager listened to their ideas and supported them to put them in to action. For example, a new electronic system called 'icare' was being implemented which although was in the early stages was enabling the service to run more efficiently and therefore enhance the quality of care people received.

The service had a clear management structure in place. People told us they felt that the service was well-led and that they knew who to contact if they needed to and any contact with the service was responded to in a professional and friendly manner. People felt comfortable talking to the management and supervisory team when it was necessary.

People benefited from staff that received regular support, attended regular staff meetings, and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care delivery. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time. Staffs comments included, "Best job I have ever had everyone is so supportive the manager is great so helpful" and "The manager understands my family commitments and is supportive with the shift times I can work."

The service had clear aims and objectives, which included dignity, independence, and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate. The manager clearly embedded this throughout their staff team.

It was evident from discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for ensuring these were carried out. Quality checks where undertaken when the daily books were returned to the office. These were checked monthly to ensure information written in people's daily books corresponded

with their care plans and the planned visit times. Medication audits were also undertaken. Each month records of audits were collated and analysed.

People were asked for their views about the service and these were valued, listened to, and used to drive improvements in the service. Records showed quality assurance surveys had been sent out which enabled people to share their views about the service they were provided with. Comments were positive, confirming that people's overall impression of the service given was either excellent or good. The registered manager told us they were also going to carry out telephone monitoring calls to enable them to communicate effectively with the people they provided a service to. The manager told us, "Communicating effectively with people is so important it helps prevent any problems escalating people need to feel listened too."