

## All About Care South West Limited

# All About Care (South West) Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

All About Care (South West) Limited is a domiciliary care agency providing personal care. The service provides support to people who live in their own homes. At the time of our inspection there were 33 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

A new management team acquired the service in May 2023 and were open and honest throughout the inspection. When the service was taken over the new management team discovered staff had not received adequate training, risk assessments, care plans and mental capacity assessments were not always in place and there were no effective governance systems to ensure oversight and the safe care and treatment of people using the service.

Whilst the new management team had made some improvements by the time of our inspection, they acknowledged there was a lot more work to do to ensure people were receiving safe, effective, and responsive care. At our inspection we found not all incidents had been reported by staff for appropriate actions to be taken to ensure people were kept safe. People had not always been assessed for any risks to their health, safety and wellbeing for instructions to be given to staff to reduce the likelihood of harm. Medicines had not always been managed safely and people had not always received their medicines as prescribed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff had not received effective training in the mental capacity act and people did not always have mental capacity assessments and best interest decisions in place in accordance with the mental capacity act.

We have made a recommendation about regular staff supervisions and appraisals.

Care plans did not always reflect the needs of the people staff supported and had not been regularly reviewed to ensure the information was kept up to date.

We found systems and processes were either not in place or robust enough to identify areas of improvements and this had led to people being placed at risk of harm.

People told us they felt safe and felt well cared for by staff who were kind and caring. One person told us,

"They have all been very nice, they make me feel safe." There were enough staff to meet people's needs, staff had been recruited safely into the service, staff had access to personal protective equipment (PPE).

Pre-assessments had been completed for every person who started using the service from May 2023. Staff had been provided with an up-to-date effective training programme due to be completed in July 2023. People were assisted with ready meals and prompted to drink to prevent dehydration. People were supported to access healthcare professionals when they needed them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 21 March 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment, staff training and lack of risk assessments. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

The provider, who acquired the service in May 2023 along with the new management team were responsive to the concerns found and started to implement systems and process to keep people safe.

Enforcement and Recommendations

We have identified breaches in relation to seeking consent from people who use the service, the safe care and treatment of people using the service and good governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# All About Care (South West) Limited

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by 1 inspector and 1 Expert 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.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2023 and ended on 13 July 2023. We visited the location's office/service on 3 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 8 relatives about their experience of the care provided. We spoke with or received email feedback from 11 members of staff including the director, the nominated individual, the manager, senior workers, and care workers. We reviewed a range of records. This included 6 people's care records and 3 medicine administration records. We looked at 5 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service including governance audits, policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Staff had not always been assessed as competent to administer medicines. This meant the manager could not be sure medicines were being correctly administered by competent staff.
- The nominated individual and manager had identified this and were working to complete staff competency assessments. At the time of our inspection, 2 out of 13 staff had been assessed.
- Medicine Administration Records (MAR) had not always been completed in line with best practice guidance. For example, MAR did not always include the date of administration, the prescriber's instructions for how and when the medicine should be taken and which route the medicine should be administered.
- We reviewed 3 MARs and found they had not been fully completed indicating medicines had not always been administered as prescribed. This had not been reported to the office and systems were not in place to be assured medicines were administered as prescribed. This had placed people at risk of harm.
- A person, who the service was responsible for ordering and managing their medicines, had not received 1 medicine for a least 11 days due to running out of stock. This had not been identified by the service and no actions had been taken. This person had placed at risk of harm due to a lack of safe management of medicines.

Medicines had not been managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection, the manager has provided assurances systems are being established to prevent a reoccurrence of missed medicines. Staff have received training and are currently being assessed to ensure they are competent to administer medicines safely.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being had not always been assessed. One person's care plan stated they had a history of falls; however, a assessment of risk had not been completed and staff had not been provided with instructions to reduce the likelihood of further falls.
- Assessments for potential risks of health deterioration had not been completed for 1 person who had ulcers on their legs and another person who had type 2 diabetes. Care plans did not reflect instructions to staff including any signs and symptoms staff needed to monitor the person for to reduce the likelihood of deterioration.
- Risk assessments had not been completed to assess people's susceptibility to infections and any potential risk of harm from their environments. This meant staff had not always been provided with instructions to

reduce the likelihood of harm and people had been placed at risk.

- We discussed this with the manager who agreed the current risk assessment process was not effective and they were working on establishing systems and processes to review every person using the service.
- Incidents that affected the health, safety and welfare of people using the service had not always been reported internally and to the relevant external authorities/bodies. We found missed medicines had not always been reported in accordance with the medicines policy to the staff working in the office. This meant external bodies had not been informed and external scrutiny of the service was not possible. This had placed people at risk of harm.
- The nominated individual told us there had not been a lessons learned process in place and they were working to establish a system to ensure learning in the future.

People had not always been assessed for risks to their health, safety and well-being and the service had not done all that was reasonably practicable to mitigate risks of harm to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager provided us with assurances systems were being established to assess every person using the service and staff had received training in how to report any incident affecting the health, safety and welfare of people using the service.
- The manager used an effective lesson learned system to address the areas we had identified during the inspection and reduce the likelihood of the concerns reoccurring.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to recognise signs and symptoms of abuse and knew how to report this both internally and externally however, had not always followed the whistle blowing policy to inform external agencies of their concerns regarding a lack of training.
- Safeguarding incidents known by the manager and nominated individual had been appropriately referred to the local safeguarding team.

Staffing and recruitment

- Staff had been recruited safely into the service. We reviewed 5 staff files and found the new management team had audited staff files to ensure people had been recruited safely into the service with checks including full employment history, references and a Disclosure and Barring Service (DBS) check.
- DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The staff employment file audit had identified 1 staff member had been recruited without a DBS before the new management team acquired the service, steps had been taken and the DBS was now in place.
- Staff were in the process of completing up-to-date training in all safety systems including fire safety, health and safety and moving and handling.

Preventing and controlling infection

- Infection prevention and control procedures were in place and robust. Staff had received up to date infection and prevention control training.
- There were enough supplies of PPE. Staff wore the necessary PPE to keep themselves and others safe during personal care and support. People and their relatives confirmed staff compliance with PPE.
- The service had an infection prevention and control policy in place and kept up to date with changes and best practice guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent for care and treatment had not always been sought from every person at the start of using the service and 5 out of the 6 care plans we reviewed did not have a signed consent to care in place.
- Where people lacked capacity to make decisions regarding their care and treatment, mental capacity assessments had not been completed in line with the principles of the MCA.
- The nominated individual told us; "We are aware that people have not signed to confirm their consent to care and treatment, and we do not have mental capacity assessments and best interest decision in place for people who lack capacity." This was identified during a provider audit in May when the new management team acquired the service.
- The nominated individual said, "Staff had not received MCA training and due to a lack of knowledge did not know consent needed to be sought and mental capacity assessments completed for people who lack capacity. We have organised training and staff are booked to completed this by August. We have plans in place to review every person using the service to ensure the consent is sought and appropriate mental capacity assessments are completed."

Consent had not been sought from people using the service and mental capacity assessments had not been completed for people who lacked capacity, this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they asked people before they started delivering care. One staff member said, "When it comes

to washing, I ask if they want me to do it before I start." And another said, "I ask my clients what care they would like to receive, for example 'would you like a wash today or a shower?' If they decline both then that is the client's decision."

Staff support: induction, training, skills and experience

- Prior to the new management team acquiring the service, staff told us they had not received a proper induction or effective training to enable them to meet people's needs.
- One staff member said, "I commenced work before the new management took ownership of the service, I had no experience of mobility aids/ hoists, hazards and risks yet I was expected to care with no training in place at all. Since the new management team have taken over, things are improving so much. In a short space of time all the carers, existing and new have been given all the necessary training needed to carry their role."
- We reviewed training records for all staff and found staff had completed or were signed up to complete all training in line with the care certificate by the end of August 2023. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt supported however, they had not received regular supervisions and appraisals.
- The manager and nominated individuals told us they were aware staff had not received regular spot checks, competency checks, supervisions and appraisals and showed us how they were working to support staff having already completed 2 out of 13 staff competency checks.

We recommend the service seeks advice from a reputable source to ensure supervisions and appraisals are used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- For people who had started at the service since May 2023, staff had completed a comprehensive assessment of needs including considerations for any protected characteristics.
- The nominated individual told us when they acquired the service, they had been unable to find assessments of needs for each person already using the service. Staff were currently in the process of reviewing every person to ensure this information was gathered and people's needs were being met in line with standards, guidance, and the law.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff supported them by preparing ready meals. Staff encouraged people to drink and left food and drink within reach before they finished the care call.
- One person said, "They will cook me a breakfast if I want it, then they will do a ready meal or a salad or maybe a soup and a sandwich if I want it for lunch."
- No person using the service at the time of our inspection required assistance to eat or had a risk of choking. Staff told us they would report any concerns to the GP and arranging for speech and language therapist should people have difficulties swallowing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies to support people using the service. We received feedback from healthcare professionals including, "Some of the more experienced carers have absolutely gone above and beyond, in challenging circumstances."

- Healthcare professionals told us they had noticed positive improvements since the new management had taken over the service. One healthcare professional said, "I have previously had difficulty making direct contact with the service over the phone and would often have to wait for call backs in order to communicate and/or to diarise to call them back. This has seemed to improve in the recent months."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had not always been involved in creating their care plans and people had not always been asked to express their views. The manager told us they were aware this needed improvement and sent us the plans they had in place to seek and act on the views of people using the service for people to be involved in making decision about their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by staff who were kind and caring and supported them to be as independent as possible. We received comments including, "I can't fault the carers, I really can't, they have all been lovely", "they are delightful. We have a chat and a laugh" and, "they are nice to me and talk to me."
- Relatives told us their loved ones were happy with the care staff comments included, "the carers for are excellent and really helpful", "they care for [relative] well" and, "[relative] does like them and they seem nice to [relative]"
- Staff told us they enjoyed spending time with people and making their lives better. One staff member said, "we try our best to ensure people are safe, clean, happy and live comfortably in their homes. I think some of our clients only see us carers day to day so just our company can sometimes be enough to make their lives better."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The nominated individual and manager told us they had identified care plans for the people using the service at the time they took over were not up to date and reflective of people's current care needs.
- We received comments from staff including, "The care plans have been terrible and some years out of date, no information at all, we have been blind. They are slowly being sorted out" and, "I think the care plans have never had enough information or if there was, it was never updated when new situations arise. Since the new management have taken over there has been a huge improvement."
- The nominated individual told us senior staff were currently in the process of reviewing every person using the service and creating new care plans.
- We reviewed care plans completed since the new management had taken over and found them to be person centred and provided the information staff needed to meet the person's personal care needs.
- People and relatives told us, "It's a new company and they have just done a review, but I didn't have any reviews before", "I can't remember a review, but the new company has been out recently to review things" and, "with the old company I never had a review, ever. But I understand with this new one they are going to come out soon, so that's alright, I do like a chat."

Improving care quality in response to complaints or concerns

- At the time of our inspection there were no formal complaints. However, we identified some people had raised concerns regarding their rota. We discussed this with the manager who told us moving forward they would record any information of concern to drive improvements in the service.
- There was a complaints process and this had been communicated to all people using the service and their loved ones at the start of the new management taking over the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included person-centred accessible information standard information and described the person's vision, hearing and speech detailing how staff can support the person to communicate.

End of life care and support

- Staff had completed up to date training to provide end of life care if required however, at the time of our

inspection no person did require end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems and processes were either not in place or effective at identifying areas of improvement we identified during our inspection. This meant quality performance had not always been assessed and potential risks to people had not always been identified for lessons to be learned to drive improvements.
- Medicines management systems and processes were not robust and had failed to identify and explore reasons medicines were not administered. Near misses and/or missed medicines had not been recorded as incidents, this meant the service was unable to identify any risk to people's health and welfare and had placed people at risk of harm.
- Quality assurances, for example from surveys, had not always been sought and recorded from people and staff. This meant the quality of the service had not been assessed, themes and trends recognised, and areas of improvement identified.

Systems and processes had not been established and operated to ensure robust governance and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and nominated individual had identified governance systems were either not in place or robust when they took over the service. They provided us with systems they had begun to establish and the systems they planned to establish following our inspection. We were not able to assess the sustainability of these systems at this inspection.
- At the time of our inspection there was not a registered manager in post. The nominated individual and interim manager was supporting the service and a new manager was due to start who would apply to register as a manager with CQC.
- People were aware of the changes in management and whilst they were not aware who managed the service or which roles staff had within the service, told us they were able to call the office at any time and speak to staff if needed. One person said, "The office is lovely, and they have said things will get better. I trust them to sort it out."
- Staff had been informed of the changes at the service and were encouraged to speak to the manager who told us they had an open door policy.
- Staff told us they understood their roles and felt the service had improved since the new management had

taken over. One staff member said, "I feel so much more confident in what's expected of me in my role, with the correct training, guidance and support always being available now."

- The manager told us they had found people had not been engaged in the running of the service and told us they planned to seek feedback and provide a clear system for people to share their experience of the service to ensure improvements to the quality of the service were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt comfortable to raise their concerns to the new management team and felt listened to. One staff member said, "I do feel like I have a voice and get listened to, for example I felt unsafe entering client's property and since speaking with the manager and nominated individual about this, procedures have been put in place to make us feel safer."

- People told us they felt listened to. We received comments such as, "The office has been very helpful and easy to contact, we are happy with it at the moment", "I can contact the office if I need to, they have been very helpful 10 out of 10 so far" and, "I can ring the office anytime and I talk to them if I needed to. I am well satisfied with it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, nominated individual and manager were open and honest throughout the inspection. Where they had identified areas of improvement, they shared this with inspectors and told us how they planned to improve.

- The provider and nominated individual had made appropriate notifications to CQC which is their legal requirement to do so.

Working in partnership with others

- The service had not always worked well with professionals to provide care and support to people using the service however, this had started to improve. One professional said, "This service when we were first brought in was of a very poor standard and staff had not received training or guidance. With this manager and nominated individual, allowing the staff to undertake training I believe the service will go from strength to strength and I have no concerns."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service had not always sought consent to provide care and treatment to people using the service. Where people lacked capacity to consent, the service had not assessed the person's capacity and make a decision in their best interest in line with the MCA</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely and people had been at risk of harm of not having their medicines as prescribed.</p> <p>Risks to peoples health, safety and well-being had not always been assessed and this had placed people at risk of harm.</p>

### The enforcement action we took:

We issued a warning notice with a date the provider must be compliant with the regulation.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were either not established or robust to identify areas of concern and people had been placed at risk of harm.</p>

### The enforcement action we took:

We issued a warning notice with a date the provider must be compliant with this regulation.