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All Generations Home 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	

Overall summary

This inspection took place on 13 August July 2015. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service on the day of our inspection.

All Generations Home Care is a small service registered to provide personal care and support to people living in their own homes. The registered manager of the service is also the provider of the service. There were ten people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

Summary of findings

People and their relatives told us they felt safe with staff, and staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. There were enough staff at All Generations Home Care to support people safely. The provider had recruitment procedures in place that made sure staff were of a suitable character to care for people in their own homes.

Medicines were administered safely, and people received their prescribed medicines as intended.

People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People did not always have a current mental capacity assessment in place, where they lacked the capacity to make all of their own decisions. However, staff knew people well and could explain when people could make their own decisions, and when people needed support to do so.

Activities, interests and hobbies were arranged according to people's individual preferences, and according to their individual care packages. All of the people and their relatives, had arranged their own individual care packages, and had agreed with All Generations Home Care how they wanted to be supported. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the manager. Staff were supported by the manager through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints, investigated concerns, and made changes to the service in response to complaints.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relative's, staff and a programme of audits. The provider played an active role in quality assurance to ensure areas of poor practice could be identified so the service could improve.

Summary of findings

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 safe.

People felt safe with staff and there were enough staff to care for people safely. People received support from staff who understood the risks relating to people's care and acted to minimise the risks to people's health and wellbeing. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people received their medicines as intended.

Good



Is the service effective?

The service was effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected as staff respected people's choices, and decisions were made in people's best interests. People were supported to access healthcare services to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People felt supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices, and these were respected by staff. People were encouraged to maintain their independence, and had privacy when they needed it.

Good



Is the service responsive?

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies according to their individual preferences. The provider analysed feedback and complaints, and acted to continuously improve the service.

Good



Is the service well-led?

The service was well-led.

Management supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to the manager at any time. There were procedures to monitor and improve the quality of the service.

Good



All Generations Home 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 was 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 visit took place on 13 August 2015 and was announced. We inspected this service with two inspectors. The provider was given two days' notice of our inspection. The notice period ensured we were able to meet with the manager during our inspection.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the

provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We spoke with one person who used the service and five relatives of people who used the service.

We visited the service and looked at the records of four people and three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, and three members of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

Is the service safe?

Our findings

All the people we spoke with and their relatives told us they felt safe with staff. One person told us, “I do feel safe; the staff are always there if I need them.”

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. One member of staff said, “If I have any concerns at all, I would contact the manager straight away who is always available.” They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe. One staff member said, “It’s up to us to make sure everything in the home and the person is safe. We have to look at everything, and report any issues that come up.”

People were protected from abuse because the provider recruited staff who were of good character to work with people in their own home. Staff told us suitable recruitment practices were followed to ensure staff were of good character before they started work. For example, checks on criminal records, identification checks and references were sought before staff supported people.

People and staff told us there were enough staff to meet people’s care and support needs. One person told us, “Yes there are enough staff.” One member of staff said, “There are enough staff. As the service is small we all cover for each other. Cover is never a problem.” A second member of staff told us, “Staffing levels are good. We have a copy of all staff rotas so that we know where staff are, and that all calls are covered.”

The manager had identified through an assessment, where people were potentially at risk, and plans had been devised

to protect people from harm. Risk assessments were up to date, and were reviewed regularly. Risk assessments gave staff instructions on how to minimise risks to people’s health. For example, one person had recently had a fall. Risk assessments detailed why the person was at risk of falling, and the measures that had been put in place to manage the risk. For example, new equipment had been obtained to assist the person with their mobility. Risk assessments instructed staff on how to support the person to move around using the equipment, and how to maintain their independence. The risk assessment stated staff should not rush the person. Staff we spoke with were aware of the risk, and could describe the actions they took to minimise the risk of the person falling again.

The provider had contingency plans for managing risks to the delivery of the service. For example, emergencies such as fire or staff absences were planned for. The plans had been discussed with staff members, and staff knew what to do in an emergency. We found that plans were not written down, but staff had a common understanding of how risks to the service could be managed. These minimised the risk of people’s support being delivered inconsistently.

We spoke with three members of staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. Staff received training in the effective administration of medicines which included checks by the manager on the competency of staff to give medicines safely. The manager confirmed all staff received training in administering medicines as part of their induction.

The care records gave staff information about what medicines people took, why they were needed, and any side effects they needed to be aware of. There were procedures in place to ensure people did not receive too much, or too little medicine when it was prescribed on an ‘as required’ basis. People we spoke with told us they received their prescribed medicines safely.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One relative said, “The staff know what [Name] needs and likes.” Another relative told us, “The staff are very caring and they know [Name’s] needs. All new staff are always trained to understand their needs before they come.”

Staff told us they received induction and training that met people’s needs when they started work. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and attitudes required to support people.

The manager had implemented a programme of staff training to ensure staff kept their skills up to date, and could meet the specific needs of the people they cared for. Staff said the manager encouraged them to keep their training up to date. The manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, “I feel the organisation supports me greatly with regular training in the office and online training.” Another member of staff said, “We get the training we need to support people, I recently had specialist dementia training which was really useful.” One relative told us how staff used their dementia training to support their relative. They said, “They are aware of their needs, lack of memory and so on. They jog their memory and are very patient.” Staff told us the manager observed their practice, for example, in manual handling, to ensure they used their knowledge effectively.

Staff told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications. One member of staff told us, “We are also supported to attain nationally recognised training qualifications.” Staff also received specialist training to assist where people had a specific diagnosis or condition so they could support people effectively.

Staff were supported using a system of meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity for them to discuss personal development and training requirements. One staff member said, “We have regular weekly meetings with the manager. We also have one-to-one meetings where we discuss any training needs.” Regular meetings also enabled the manager to monitor the performance of staff, and

discuss performance issues. The management also undertook regular observations on staff performance to ensure high standards of care were met. The manager told us senior staff went to people’s houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 (MCA) and that decisions should be made in people’s best interests when they are unable to make decisions themselves. Staff demonstrated they understood other principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people’s decisions to refuse care where they had capacity to do so. One person told us, “Staff know what I need help with, and always ask if there is anything else I need. They don’t do anything without asking me”. One staff member explained how they would act in someone’s best interests if they refused personal care, they said, “If someone refused personal care I would try and encourage them to accept care, but if they still did not want my help I would document it, inform the family and also the Manager.”

People did not always have a mental capacity assessment completed where they lacked the capacity to make decisions for themselves. In one person’s records we saw they did not have capacity to make some of their own decisions, and needed prompting to eat. A specific mental capacity assessment had not been undertaken about which decisions they could make for themselves, and which decisions needed to be made on their behalf. Staff told us that they had the information they needed about the person’s ability to make decisions through other information in their care plan, and their knowledge about the person. They said, “We can tell from people’s records if they are able to make decisions for themselves and whether we need to make decisions for them.”

People had decisions made in their best interests, by professionals and family members where they lacked capacity to make their own decisions. For example, regarding their finances.

The provider understood their responsibilities to ensure that people were not unlawfully deprived of their liberties.

Is the service effective?

Where people's liberties are restricted the provider has a responsibility to assess whether a Deprivation of Liberties Safeguard (DoLS), agreed by the local authority, is put in place. Whilst no-one had a (DoLS) in place at the time of our inspection, we saw the provider knew the principles under which DoLS applications to the appropriate authorities should be made.

Staff told us they had an opportunity to read care records at the start of each visit. Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health. One member of staff said, "We have a good knowledge of people's requirements as the manager visits people regularly. We are always given detailed information before being asked to support someone."

People told us that staff kept records up to date in their home. One relative said, "They write everything down, it's all in the record what they need to do." Another relative said, "They write every visit down telling us what they have done, what mood [Name] was in, what they have eaten, and how they were when they left. We can get a full picture from reading what is in the file." The care records included information from the previous member of staff as a 'handover' which updated staff with any changes since they were last in the person's home. One member of staff said, "We always check the daily records, as these are our handover notes." Staff told us they also had regular weekly meetings that all staff attended to review changes to

people's care. One staff member said, "There are weekly meetings that all staff attend. These are viewed as important to ensure everyone is made aware of any changes with people's care."

Staff and people told us they worked well with other health and social care professionals to support people. One relative told us, "If the care staff have the slightest concern, for example if my relative does not look well, they will call the doctor." Staff supported people to see health care professionals such as the GP, dentist, district nurses and nutritional specialists where this was part of their support plan. Staff told us that after health professionals were consulted regarding people's health and wellbeing, information from health professionals was shared with staff to keep them up to date. One member of staff said, "Health professional records are kept alongside our records in each person's house so we can keep up to date. If anything changes care plans are updated." One person told us, "I had a fall recently and the manager organised a wheelchair so that I could go to hospital appointments. They were wonderful." This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

People told us staff supported them with food and nutrition to maintain their health. For example, staff offered support to people with dementia, diabetes, or people who were on a 'soft diet' by supporting them to prepare food that met their health needs. One member of staff described how they prepared food for someone, they told us, "When we prepare [Name's] food, we ensure they are given choices. We show them the food choices so that they can see what's on offer."

Is the service caring?

Our findings

The people we spoke with who used the service, and their relatives, told us staff treated them with kindness, and staff had a caring attitude. One person told us, “The staff are absolutely wonderful.” One relative told us, “Our experience with all the staff is very good indeed, they are a pleasure to meet.” Another relative said, “Staff go out of their way to ensure [Name] is well cared for. They are excellent”.

People told us they were cared for by a team of regular care staff, who knew them well and had a caring attitude. One person said, “Over two years I have only had three carers and all are very good.” One relative said, “We get the same people. [Name] is very comfortable with the carers”. One relative told us how a consistent team of care workers helped them and their relative feel comfortable with the staff and the service they received. They said, “Because it’s a small agency we have personal contact with the manager. We are very, very pleased that [Name] only has a small number of staff visit her and one main care worker. This is important as [Name] has dementia, and [Name] has been able to develop a relationship with them.”

People told us staff spoke with people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks. One member of staff told us, “Giving people choices and ensuring people are involved in decision making is important, we can’t just assume what people want, there must be choice.” Another staff member said, “I listen to the clients first, it’s all about the person and what they want or need.”

Staff told us All Generations was a nice place to work. One member of staff said, “I like the people. I am a bubbly

person and try to make people happy. Just to see a smile on their face makes it for me.” Staff told us they enjoyed their work, and were supported by the provider to do their work in a caring way. Staff comments included, “It makes a difference working with this firm because we really get involved with our clients and we really care. That’s all of us, including the manager.” “I enjoy my job, I work for a company that really care able the people they support and their staff.” “The manager looks after staff very well and is very fair with them.”

People told us staff supported them to maintain their independence. For example, one person had limited mobility. We saw that staff helped them to keep their independence by using a range of mobility aids rather than being transferred by staff. We saw another person was living with dementia and needed patience and support from staff to do things for themselves. The person had been given extra time by staff to maintain their independence.

People told us staff treated them with respect, privacy and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. A staff member told us, “When I’m providing support to people I explain what I’m intending to do, and ask permission to maintain their independence and privacy.” Another staff member told us, “I enjoy my job very much as I like looking after people and knowing they are being cared for properly with dignity and respect.”

One relative told us how staff respected the religious views and practices of their relative. They said, “Staff are very respectful of religion and [Name’s] routines.” They added, “Staff support [Name] to put on their clothes and do their hair in line with their religious preferences. This is important to [Name].”

Is the service responsive?

Our findings

People told us they and their relatives were involved in planning and agreeing their own care. One relative told us, "We are kept informed of any changes and are involved in making decisions."

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. One person said, "When I started the manager came to see me and explained everything. They asked about me and what I needed." Another person said, "The manager calls me all the time to ask if everything is ok, do I need anything." They added, "If I need anything they sort it out." We saw records detailed people's likes and dislikes and their support needs and differed from person to person meaning people's individual needs were listened to and supported.

Care records we reviewed were comprehensive and reflected people's preferences. One relative told us, "The main thing is that they focus on the person who uses the service, what the person wants and needs, no one else." We saw care plans were up to date and reviewed regularly. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and this was changed if required. Staff we spoke with had a good understanding of people's needs and choices and were meeting their preferences. One staff member told us, "We know about everyone because we have time to read the care plans and they are up to date."

People felt staff were able to respond to their requests. One relative told us, "I was apprehensive because we had

emergency care before and we never knew who was coming, but they are very reliable and stay for the full time. Often they stay longer if they see that [Name] needs something. They offer extra help without hesitation." Another relative said, "They put my relative first, and that's what important to me."

People told us they were supported to take part in activities and interests that met their personal preferences, where this was arranged as part of their support plan. One member of staff told us, "We support clients that are able to go to day centres if they wish. We also give clients the facility to help them with their shopping." This helped people maintain links with their local community.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. People who used the service and their relatives told us they knew how to make a complaint if they needed to. One person who used the service said, "I know how to make a complaint but haven't needed to." A relative told us, "I understand who to contact if I have a concern and would have no hesitate calling the manager." The manager kept a log of complaints that had been received. We saw that where complaints had been logged, appropriate investigations had been conducted into people's concerns. The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. For example, following a recent complaint the provider had reviewed the complaints policy and discussed the complaint with staff.

Is the service well-led?

Our findings

People, their relatives and staff told us they could speak to the manager when they needed to because the manager was approachable. One person said, “I have regular contact with the manager who is approachable and helpful.” A relative told us they would not hesitate to contact the manager, they said, “I would go straight to them if I had any concern. They are very good”. Another relative said, “Staff are very, very good, in fact they are excellent. They are like family”.

One staff member told us, “The manager is very supportive and is always there”.

There was a clear management structure to support staff. The manager was also the provider of the service. Staff told us they received regular support and advice from their manager via the telephone and face to face meetings. Staff were able to access support and information from the manager at all times as the service operated an out of office hours’ advice and support telephone line, which supported them in delivering consistent care to people at the service. One staff member said, “The 24 hour on call support is very helpful.” They added, “It’s really important to me to know what to do if there is an accident or a problem and I do. The manager is always there to help us.”

Staff told us the manager supported them by giving them the time they needed to complete their work. For example, we saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. People told us staff were always on time, were given the time they needed to support people, and they had continuity of staff. One person told us, “I know who is coming and what time. If they are going to be even 10 minutes late they ring me.” A relative told us, “They are always pretty much on time.”

Staff had regular scheduled meetings with the manager and other senior team members, to discuss how things could be improved. Staff meetings covered discussions on a range of topics, for example, staff rotas, visit times, and people’s care and support needs. One staff member said, “The manager makes sure we know all the clients and are kept informed of any changes”. The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an

action plan which was followed up by the manager at subsequent meetings. For example, extending a person’s call time as they needed extra time to maintain their independence. This showed the provider responded to feedback from staff.

The provider was accessing information from other organisations to improve their business and keep up to date with changes in the care sector. For example, the provider was subscribing to several magazines produced by professional associations within the care sector. The magazines provided advice and support to its subscribers and promoted good practice in the care sector. The provider used the information they received to shape staff training.

People, their relatives, and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys as confirmed in the PIR. People confirmed they were also asked whether things were meeting their expectations through regular contact with the manager. Some of the comments we reviewed were, “I am very happy”, “The service is excellent.” Feedback was analysed for any trends or patterns in the information received, so that the manager could continuously improve the service.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure staff provided a good quality service. The provider completed audits in areas such as medicines management, health and safety, and care records. The provider made unannounced visits to people’s homes to check quality. Where issues had been identified action plans were put in place to make improvements. Action plans were monitored by the provider to ensure actions had been completed. This ensured that the service continually improved.