All Care In One Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 and 13 April 2016. This was the first inspection of this service as it had moved location.

Before our inspection we had received some concerns regarding the management of the service so we decided to bring our scheduled inspection forward and carry out an unannounced inspection.

All Care in One Ltd provides a domiciliary care service to people in their own homes. There were 19 care packages in place at the time of our inspection.

There was 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.

At the time of our inspection we found that the registered provider was not always fulfilling their responsibilities to ensure that people were kept safe from harm through the operation of systems and procedures that protected people. This was because sufficient checks had not been undertaken to ensure that staff had been safely employed by the service. This was a breach of regulations.

The systems in place for monitoring and improving the quality of the service were not sufficient to enable shortfalls to be identified and for the appropriate actions to be taken to improve the service and ensure the safety of people receiving care. People's information was not always kept safe and secure. This was a breach of regulations. This was a breach of regulations.

You can see what action we told the provider to take at the back of the full version of the report.

People were generally happy with the service provided by caring staff but there were some missed and late calls and people did not always feel respected and valued because of this.

People were protected from abuse and harm because staff had the skills to identify abuse and escalate concerns they had.

People were cared for by staff that had the skills, support and knowledge to do so.

People's privacy and dignity was maintained by staff providing personal care.

Systems were in place to gather the people's views and people felt confident they could raise any concerns they may have and they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Adequate systems were not in place to ensure that only suitable staff were employed to provide care to people who used the service

The availability of staff did not ensure that people received care and support as planned as they wanted.

People were protected from abuse and injury because staff had sufficient knowledge to identify abuse and systems were in place to protect people from harm and injury.

People were reminded and supported to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs.

People were supported to make decisions about their care where possible and their movements were not restricted.

People were supported to receive food, drink and medical attention to maintain their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People had developed positive relationships with regular staff but sometimes did not feel valued to missed calls and short calls.

People were able to make decisions about the care they received.

Privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual and changing needs.

Systems were in place to gather people's views and people were able to
raise concerns.

Is the service well-led?

Requires Improvement

Some systems were in place to assess and monitor the quality and safety of the service but these were not always effective in identifying shortfalls within the service.

Confidentiality of records and information was not consistently maintained.

People were happy with the service they received and staff felt supported in their work because there was an approachable and supportive manager in post. However, the leadership and culture in the service did not ensure that regulations were met and the service maintained any improvements made.

All Care In One Ltd

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.

Before our inspection we had received some concerns about the management of the service. We decided to bring forward our planned inspection and carry out an unannounced inspection. This inspection took place on 12 and 13 April 2016.

The inspection was carried out by one inspector.

As part of our inspection we looked at the information that we hold about the service. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We liaised with the local authority to gather their feedback about the service provided by All Care in One Ltd.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection, we visited the provider's two office locations and spent time with the registered manager and office manager. We spoke with five care staff, seven people who use the service and three relatives. We reviewed the care records of five people, to see how their care was planned and delivered, including medicine records and care log books. We also looked at records relating to recruitment, staffing, training and the management of the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Before our inspection we had received concerns regarding poor recruitment processes. As a result we decided to bring forward our planned inspection.

Staff spoken with told us that the appropriate recruitment checks had been carried out before they were employed to work in the service. Employers are required by law to carry out checks such as taking up employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks are carried out to ensure that staff employed are of good character and have not been barred from working with the groups of people the employer is providing a service to.

We looked at the personnel files of 10 staff. Two files did not have a DBS in place and three staff had a DBS on file that identified issues that the provider needed to consider before employing the individuals. There was no risk assessment in place for two of the staff to show that the safety of people that received a service had been considered when employing these individuals. The start date for two staff showed they had started to work before their DBS had been received showing that the checks were not in place before staff were employed.

Some people had references in place and although it was not clear who the references were from the registered manager said they had followed these up with a telephone call.

Two files had references in place but a reference had not been obtained from the last employer and no evidence was available of the efforts made to obtain one. We were told that for one staff this was because they were still working for the other employer. The registered manager had not checked the number of hours and when the person was working for the other employer. This showed that the registered manager could not be assured that the person was not working excessive hours which could put people at risk of not having their needs met safely

There was not always evidence on file of people's eligibility to work. For example for students and people who had restrictions on the work they were entitled to undertake there were no records to show what work they were able to do and for how many hours a week. The provider told us that they had looked at looked at the records but they had not kept a copy of them.

We found that the provider had not consistently ensured that all of the required recruitment checks had been undertaken and the appropriate records maintained to ensure only suitable people were employed and the requirements of the regulations met. This showed there was a breach of Regulation 19 of the Regulated Activities Regulations 2014

Some people told us that they were happy with the times they received a service. One person told us, "I am very happy [with the service]." A relative told us, "The times suit me and [family member]." Another person told us, "[Staff] come any time, no set time but never missed a call." However, some people told us they were not happy with the times they received a service. One person told us, "The other day the carer came at

10.05am, was here five minutes, gave me my medicines, tidied up and left. All different carers come. I don't know who is coming." The person should have had a 45 minute call. Staff rota's showed that the calls were to be carried out from 9.30am although the agreement with the local authority was for 8am. However, calls were often not carried out until after 10.15am.

The person went on to tell us that on one occasion they had had their morning medicine at lunchtime because staff were late. Records showed that on some occasions a shopping call for the person was carried out before the morning call which was then not carried out until 10.45 am.

Staff spoken with told us that on occasions they were asked to fit in other calls and this meant that calls were a little later or earlier than planned. One staff said that a person's call was done a bit later as they had other calls but the person was happy with this. The registered manager told us sometimes the call times were changed to meet people's preferences. The registered manager told us that people had been consulted about the time changes but the consent forms had been removed from the files maliciously.

Some people told us that there were occasions when their calls had been missed but they had had other people that were able to assist them so they had not suffered any harm. One person told us, "One call was missed in the evening and no one contacted me." Another person told us that a visiting professional had raised a concern because the carer had not been turning up. The individual told us they had been protecting the member of staff and had not brought the missed calls to the provider's attention. We asked the provider for information they had about missed calls. Although there was not a comprehensive list of all missed calls we saw that one person had had a number of missed calls over a one week period. The person no longer received a service from All Care in One Ltd. The office daily log books also showed that there had been some missed calls but there was no information available about why they had occurred or what actions had been taken as a result. The provider told us that they would become aware of missed calls at review meetings, spot checks of staff or from people informing them that a carer had not turned up. This showed that there was a potential that people could continue to be at risk of not having their needs met because missed calls were not being identified quickly and the appropriate learning and actions were not taking place to prevent re-occurrences.

We saw that people were protected from harm because there were systems in place to identify and put plans in place to minimise risks. People and relatives told us they had been involved in planning their care. Before our inspection we had received some concerns that sometimes only one staff turned up to do a two person call. The relative of a person who needed support from two staff told us that there were always two staff when two staff were needed. We saw that care records had a variety of risk assessments and management plans in place. Staff spoken with were able to tell us what they would do in case of an emergency such as not being able to access someone's home to ensure that they were safe and well.

Most people spoken with told us that they were able to take their own medicines but some people told us they received some support from staff. One person told us that they sometimes received their medicines late when the calls were late. Staff spoken with told us that they prompted some people to take their medicines. Staff told us that they received training so that they were able to prompt medicines and record appropriately. Care records showed when staff were to support people with their medicines and there were records that staff completed when people had been prompted and had taken their medicines.

People told us that they felt safe with the staff that supported them and that they received a safe service. One person told us, "Yes, I feel safe with the staff." Staff told us that they had received training in how to keep people safe from harm and were able to describe the signs they would look for to indicate that someone may be suffering harm. Staff were aware of their responsibilities to pass on any concerns they may have to

the office staff.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the care they received met their needs. They told us they felt that most of the staff that supported them had the training and knowledge to meet their needs. One person said, "They [staff] know what I want. I can tell them what I want." A relative told us, "The carers know what to do." One person told us that one member of staff did not seem to know what they were doing but was happy with the other care staff. Staff spoken with were able to explain to us about people's needs and how they supported them. Staff told us they felt supported in carrying out their roles through induction and ongoing training, supervisions sessions, staff meetings and good team work. We saw records of staff meetings, supervisions and spot checks on staff to ensure they were carrying out their roles as required. The registered manager told us that a trainer had been appointed to ensure training was kept up to date. During our inspection we sat in on a meeting where the trainer discussed upcoming training. This showed that the provider had a programme in place to ensure staff had the skills and knowledge they needed.

People told us the staff had the information they needed to support them but they always asked what help they wanted and if they wanted anything else before they left. People and their representatives told us they had been involved in deciding what help they wanted and had a copy of the care plan in their home.

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. We checked whether the service was working within the principles of the MCA. People we spoke with said staff always asked for their consent before carrying out any support and care needs and always asked them what help they wanted. Staff were able to tell us how they supported people to make decisions about their care and support. For example, people were asked about what they wanted to eat and drink and what shopping they wanted to be brought for them. There was no one whose liberty was being restricted and systems were in place to ensure people's rights were protected.

People we spoke with told us they did not need assistance from staff to eat however some people needed support with preparing food and drinks. People told us they got the support they needed. One person told us, "Staff just have to heat up my meal; its already prepared." Another person told us, "[Staff name] always makes my breakfast for me." Staff told us they left drinks for people to have between calls. Staff told us they would inform the office or relatives if a person was not eating or drinking so that they could monitor it and take any actions needed.

People told us they did not need support with seeing the doctor as relatives usually took responsibility for this. One person told us they had a pendant alarm so that they could get medical help if they had a fall. We saw from care records and speaking with staff that other health and social care professionals were involved in people's care. Staff told us they would call the emergency services, report to the office staff and tell relatives if people were unwell and needed medical attention.

Requires Improvement

Is the service caring?

Our findings

People told us the staff were caring and kind and that they received the help and support they needed. One person told us, "[Staff name] is like my daughter." Another person told us, "I can phone them and they will come." A relative told us that their family member was happy with the staff and they knew because the person told them so. Staff spoke about people as individuals and showed understanding and care towards them and their family members.

People were not always valued and respected when staff were late or missed calls or when they rushed calls. One person told us they asked their regular carer to find out why a call had been missed by another carer and it was only then that the registered manager had called to apologise. Another person told us that although the staff always asked if they wanted anything else doing the staff quickly left if they said there wasn't rather than stay and chat.

People told us they were involved in planning the care they received and staff listened to them and involved them on a daily basis. People told us they were given choices on a daily basis regarding what they ate and drank and what they wore. A member of staff told us, "I take two meals out of the freezer and ask [person] which they want."

People we spoke with were complimentary about the staff and the care and support they received. People told us staff respected their privacy and dignity, for example, one person told us, "I can wash myself." Staff told us they supported people to undertake their personal care where possible. A relative told us, "The carers are nice, very polite and listen". Staff told us how they promoted people's privacy and dignity. They told us they ensured that blinds and curtains were drawn when providing care and one staff told us, "We turn around whilst [person] washes their private parts." Another staff told us, "[Person] doesn't like us in the bathroom whilst they do their personal care. We respect this and get on with other tasks in the meantime." Staff also told us that they made their presence known when they entered people's homes using the key code so that people knew they were in their home.

People were supported to remain as independent as possible. For example, they were supported to carry out their own personal care if they could. People were encouraged to get out of bed and some people were taken out into the community to carry out their shopping or for activities.

Good

Is the service responsive?

Our findings

People told us that although on occasions staff were late attending the calls they were satisfied with the service because they had been involved in the planning of their care and received a service that met their individual needs. One person told us, "I'm happy enough."

People told us that staff had got to know what they wanted. One person told us, "They know what I want. I can call them and they will come." Staff showed that they were knowledgeable about people's needs and preferences so they were able to provide personalised care. Two people told us that the staff were able to converse with people in their preferred language meaning their needs were met appropriately.

We saw that there were systems in place to ensure that people's changing needs were met. Staff told us that if people's needs changed they informed the office staff so that a review could be carried out. Records showed that reviews were carried out on a regular basis and the registered manager liaised with other professionals so that people's needs were met. For example, one person was having problems with their medicines being delivered on time and this was being addressed by the registered manager. Another person had had hand rails and a mat put in place to minimise any injuries sustained from falling out of bed.

We saw that there were systems in place for gathering the views of people. People told us they knew how to contact the office staff and what to do if they were not happy with things. People told us that they had telephone numbers to use to contact the office or the on call system to raise any concerns but they had had none. We saw that there was a complaints log and we saw that the concerns recorded had been appropriately addressed.

Requires Improvement

Is the service well-led?

Our findings

Before our inspection we had received some information that suggested the service was not being adequately managed and people were not being protected from potential harm. We decided to bring our planned inspection forward and inspect the service without giving the provider any notice that we were going to attend the Birmingham office. We were unable to carry out our inspection at the Birmingham office on 12 April 2016 because the registered manager told us that the records were at the Wolverhampton office where she had been auditing them. It was agreed that the records would be made available for inspection at the Birmingham office on 13 April 2016. On 13 April 2016 we were told by the registered manager that some records could not be located because they had been maliciously removed from the Wolverhampton office the previous day.

We were concerned that the registered manager had a lack of control and understanding of who could access what information. For example, on 12 April 2016 we told the registered manager that we were not comfortable discussing some personal confidential information about employees in the presence of another employee. The registered manager did not understand why this was an issue. Similarly we saw that all records were stored in one lockable cupboard and once unlocked was accessible to anyone coming into the office. There was no system in place to limit the accessibility of records to staff on a need to know basis only. As a result it is possible that there had been a data protection breach in the service and the security of personal information could not be assured.

We saw that the required records were not always maintained. For example, one person had had a fall hurting their head during a care call. No accident record was completed although the staff had informed the office. The registered manager told us that they believed accident forms were only needed for injuries to staff and shows that they were not aware of their responsibilities

During our check of recruitment records we saw that some DBS checks were missing, some references were missing and some references could not be authenticated as being from the people they said they were because they were not signed and not on headed paper. For two people there were inadequate checks on people's eligibility to work and the number of hours they were able to work. The registered manager told us that she had audited the staff files. The monitoring sheet showed that DBS checks had been done but not what date they had been received and if it was before the person started to work at the service or if any issues arose from them. The monitoring sheet showed that for most staff references had been done but it did not show who they were from, when they were received or if they were appropriate. The monitoring sheet did not provider detail of who they were from, The monitoring sheet did not record that any of the issues that were identified during our inspection had been identified during the audit.

The monitoring sheet showed that on 8 April 2016 some care records were incomplete but there were no actions recorded to show how the shortfalls were to be addressed. We saw that some records did not have sufficient details about the risks to people and how they should be managed when out in the community. This had not been identified by the audit. The record of the care given in the daily log of one person had been audited and showed that there were no concerns. However, we saw that some calls had not been done

at the times that were on the rota. This had not been identified during the audit. The medication administration records (MARs) showed that on some occasion's medication had not been given. We were told by the registered manager and office manager that the person was not given medicines if they had been drinking alcohol. This was not recorded in the care plan. On some occasions the MARs had not been completed but the daily logs indicated that medicines had been given. These discrepancies were not identified during the auditing process.

We asked the registered manager how they monitored late or missed calls. We were told that these would be identified through spot checks on staff arrival times at calls; during care reviews or if people informed them of any late or missed calls. We saw that some missed calls were recorded on the computer system and in the individual log books held by office staff of calls they had received. We saw that times of calls completed by staff were not checked against the required times to determine if the calls were taking place at the correct times. There was no consistent system for recording and monitoring missed and late calls so that trends could be identified and actions taken to prevent them continuing.

Some people receiving a service told us that staff were not always on time and did not always wear uniforms. The registered and office managers told us they tried to carry out two or three spot checks a week to check whether staff were completing calls on time and if they were wearing their uniforms and protective clothing to prevent the spread of infection. We saw that spot checks were being carried out, but this was not happening for all staff and for some staff it had been over six months since they had had a spot check.

There was a registered manager in post at the time of our inspection as required by the provider's conditions of registration. Most of the people spoken with told us they were happy with the service they received and staff said they felt supported in their role by a registered manager who was, "approachable". Although the registered manager was involved in carrying out assessments and sometimes supported staff on calls we found that the registered manager was not always fulfilling the responsibilities of their role. For example, not ensuring the safe storage of information and following a robust recruitment process and ensuring that calls were arranged to be completed at the appropriate times. This showed that although the registered manager was supportive to the staff and people the management and leadership provided had not ensured that people received safe and effective care and that the legal responsibilities of the registered manager were fully met.

This meant that systems in place were not adequate in ensuring that people were not exposed to unnecessary risks or harm. Systems were not effective in mitigating the risks to the health, safety and welfare of people using the service. This showed that there was a breach of Regulation 17 of the Health and Social Care Act 008 (Regulated Activities) Regulations 2014.