

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 8 September 2016. We last inspected this service on 12 and 13 April 2016 when we found improvements were needed in the checks undertaken when staff were employed and how the quality of the service was being monitored and improved. We carried out this inspection to check that improvements had been carried out.

This inspection was announced and carried out by two inspectors.

All Care in One Ltd is a domiciliary care service providing support to people in their own homes. At the time of our inspection there were 17 people who were receiving a service.

There was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, 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 inspection we only looked at whether the service had made improvements in the recruitment process and the quality monitoring of the service.

We saw that some improvements had been made to the systems in place for monitoring and improving the quality of the service but the systems were not fully embedded and further improvements were needed. This was an on-going breach of regulations.

We found that all the appropriate checks were being undertaken to ensure that only people suitable to work with people in their own homes were being employed.

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

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

We have not re-rated this question at this inspection as we only checked for improvements in the recruitment process.

We saw that the appropriate checks were being made to ensure that only suitable people were employed.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

We have not re-rated this question at this inspection as we only checked for improvements in the quality monitoring systems in place and completeness of records.

We saw that some systems had been put in place to monitor and improve the quality of the service but the systems were not yet embedded and robust. Records were not always complete with the reasons recorded for decisions made regarding the service people received.

Requires Improvement ●

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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.

This inspection took place on 8 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be in

At our last inspection of 12 and 13 April 2016 we found that some improvements were needed to the staff recruitment process and governance of the service and we issued warning notices to the provider. This inspection was carried out to check if the requirements of the warning notices had been met. The inspection was carried out by two inspectors.

As part of our inspection we looked at the records we hold about the service and any feedback we had received from the local authority that commissioned care for people. We spoke with five people that used the service and three staff as well as the registered manager, and two office staff.

We looked at the recruitment records for five staff to check the recruitment process. We looked at four people's care records, spot check, missed and late call records and questionnaires to check the governance systems in place.

Is the service safe?

Our findings

At our last inspection of 12 and 13 April 2016 we found that the recruitment procedures did not ensure all the relevant checks had been undertaken to ensure only suitable people were employed. As a result we issued a warning notice to the registered manager telling them they were required to make improvements in the recruitment process. At this inspection we found that recruitment procedures had improved. We have not re-rated this question as we have only assessed the service in respect of the recruitment process.

People spoken with were mostly happy with the service they received from staff. One person told us that calls were sometimes late but they always apologised and they understood they were reliant on public transport. Another person told us that staff had asked if they could do their call at a different time but they had not agreed so it had been left as it was. Other people told us they were happy that staff visited them at the times they had agreed. Staff spoken with told us that they had completed an application form and employment checks such as previous work experiences and disclosure and barring service checks were undertaken before they started work. We looked at the recruitment files for four staff and saw that checks with previous employers and with the Disclosure and Barring Service (DBS) had been completed before they started work. This supports provider's to make good employment decisions ensuring that suitable staff were employed. We saw that there was a front sheet on each staff file that supported the registered manager to ensure that all the required documents and checks were in place.

Is the service well-led?

Our findings

At our last inspection of 12 and 13 April 2016 we found that the quality monitoring of the service was not sufficient to ensure that shortfalls in the service were identified and addressed in a timely manner. As a result we issued a warning notice to the registered manager informing them they were required to make improvements in the monitoring of the quality of the service. At this inspection we saw that some improvements had been made but there was a lack of evidence that the governance and monitoring of the service was robust. We gave the registered manager the opportunity to send us any information they wanted us to take into consideration that showed that they had met the requirements of the warning notice. The information sent to us was mostly about actions that were being undertaken following our inspection.

Comments from people spoken told us they were happy with the staff that supported them because they felt they had received the training they needed to support them. However, the registered manager had not ensured that the person providing the training was competent in all training being provided. We asked the registered manager about the training staff received. The registered manager told us that an in house trainer supported staff to complete training packages that had been bought in and test papers were sent off to an external company to be marked. We were told by the registered manager, and staff confirmed, that the in house trainer also provided theory and practical training in manual handling. We asked the registered manager how they had assured themselves about the person's competency to provide this training. The registered manager was unable to provide evidence that they had checked that the person and been trained to provide moving and handling training. This meant that the registered manager had not assured the competence of the trainer to ensure that staff received adequate and safe training to be able to assist people safely.

At this inspection we saw that some actions to monitor the quality of the service were being undertaken but the management systems to be able to monitor the systems in place still needed further development. The registered manager was able to tell us about their plans to monitor the service, and showed evidence that she was in the process of implementing new systems. They were also able to tell us about further plans to improve the systems in place. However at the time of this visit the registered manager was not able to evidence that their assessment that a good quality service was being provided was based on robust evidence. Systems in place were not fully implemented to enable her to identify shortfalls quickly and take actions to address them.

We asked to look at the daily records of care for four people. For one person we were given the care records for July. We saw that these had not been audited. For another person the daily logs for the past four months were not available for inspection. We were told that these had not been audited. This showed that there was not an adequate system in place to ensure that daily records were audited in a timely manner so that issues could be identified and addressed. Care records showed that risk assessments had been carried out so that risks associated with people's care were identified and managed. Following our inspection we were sent evidence that showed that risk assessments had been reviewed as planned.

We asked if people's care had been reviewed with them. Some people spoken with told us they had had a

review of their care but others said they had not. The registered manager told us that a review of care was carried out six weeks after people started to receive a service. Staff spoken with told us that during spot checks carried out by senior staff on their work people were asked if they were happy with the care they received. However, the record of planned reviews showed that these were not always taking place as planned. The registered manager told us, "We will get there." In addition the registered manager told us that telephone reviews of care were carried out and some people confirmed that this did happen. The registered manager told us that three telephone checks had been carried out since our last inspection in April 2016 and all had been positive. We were told that questionnaires were sent out to people. We were told by the registered manager that five questionnaires had been sent out but no responses had been received.

The registered manager told us that no staff questionnaires had been sent since our last inspection. We were told that the registered manager had spoken with seven social workers regarding the service but these had not been recorded. This meant that there was no evidence that the views of other stakeholders in the service had been sought so that improvements could be made if required.

The registered manager told us and staff confirmed that spot checks were carried out. A staff member told us, "I have regular spot checks. I don't know when they will happen." The staff member told us that the person receiving a service was asked if they were happy with the care provided and they [staff] were also given feedback. We asked the registered manager if there was a schedule for staff supervisions and spot checks so that the registered manager could monitor if they were taking place as required. We were told that there was no schedule available.

Records maintained in the running of the service were not always complete. During our inspection we asked the registered manager about the process for inducting new staff into their roles. We were told that new staff received training and a period of shadowing of an experienced member of staff before they were allowed to work on their own. Staff confirmed that they completed shadowing where they saw how to complete tasks. We asked to see the records that showed that new staff had been assessed as being competent to carry out their roles. We were told that there were no records of the shadowing undertaken showing what tasks new staff had been supported with and if they had been assessed as competent to carry them out unsupervised so that people were supported safely. The registered manager told us they were given verbal feedback only by the member of staff providing the shadowing experience. People's care records did not always record the reason for changing the times of calls even when this was at the request of the person receiving a service.

People and staff spoken with told us that the calls were usually at the times required although two people were not always happy with the times of the calls. We asked the registered manager how they monitored that staff were carrying out calls at the times agreed or if any calls had been missed. The registered manager told us they were dependent on the carers telling them if they [carers] were unable to attend any calls or for people to ring them and tell them if carers had not attended. Since our last inspection log books had been put in place to record and assess the reasons for any missed and late calls. We saw that the assessment showed that some of the missed calls were due to staff having problems with not being able to attend the calls but not always informing the office in a timely manner. However, there was no evidence of what actions had been taken to address the issues with the staff as individuals or as a staff group. Following our inspection we were sent information that an electronic monitoring system was being implemented but this was not yet in place and we have not been able to evidence this is providing the information required and an improvement in the service.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance Systems had been put in place to monitor and improve the quality of the service but the systems were not yet embedded and robust. Care records were not complete and did not always include the reasons for changes in the service people received. |