

All Care In One Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We last carried out a full inspection at this service on 12 and 13 April 2016 when we found that the provider was not meeting regulations regarding the recruitment of staff and governance. We carried out a follow up inspection on 08 September 2016 to look at whether the required actions had been taken to address these issues. At that inspection we found that the appropriate actions had been taken to ensure that the requirements of the law were being met, however further improvements were needed in respect of the governance of the service. At this inspection which took place on 22 June 2017 we found that the registered provider had continued to make improvements to the governance of the service.

The inspection we carried out on 22 June 2017 was announced. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office.

At the time of our inspection there were 32 people who were receiving a service.

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 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.

People and their relatives told us that people felt safe with the staff that supported them. Staff were knowledgeable about the actions they needed to take to protect people from harm. Risks associated with people's needs were managed safely. There were sufficient numbers of suitably recruited staff to meet people's needs. People received appropriate support to ensure they received their medicines as prescribed.

People received support from staff that were trained and supported to provide appropriate care. People were supported to maintain choice and control over their lives as far as possible so that their human rights to consent to care were maintained. People received support to have food and drink that met their nutritional and cultural needs and support was available to have their health needs met, where required.

People and their relatives were complimentary about the staff that supported them. Staff cared for people in a caring and sensitive manner and people were supported to remain as independent as possible.

People and their relatives knew how to raise any concerns they had and there were systems in place to gather the views of people to ensure they were happy with the service they received. Systems were in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by a staff team who understood how to reduce the risk of incidents related to their care and support, and were able to recognise and escalate safeguarding concerns.

People were happy with the support they received with their medicines.

People were supported by staff who had been recruited safely.

Is the service effective?

Good ●

The service was effective.

People felt staff had the skills to support them appropriately with their needs and to ensure their rights were upheld.

People were involved in making choices about their care where possible.

People were confident staff would ensure that they were supported to access health professionals if needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff they had developed a good relationship with and who were caring and kind.

People's privacy, dignity and independence was promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People felt involved in the planning and review of their care.

People were happy that care and support was provided by staff

that understood their individual needs.

People felt any concerns raised were taken seriously and responded to appropriately.

Is the service well-led?

The service was well-led.

Systems were in place so that people's care and the quality of the service was reviewed so that the service could improved continually. People felt the registered provider was accessible and staff felt well supported.

Good ●

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 checked 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 22 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before our inspection we had asked the registered provider to complete and send us the 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. We had received this as required and we used the information to guide our inspection.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with four people using the service and the relatives of four other people that used the service. We also spoke with four staff and the registered provider. We looked at the action plan sent to us following the last inspection to see that the identified actions had been put in place. We reviewed the care records of three people to check that they received care as planned. We looked at monitoring systems such as checks on staff practices, supervisions, staff meetings, missed and late calls logs and the complaints folder. We looked at the personnel files of three staff to check that the required employment checks had been carried out.

Is the service safe?

Our findings

People we spoke with told us they felt safe. This was because they had regular staff who visited them and who they had gotten to know and were familiar with. One person receiving a service told us, "I feel safe. He [carer] does what I want." Another person told us, "It's the same person each day. I know who will be coming through the door." A relative spoken with told us, "[Person] has regular staff, having the same staff is great as he doesn't like change. We [relatives] are always notified if there is a change."

Staff spoken with had an understanding of their responsibilities in keeping people safe. Staff were able to give examples of different types of abuse, the actions they would take if they suspected abuse and told us they had undertaken training in safeguarding. Training records confirmed this. We saw that the provider had worked with the local authority when a safeguarding concern had been raised. Our findings during the inspection reflected the information in the Provider Information Return (PIR). This meant that people were protected against the risk of abuse and avoidable harm.

Risks associated with people's needs had been assessed and were being managed safely. People spoken with told us that they felt they were assisted safely by the staff. One relative told us that an assessment of needs and risks were discussed when their loved one began to receive a service. The registered manager told us and we saw that risk assessments were in place to keep people and staff safe. Staff spoken with told us they had access to risk assessments which they understood and had developed an understanding with people over time so that they felt safe and reassured. Staff were able to tell us about the actions they would take in the event that they were unable to access a person's home or if there had been an accident.

People told us they had regular staff, there had not been any missed calls and if staff were going to be late they were kept informed indicating that there were sufficient staff to meet people's needs. One relative said, "[Staff] always comes on time." Staff spoken with told us that they had sufficient time to carry out the tasks required and that they were able to get to their care calls on time.

Staff told us that the appropriate pre-employment checks were completed before they were able to start their employment. The staff employment files looked at showed that a Disclosure and Barring Service (DBS) check had been completed before staff were able to work unsupervised. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who require care. This showed that staff employed had been checked for their suitability to provide care to people.

Most people spoken with told us that they were either able to take their own medicines or received support from their relatives with this aspect of their care. The people that received support with their medicines from staff were happy that they got their medicines as prescribed. One person told us, "They [staff] leave the medicines out. I remember to take it after they have gone." Staff told us that they had received training on how to support people with their medicines and training records confirmed this.

Is the service effective?

Our findings

People and their relatives told us they had been involved in planning their care and were happy with the support they received from staff. One person told us, "They [staff] do a very good job." The person went on to tell us that although the member of staff that used to support them had been changed they were happy with the new one that they had. One person's relative told us, "We spoke with them [staff] about the help we wanted." Another person's relative told us, "They [staff] are very good. We were dreading it but it has been peace of mind for me."

Staff spoken with told us that they felt supported to carry out their roles. Support was provided through training, staff meetings and being able to speak with someone in the office if they needed advice. New staff were supported into their roles through an induction process where they worked alongside experienced staff to get to know how people liked to be supported. People we spoke with expressed the opinion that they thought the staff were trained as they knew how to support them.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA; in the community, this is done through the court of protection. We checked whether the service was working within the principles of the MCA. The registered provider was not currently supporting anyone who had been referred to the Court of Protection.

People told us they felt involved in their care and that care was provided to them with their consent. One person told us, "They ask me what I want to eat and need from the shops." Another person said, "They [staff] are always asking what I want. For example, do I want to be supervised in the bathroom." Staff spoken with told us that they obtained consent for care by involving people in their care and ensuring that choices were given whenever possible. This was confirmed by people we spoke with. We asked staff about one person that did not have capacity to be able to tell them what they wanted or how they liked things done. Staff told us that they knew what needed to be done because it was in the care plan and the relative was able to tell them how the person would have liked things done. The member of staff went on to tell us, "We know [person] is happy because they smile." This meant care was being provided within the persons best interests.

People were supported to eat and drink the food they preferred according to their culture and their dietary needs. One person told us, "They [staff] heat things up for me." Another person told us, "They [staff] make me something to eat and drink." Some people told us that because the staff were from similar cultural backgrounds, they were able to get their food and drink made in the way they liked it.

People told us that their relatives generally helped them with their health needs and attending appointments, however, if needed staff would support them. One person told us, "I was not very well one day. They [staff] wanted to call the ambulance but I told them I had called the doctor." Staff spoken with told us if they had any concerns about someone's health they would call the emergency services, contact their relatives or contact the office staff.

Is the service caring?

Our findings

People we spoke with were positive about the staff that supported them. One person told us, "They [staff] help me a lot." Another person said, "They [staff] are doing a grand job."

People felt they had been able to build up good relationships with staff because they had been involved in planning their care through the assessment process, were consulted on a daily basis by staff and because they had gotten to know the staff that supported them on a regular basis. One person told us, "They [staff] are like my daughters, they call me mum." This person went on to tell us that they were always greeted in a way that was culturally appropriate. Staff spoken with spoke about people in a caring way, acknowledging their individual personalities. The Provider Information Return (PIR) told us, "The citizen is the focal point of the care and ensuring safety and good care." This was confirmed during our inspection.

People told us that they felt the staff treated them with respect and maintained their privacy and dignity. One person told us staff always knocked on the door before entering and always greeted them appropriately by respecting their age. One person told us, "They have a key code to get in. They shout out to let me know they have come in even though I can hear them coming up the stairs." Another person told us, "She [staff] is fine, respectful and always speaks nicely." Staff were able to describe the ways in which they respected people's privacy and dignity. For example, constantly talking to people when supporting with personal care so that they were concentrating on other things, referring to them as 'mum', 'aunty' or 'uncle' (in keeping with their culture) and using their preferred name where appropriate.

During our conversations with people and staff we were given examples of how people were supported to maintain their independence. For example, one person told us that staff offered to make things to eat, but because they were able to do their own cooking they supported them to prepare meals. Another person told us, "I try to bath myself. They [staff] give me my medicines and get my shopping for me." Another person who felt they didn't need any help went on to tell us "They [staff] help me with my clothing when I get dressed." A relative told us, "They [staff] will let [relative] do what she can." Staff also gave us examples of how they promoted people's independence. For example, one member of staff told us that they let people wash the parts of their body they could reach and only help with the areas they could not reach.

Is the service responsive?

Our findings

People and their relatives told us that they were involved in the planning of their care when they first started to receive a service and that they received regular contact with senior staff to check that the care continued to meet their needs.

Relatives spoken with were confident that the staff would respond to any changes in the support people needed. The Provider Information Return (PIR) told us, "Citizens are support by care staff who have the necessary skills and knowledge to meet their assessed needs, preferences and choice. Citizens are matched with staff to make sure they are compatible. For example same languages, or interests, personalities and gender preference." We saw that the service was responsive to the needs and requests of individuals. For example, we saw that where people had asked for either male or female staff only this request had been fulfilled. We saw that where possible staff were matched to people's cultural backgrounds to ensure that people's dietary, linguistic and cultural needs could be met in the most appropriate way. Staff spoken with were knowledgeable about people's individual needs.

People and their relatives were aware that they could speak with the registered manager and other people in the office if they had any concerns and they felt assured that they would be listened to. One person told us, " I don't have any complaints but I know what to do if I have one." A relative told us, "No complaints, would ring Shaida [registered manager]. I think she's receptive to comments." During conversations with people we heard that on occasions they had contacted staff in the office if they had been unhappy with a member of staff and they [office staff] had sent someone else. This showed that people were able to raise concerns and the appropriate actions would be taken.

People and their relatives told us that they were asked to comment on the quality of the service they received. People told us that this was done at reviews and through questionnaires that were sent to them. One relative told us they had received a questionnaire but they hadn't completed it. We saw that completed questionnaires had been received from some people.

Is the service well-led?

Our findings

At our last full inspection carried out in April 2016 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. A further inspection was carried out in September 2016 to check that enforcement actions we had taken had been complied with. At that inspection we found that all of the appropriate recruitment checks were in place and that although improvements in the monitoring and quality of service had been improved further improvements were needed to ensure the quality of the service continued to develop. At this inspection we saw that the service had continued to improve so that people were happy with the service they received and systems had been put in place to monitor the service more effectively.

There was a registered manager in post who was meeting the requirements of their registration by ensuring we were kept informed about important incidents that had occurred and completing the Provider Information Return (PIR) as requested. We saw that the PIR reflected the findings of our inspection.

People were happy with the service they received and felt that they were able to contact the office if there were any concerns or problems with the care they received. We saw several compliments about the service, for example, "Carer provides all that is required on the care plan and is always helpful making further offers of support by using initiative." Staff spoken with told us they enjoyed working at All Care In One Ltd and felt supported by the registered manager and other office staff. Staff told us they had regular feedback through observations and met regularly to discuss issues and ways of improving their work. Staff told us they were able to access support through the on call system when they needed it. We saw that the staff were aware of their roles and responsibilities and the office staff were working as a team to develop the service in line with the registered manager's vision.

Since our last inspection improvements in the service included the installation of a call monitoring service to help the registered manager monitor late and missed calls. However, not all late and missed calls would be raised because not everyone who had this system in place was yet on the alerts system. We discussed this with the registered manager and they told us they would ensure that everyone was on the alerts system so that they [registered manager] would be fully informed about any shortfalls in the service.

Systems were in place to record that reviews of care and observations of staff practices were carried out on a regular basis. Further improvements to the way this information was set up would assist the registered manager to be able to monitor the reasons for certain checks not being carried out or that the required actions that needed to be taken had been undertaken. Responses to questionnaires sent out to people and staff had been collated and analysed. These responses showed that people were generally happy with the service but further follow up was needed with people that had given a lower than good rating so that the reasons could be identified and steps taken to further improve the service.

There were audits of log books that detailed the care given to people and the times of the calls. Although all the people we spoke with said they were happy if staff were a little late or early the registered manager needed to follow up with staff why they were not attending at the planned times.

