

Caring 4 All Ltd

Caring 4 All

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

About the service

Caring 4 all is a domiciliary care agency providing care to older people, people with physical disabilities and people at the end of their lives. The service was supporting 12 people at the time of the inspection.

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

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

People were treated with kindness and care and had positive relationships with staff. One person's relative told us, "I don't think they can do any more than what they do. They are very good." Another person's relative said, "I'm perfectly happy with all of them. They are all friendly and can have a chat. To me, they are all wonderful."

People were supported maintain their dignity and comfort at the end of their lives. People had been supported by staff to achieve final wishes. People's end of life choices were considered, respected and advocated for by the staff team. Staff worked in partnership with other professionals to ensure that people's end of life wishes were respected.

People were supported safely. Staff knew people well and worked with other professionals to ensure people had the right equipment or other support, at the right time. Staff understood safeguarding and how to raise any concerns about people's safety and well-being. Staff knew about infection control and how to prevent the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain their independence and staff advocated for this when working with other professionals. People were supported to maintain their privacy and dignity. People received personalised care. Their needs were assessed before they began using the service. People were involved in regular care plans and risk assessment reviews.

People received their care visits when they expected to and for long enough. Times could be changed as needed to accommodate people's needs. Staff were recruited using safe processes. Staff new to the service were supported with an induction and training. Staff had training to help them support people. Staff felt well supported by the registered manager and had regular supervision and staff meetings.

When things went wrong, staff responded openly and honestly. They took steps to address the issue and

prevent it reoccurring. People and their relatives knew how to complain.

The culture of the service was positive, and person centred. People, their relatives and staff told us the registered manager was supportive and approachable. People's views and quality assurance checks were used to make changes and improvement to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caring 4 All

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 6 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to make sure people were happy to speak to us.

Inspection activity started on 13 August 2019 and ended on 14 August 2019. We visited the office location on 14 August 2019.

What we did before inspection

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

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, administrator, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and some medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported safely. One person's relative told us, "They talk to her and make her feel safe and secure." Another said, "I can rely on them. They are very good and competent. They are always cheerful and caring. All a good bunch."
- Staff understood safeguarding, how to keep people safe and how to report and concerns about people's safety or well-being. Staff had training in safeguarding. A member of staff told us, "We ensure people are safe in their own homes." Another said, "If I had a concern about a client, I would contact [deputy manager] or the on-call and explain." Staff understood different types of abuse and how they might notice concerns.
- Action was taken when things went wrong. For example, one person's telephone was not working correctly. Staff reported this to the office who liaised with the person's family to resolve the issue. Staff ensured the person had another working phone with them whilst the issue was being resolved.
- Another person's relative told us about an occasion when equipment had not been fully cleaned after use during the care visit. They told us, "I rang and spoke to somebody, they were full of apologies. The carers came in and said they had had an email, they were all apologetic too."
- Staff could tell us what they would do in the event of an accident or incident. One member of staff explained that action they would take if someone had a fall. They said, "I would make them comfortable, being careful if I suspected an injury. I'd contact on-call and ring and ambulance and keep the person company and comfortable."

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were considered and planned for. For example, one person needed the support of staff and equipment to move. Care plans guided staff about how to do this safely, the equipment needed and any risks to consider.
- Some people could present with behaviour that may be challenging. Staff understood how to support people to reduce the risk to them and the person, and how to communicate with people to relieve any anxiety they may have about being supported.
- Risks about the environment and how staff could safely provide people support were considered and planned for. This included people's homes internally and externally.
- Risks about how to continue to ensure business continuity and support people with care visits in the case of emergencies had been considered. For example, there were plans in place in case the electronic system used to monitor care visits and communicate people's care needs and updates was not working.

Staffing and recruitment

- People received their care visits at the time they expected, and they lasted the right amount of time. One person told us, "They come, and they do look after me. I can't find any faults. They come at the right time." Relatives said, "They give her plenty of time. They ask if there is anything else they can do. They take their time and tell her when they will be back." And "The never rush. They are never looking at watches. They do whatever needs doing."
- There were enough staff available to meet people's needs. Care visits and which staff were attending was planned by the deputy manager and staff received their rotas weekly.
- People could change the time of their care visits if they needed to. One person said, "I ring through and tell them, and they will send someone."
- Staff told us they were introduced to people before supporting them. One member of staff said, "You are introduced with another member of staff and see where things are kept."
- Staff were recruited using safe processes. These included proof of identity, references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.
- Checks were completed for staff who drove between care visits. This was to ensure the member of staff had a valid driving licence, necessary insurance and a MOT certificate, when needed.

Using medicines safely

- People received their prescribed medicines safely. People who required support with medicines had clear care plans in place to inform staff about the medicines they needed. When medicines were given, this was recorded on the electronic system.
- When staff supported people with taking their medicines they checked the stock levels weekly, to ensure people had enough medicines available.
- Some people were prescribed 'as required' (PRN) medicines, such as pain relief which people took only if they needed it. Guidance for when this should be offered and given was available. The electronic system allowed staff to check the time the last dose of PRN medicines had been given. This helped to ensure people had the right time between doses.

Preventing and controlling infection

- People were protected from the spread of infection. Staff had training on infection control and understood how to manage infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- A member of staff told us, "Handwashing was covered in induction. We use PPE, like aprons, gloves and masks if necessary. They are preventative measures."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 interests and as least restrictive as possible.

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

- Staff had training in consent, mental capacity and deprivation of liberty safeguards and understood the importance of people making their own decisions and that this could sometimes fluctuate. One member of staff described the importance of "making the right decision at the right time."
- Staff had not needed to assess the capacity of anyone using the service to make a specific decision. This was because people were either able to make their own decisions, or they had another person with legal authority to make decisions on their behalf.
- When other people had legal authority to make decisions on people's behalf, staff had not always confirmed this through seeing the relevant documentation. The registered manager recognised this was needed and rectified this immediately after the inspection. We considered this to have had a minimal impact on the person as they had been part of the discussions about their care and consent when starting to use the service and the registered manager took immediate action.

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

- People's needs were assessed before they began using the service. Assessments considered various aspects of people's lives and the support they needed. This include people's cultural or religious needs. One person's relative told us, "They came initially to check things out and talked from their point of view, and ours. It was reassuring." Another said, "[Registered manager] came and saw the house. We talked about [person]."
- Professionals told us that staff worked with them to assess people and begin to provide care in a timely way. A health and social care professional told us, "My experience with Caring 4 all, is that they are a professional company who will always do an assessment for the package of care in a timely manager to make sure they can meet the patient's needs, before starting. They are reactive to let us know if the package

of care needs to be increased or de-creased, due to the patient's needs."

- When people had specialist assessments by health professionals, such as occupational therapists, these were shared with the staff team and people were supported in accordance with them.
- The registered manager had recently appointed a client liaison officer. Part of their role was to liaise with people who had recently started using the service and regularly review assessed needs. They explained, "When people start having carers they don't know what to expect. I phone them after the first week and check things are going alright. After six weeks I go and do a review with them to make sure their needs are being met, that all is ok, the times are alright and the carers."

Staff support: induction, training, skills and experience

- Staff new to the service had been supported with an induction. This included training and working with an experienced member of staff before working alone. A member of staff told us, "I went out with a senior to see how things were done and then for the first couple of weeks. They taught me to move people and use equipment." One person's relative told us, "We've had a couple of new folks. Someone senior is with them and they explain what they are doing and why. They get good support and training."
- Staff's competency to support people with various aspects of care were assessed during their induction. For example, how they supported people with bathing and showering, supported people with medicines, fire safety and nutrition and fluid monitoring. One member of staff told us, "It helped me feel confident."
- Staff who were new to care industry had also completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care'.
- Staff had training in how to support people effectively. This included supporting people to move. Training records showed the types of movements staff had been trained to support people with, and the types of equipment. Staff also had training in supporting people with medicines, health and safety and dementia care.
- Staff were supported with regular supervision. This is time with a manager to discuss their role and any development needs they may have. One member of staff told us, "They listened to everything I said." Staff also each had a personal development plan which allowed them and the registered manager to identify and monitor areas for improvement and development. Staff were supported with training and further development, such as diploma qualifications to embed their knowledge of social care.
- Staff were given a kit bag when they began supporting people. This included various things to help them in their role such as a first aid kit, resuscitation face masks, a watch, a torch, contact details for others in the company and parking vouchers.

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

- Staff supported some people with eating and drinking. Other people were supported by their relatives. Staff had training on nutrition and hydration.
- When people needed their food in a specific way, due to risks of choking, this was clearly documented and shared with staff.
- Staff monitored the food intake for some people. Charts were completed with the food and drink given to the person. If staff were with the person whilst they ate they would document how much the person ate. Otherwise, the staff attending the next care visit completed this based on what was left. This helped staff identify whether the person was eating enough.

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

- People were supported to live healthier lives. Staff told us about when they had supported or encouraged people to contact GPs or community nurses.
- Staff worked with other professionals to ensure people received the support they needed. Staff told us about one person who did not have the right equipment to allow staff to support them to move. Staff liaised with an occupational therapist and quickly got the person the right equipment, so they could support the person safely. A health and social care professional told us, "They were unable to transfer the client without appropriate equipment, so I needed to get this in ASAP. The client needed to be hoisted, and I was able to get the equipment in on the same day. I contacted Caring 4 all to try and do a joint visit with them to assess suitability of the hoist with the client. They were very accommodating, and two members of staff were able to meet me at very short notice, and we were very proficiently able to hoist the client out of bed into their chair. They presented as professional and knowledgeable, and very caring towards the client, and interacted with them very well."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. One person told us, "Well the ones I've had are very nice. I have a bit of a joke with them." Comments from relatives included, "They talk to her and us. We have a laugh and a joke, they're very jolly.", "They are always talking to her, and they get a smile at times.", "They are fantastic, very good and friendly." and "I love it. I feel that I couldn't do without it. I look forward to seeing them."
- One person's relative told us about an occasion when their relative had appeared confused, and how staff had responded. They said, "We're very lucky to have found them. When she was confused they popped in to check on her and make sure she was alright."
- Equality and diversity awareness was embedded in the service. Staff had completed diversity and equality training and this ethos was reflected in the company's code of conduct which included 'I will respect other people's choice of lifestyle, custom, religion, beliefs and will treat them and their property with dignity and respect.' A member of staff told us, "Everyone is respected and treated as an individual." For example, staff told us about one person who they would sing hymns with.
- Both people and staff were supported with their equality and diversity needs considered and catered for. For example, a member of staff had needed a change in their work. This had been supported and accommodated by the registered manager to ensure they could continue working for the company.

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

- Staff understood the importance of people making decision about their care. One member of staff said, "It's about the choice of the client, we must respect their wishes."
- People told us their care plans and assessments were regularly reviewed. One person said, "They have a chat with me, we sit together." Another person's relative told us, "They come to the house to check up on how things were going and what I thought about things."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person's relative told us, "It's quite important to me, he was a very private man. They treat him with dignity and give him time. It's all done very nicely."
- Staff explained how they would protect people's privacy by ensuring curtains were drawn and covering people whilst supporting with bathing. A member of staff told us, "I make sure curtains are drawn and no others are present if they shouldn't be. I ask them if they want them there. I keep areas covered whilst washing and dressing."

- People's independence was respected. For example, one person's support needs around moving had changed during their time with the service. They needed different equipment to assist them to move, at different times of the day. It was important to the person, their relative and the staff team, that their independence was maintained. The person's relative told us, "We talked to the occupational therapist as we didn't want to lose the strength in his legs. The girls were adamant, and it works well."
- Staff understood the importance of supporting people's independence. One member of staff said, "I look at it that I'm helping someone to stay in their own home as they want to." Another member of staff told us, "It's nice to see people come home and progress. How we can make a difference."
- Staff understood the importance of data protection and had completed training on confidentiality. A member of staff said, "It is important not to share client information and only raise things with the correct people."
- Staff, relatives and professionals could access information about people's care plans and care visits through an electronic application on their phones, if they person had consented to sharing this information. Access was through a password protected application which ensured that only those who needed to, could access the information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. A member of staff told us about one person who could be nervous of support with washing. They said, "We are all friendly. I talk to them, tell them about what I am doing and chat about what they have done that day and their dog. It does help, I make it light hearted."
- Staff knew people well. One member of staff said, "We have a small client base, so you get to know them all better." One person's relative told us, "He gets on so well with the girls, they talk and joke together. They respect his off days, almost like a member of the family. It's nice that he gets on so well with them."
- Staff told us about how they had worked with one person to develop trust so that they would accept support with bathing. They said, "It has taken a long time and a lot of work with them and the family, we've had to gain their trust."
- Care plans were personalised and outcomes for the care visits had been agreed with people. These included things like remaining in their own home, maintaining personal hygiene and skin integrity.
- Care plans were regularly reviewed, and changes made when needed. One person's relative told us, "I've been involved in reviewing the care plan. When change is needed, it changes."
- People's care plans and records of care visits were held on an electronic system. Staff told us this helped them have the right information at the right time. A member of staff said, "It is always updated, I can see what happened on the last visit before I go in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of AIS and the service had a policy in place. People's communication needs were considered during their assessment and in their care plans. Staff understood and supported people's communication needs. For example, one member of staff told us that to communicate with one person they, "have to be clear to get the point over."
- Staff told us about how they supported one person who had some sensory loss. A member of staff said, "We are mindful of where and how things are left, and don't move things that are familiar to them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported with activities, when this was part of the care they had requested. Staff told us about how they would support one person to walk locally or in their garden and chat about the flowers.
- Staff told us about another person who had shared their interest with staff and taught staff how to knit. A member of staff said, "It raised their self-esteem and we shared that interest."

End of life care and support

- People were supported to be maintain the dignity at the end of their lives. Relatives of people who had passed away had sent cards and letters to thank and compliment staff for their support. Comments included, 'A heartfelt thank you to all who cared for [person], all had a superb attitude, pleasure to see you each morning, always cheerful and caring.', 'Without exception, and from the assessment onwards, your staff were courteous, kind, caring, efficient at what they did and, most importantly to me, they were sensitive to what I felt needed (or not needed) to be done.' And, 'I cannot praise them enough. They cared for him with compassion, dignity and gentleness, and I will always be grateful for that. True professionals.'
- People were supported be comfortable at the end of their lives. Staff told us about one person who was struggling to control their pain. Staff encouraged them to discuss this with health professionals. With this encouragement the person managed to control their pain better, so they could be comfortable.
- People were supported to fulfil their final wishes. Staff told us about a person who had wanted to attend a family event. Due to the person's care needs the registered manager had worked with the fire brigade to ensure they could travel safely. However, they were able to support the person to achieve attendance at the event, and they passed away shortly afterwards. Another person had told staff about how important their appearance was to them. Staff were able to support them to do their hair and paint their nails so that they appeared how they wanted to in their final days.
- When people had made advanced decisions and preferences about procedures they wanted or did not want, and about resuscitation, these were documented. Information included where the original documents were held so these could be shared with health professionals as needed.
- Staff worked with other professionals to support people at the end of their lives. Staff had training in death, dying and bereavement and had received training from the local hospice in enhancing end of life care. A member of staff told us, "End of life care is the last thing you can do for somebody, to make sure they are clean and comfortable and not in pain. We support relatives too, we say we are here for you as well." The registered manager explained they worked with hospice staff, including occupational therapists to ensure people received the right support.
- The registered manager had recently appointed a client liaison officer. Part of their role was to continue to support people's relatives after the person passed away, offering support and information. This role was still new, and no one had taken up this support yet at the time of the inspection.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. One person's relative told us about a concern they had raised with the staff about furniture movement marking the wall. They told us this was resolved quickly.
- People and their relatives knew how to complain and felt confident to do so. One person told us, "If they weren't ok, I'd soon let someone know." Another person's relative said, "I would phone if there was anything."
- We saw that people were provided with a complaints and compliments leaflet which included information on how to complain and what people could do if they were not satisfied with the provider's response. The leaflet informed people that, 'Our service is only as good as you allow it to be, if we get it right or wrong, please let us know.'

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found that the system to monitor and identify whether people received their support on time, and for the agreed support time, was not consistent. At this inspection we found that the provider had changed to an electronic system. This allowed staff to log in to care visits using their mobile phones. Office staff could monitor this in real time, to ensure people were receiving their support at the right time, and for the right amount of time.
- Since the last inspection the provider had appointed a deputy manager and administrator to support the running of the office. Staff felt well supported by the management and office team. A member of staff told us, "If you have a problem and come to the office, it is sorted out quickly." Another said, "[Registered manager] listens, she's very supportive and approachable. All the office staff and seniors are. It's a very good team."
- Support was available to staff outside of office hours. The management team operated an on-call rota for evenings and weekends to ensure staff could access support as needed. Staff could also access the company's policies and procedures whenever they needed to, through the company website. A member of staff told us, "Whenever I've needed support, they've been there. The whole company are friendly and approachable. Everyone is very helpful."
- Quality assurance systems supported continuous learning and improvement. For example, an audit of people's care plans and records was completed monthly. This had identified that records about people's hydration were not always accurate. This had been discussed with staff, and the correct way of recording the support given to people to drink was clarified. Further audits identified that this had improved.

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

- There was a positive, person centred culture within the staff team. One member of staff described, "It all gels, very much. As it's a smaller company it gels better. It helps with clients too. We aren't a face they haven't seen before."
- People told us they knew who the registered manager was and could speak to her as needed. One person said, "I've met [registered manager]. They are very nice people. They are there if I need them." Another person's relative said, "I think it's managed very well. Everything seems to fall into place."
- A member of staff described the vision and values of the service were, "To provide and excellent service to

clients and staff. I truly believe that is delivered. I am proud to work for the company."

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

- There had not been any incidents which would fall under duty of candour requirements since the last inspection. However, people and their relatives felt that staff and the management were open with them. One person's relative said, "If there are any problems, they tell me." Another person's relative said, "They always contact me if they think there is a problem."
- The registered manager understood their obligations under duty of candour, to be open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires were sent out annually to people receiving care and their relatives. Responses were analysed and when needed changes were made to the service provided. For example, the questionnaire responses in June 2018 indicate that timing of care visits could be improved. Staff worked with people to ensure they were communicated with if a visit was likely to be delayed and explanations as to the cause of such delays were to be discussed at assessments and reviews.
- The service was accredited with the local authority's Support with Confidence scheme run by Trading Standards. The registered manager told us that Support with Confidence also sent out annual questionnaires about the service and had recently started sharing the results with the service.
- The provider was not currently sending questionnaires to staff and professionals but advised they were planning to do so. Feedback from professionals was collected on an adhoc basis, and staff feedback was collected during supervisions and staff meetings.
- Staff were recognised and rewarded for hard work. For example, the registered manager had recently begun a carer of the month award. Staff were chosen for their commitment to the company, such as picking up additional work to ensure people received their care visits as needed. They were presented with a certificate and a voucher.
- The registered manager sent out regular updates to staff. These included a newsletter and monthly message board. Updates included policies and information from the local authority about reporting safeguarding concerns.
- Regular meetings were held with staff. Minutes showed that discussion included changes in the staff team, updates to the electronic system and changes to the support from the office.

Working in partnership with others

- Staff worked in partnership with other agencies to ensure people received the right support. A health and social care professional told us, "The agency have also been very proactive in contacting me when necessary to discuss any arising issues. I have had no real cause for concern with Caring 4 all, and when I have needed to contact the office, the issue has been rectified very quickly and feedback given."
- Another health and social care professional said, "We have good communication levels from them, they provide full and clear feedback on packages. We have no complaints regarding the care provided, and they are always willing to work with us and families with regards to the care required, and the timings needed to fully support our patients. They will work exceptionally hard to ensure that if someone is at home without care, they will aim to assess and commence within 48 hours. Caring 4 all have always, where capacity allows, picked up and helped ensure smooth discharges from the acute trust, and covered increases, sometimes at very short notice."

