

All About U Care Services Limited

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Inspection report

Holly House
220-224 New London Road
Chelmsford
Essex
CM2 9AE

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20 July 2016
26 July 2016

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an announced inspection of this service on 20 July 2016, and we made telephone calls to people who used the service and staff on 26 and 28 July 2016.

All about U care services Ltd is a community based service providing home care support for people living in their own homes. At the time of this inspection, there were 18 people using the service.

The service has a registered manager in place. 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.

There were some risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. However these did not cover all areas of risk.

The provider had recruitment processes in place but there was not always sufficient staff to support people. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they said knew them well. Staff also said that they were given the opportunity to get to know the people they supported. Relatives we spoke with described the staff as pleasant and lovely. However due to shortage of staff the provider could not always respond to people's needs.

People's needs had been assessed, and care plans took account of their individual preferences, and choices. Staff supported people when required to attend health care visits such as GP appointments and hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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 safe.

There was not always sufficient staff to meet people's individual needs safely.

Risk assessments were not in place for all areas of identified risks.

People were supported to manage their medicines safely.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

The provider could not always meet the times and schedules for people.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence where possible.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was well-led.

The manager was involved in on going improvements of the service.

Staff felt valued and appropriately supported in their roles.

Quality monitoring audits were in place and people were able to provide feedback on the service.

Good 

All About U Care Services 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.

This inspection took place over three days. We visited the provider's offices on 20 July 2016, and on 26 and 28 July 2016 we carried out telephone interviews with people who used the service, their relatives and staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us. The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with three people who used the service, the registered manager, senior member(s) of staff, and four care staff. We looked at the care records of three people who used the service and the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

After the inspection, we made telephone calls and spoke to three relatives.

Is the service safe?

Our findings

We asked people using the service and their relatives if there was enough staff to support them. They told us that there was not always enough staff. One person said, "Several [staff] come and go." The manager told us that recruitment was difficult and sometimes people's timings had to be changed in order to facilitate people's support safely. This would mean that sometimes a person's call would have to be split. For example, if a person had a 45 minute call then staff would attend for 30 minutes to provide personal care, and then return later in the day to continue the call and support. People told us that generally staff arrived at the allocated time, they said if staff were running later they were informed and any changes in times were discussed with them in advance.

People and their relatives were complimentary about the staff that provided care and said that their relatives were supported by a relatively consistent group of staff which meant that they were able to get to know their relative well. Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. People said that at no time did 'a stranger' arrive to provide them with support.

We asked people if they felt safe when staff provided them with care. One person said, "Oh yes, they look after me very well". While another person said, "[Staff] ask me questions on how I'm feeling, I know who they are, they are all pleasant and lovely to me". Relatives also said that staff kept their relative safe. They told us that staff would always announce themselves and if a new member of staff was to start working with a relative then they would be introduced so they knew who would be visiting.

Staff told us that they used key safes to access people's home where required, and they made sure hazards such as cables or furniture that could cause people to trip and fall were removed to support people to stay safe in their homes. People also told us that when staff left they would ensure their home was secure. One person said, "They double lock the door when they leave." A relative we spoke with told us that their relative had had a fall when they were on their own, they were able to call the provider who sent a member of staff round to check on them and make sure they were safe. The relative said, "The carers are lovely, I feel [relative] is safe, [relative] fell over once and they sent someone over straightaway."

Staff we spoke with told us that they were encouraged to raise concerns about the people they supported. One member of staff said, "Because I have the same clients I know if something isn't right, if I'm worried then I let the office know and they come out and check."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard

people from harm. When asked, staff said that they would raise any concerns they had.

We reviewed the Individual risk assessments that had been undertaken in relation to people's identified support needs. We noted that although risk assessments were in place for areas such as safe movement and medication. Where people exhibited behaviour that could be challenging to others, no risk assessments had been put in place. One person's care plan noted that they had a disability and required support around this disability. However, their risk assessment did not mention the disability and actually read as if the person was of a low risk and able to move around unsupervised. This showed a lack of correlation between in the person's care records which could result in them receiving inconsistent or incorrect care. We discussed this with the registered manager who advised that they would review these assessments and also increase the risk assessments to cover all the required areas. The risk assessments we saw had been reviewed by the person or a family member and were put in place to keep people as safe as possible.

The provider recorded any significant incidents and accidents which included errors with people's medicines. We saw that since our last inspection no incidents had been reported.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. DBS is a way for employers to determine whether staff have prior convictions on record to support them to make safer recruitment decisions. We saw that new staff were subject to tests of their knowledge during the interview process to assess whether they had the correct character, skills and experience to carry out their duties safely.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medication, they would inform the office and relatives.

Is the service effective?

Our findings

Staff we spoke with had a good understanding of the needs of the people they supported, and they were able to provide support that effectively met people's needs. Staff told us that information was taken from care plans and these were reviewed regularly to ensure that they were reflective of the persons current support needs. All staff we spoke with demonstrated that they knew the background of the people they supported and how best they needed to support them. Staff said that because they support the same people this allowed them to get to know the person and form a bond with them. One member of staff said, "I am never just landed with someone; I know who I'm going to see." People we spoke with and their relatives had a mixed response to this. Some people told us that they would generally have the same care support made available to them, however some relatives did state that keeping to the same carer staff that their relative preferred was not always possible. They said, "My biggest gripe is that I try and keep [carers] to a minimum, there are two girls [relative] really likes, but we don't get them."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One person when asked about staffs skills and training said, "Yes, I think they are well trained." Staff told us that they were supported by the provider to keep their skills and training up to date.

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. We were told that the supervisions would be carried out at people's homes whilst staff were on visits. This allowed for the manager to speak to the person using the service and gain feedback on staff performance. We saw from the supervision papers that observations looked at areas such as how that staff member interacted with people, the use of equipment, and if consent was obtained. The manager told us that as well as formal supervisions staff were encouraged to meet the manager for 'coffee' where they would have informal discussions.

Staff we spoke with demonstrated an understanding of how they would use their training on the MCA 2005 when providing care to people. 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. We noted that staff understood the requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans and consent to the care they were provided with.

We saw that observations that were carried out by the manager also looked at consent and whether staff were actively gaining consent when providing people with care. A staff member told us, "We always ask for consent", they said, "If they are not sure then I give them choices."

Staff told us that they encouraged people to eat well. Staff told us that they would check people's food to make sure it was in date and suitable to eat. They said, "We encourage them to eat but we don't force them, we ask them to drink well, especially in this [warm] weather." Relatives we spoke with also confirmed that staff would prepare food if it was required and support the person to eat well in their home. People told us that staff would prepare drinks for them and leave them with a drink before they left. One person said, "[staff] encourage me to eat, they will say, eat it, it's good for you. They ask me what I like, we sit and have a coffee and pastry, and we are like friend really."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required staff would attend the visits with them. One person told us, "They haven't taken me to an appointment, but I know they take some people. They would take me if I asked." The provider kept records of people's healthcare providers and were able to call on them if needed, for example district nurses and GP's.

Is the service caring?

Our findings

People and their relatives commented positively about the staff. One person said "oh yes, they are very good." Another person spoke very fondly of the care staff and said, "They always wish me goodnight, we have a laugh, they give me a little kiss when they go, they are quiet bubbly." One relative told us, "The carers are lovely, they know [relative] well." Another relative said "There are two carers [Relative] really likes."

People and their relatives told us they were treated with dignity and respect. One person told us, "Oh yes, they treat me with respect. One is a little sharp, you know a bit like a matron, but she's very good and talks to me." Another person said, "They help me to dress, they are respectful, and clear everything away for me." A relative told us, "I've never had any reason to worry." Staff were able to describe the ways in which they observed people's dignity. One member of staff said, "We make sure curtains are drawn, or we ask other family members to leave the room."

Staff promoted people's choices and gave them independence where it was possible. For example one care staff explained how they supported a person to prepare their own drinks. They said, "If they can manage then I will let them prepare drinks themselves, I just stay nearby in case I'm needed."

Staff helped and supported people in meeting their needs and knew them well and understood their mood states and were able to identify any changes in them quickly. Staff told us that they monitored people's daily records and if someone was not themselves then they would inform the manager. They told us that because staff all lived in close proximity to the people they supported they would regular 'pop in' to say hello or to check on people's welfare if they were concerned. A person who was supported said that the service provided by the staff was, 'Excellent'. They spoke about one carer who came to visit them regularly. They said, "[Carer] comes in to see me, she sings to me."

People and their relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

The manager told us that they provided a very personal service but were sometimes unable to provide a service at the times requested but would work with the person and their family to provide a good service. The manager told us that this would sometimes mean that staff would have to reduce the length of a call in order to accommodate another person. The manager did however tell us that this was agreed with the person and staff would only leave early if it had been agreed and all support required had been completed. People we spoke with however were not always happy about this arrangement. One person said, "Sometimes they leave early, and some carers stay the full time." Other people however told us that staff stayed for the full duration of the visit and would stop and drink tea with them. One person said, "They are very pleasant and dependable ladies."

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The provider told us that they did struggle because it was difficult to recruit new staff. People we spoke with told us that the service was good but that there was little flexibility. One person said, "Times are up and down really, and sickness changes everything, sometimes I have to have an early call, which isn't great in this weather!" The person was telling us how in the summer months staff would attend their evening call earlier than expected and therefore they would be assisted to bed while the sun was still out. This person did however tell us that if the schedule was changed they would be informed of the changes by the manager. Another person did also say that if they needed changes made to their package then this would be easily done. They said, "[relative] comes to visit me sometimes, when they are here then I can get the times changed."

We saw that care plans were in place so that people received the care they required which appropriately met their individual needs. People using the service and their relatives were however unable to confirm to us if they had recently reviewed their care plans or had them updated. However people stated that staff were aware of how to respond to their needs. One person said, "My life is a simple programme, they will always accommodate any changes." Some family members however said that the service was not always responsive to their relative's needs. One relative said, "[Relative] likes to be out and about, so needs them to come before 9, this doesn't always happen. If they can't make it then the family have to step in." Another relative said

We looked at people's care plans and saw that they were reviewed and signed by the person being supported. The manager told us that they would review care plans annually or sooner if the person's needs changed. The manager also attended many care visits themselves and used this opportunity to check that the person was happy with the care being provided. From the care plans we could see that the care being provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that updates were made and for the care plans we reviewed, people and their relatives were kept informed of any changes in the care plans. We did however speak to some relatives who felt that sometimes changes were made without their knowledge. They said, "I haven't sat down and reviewed the care plan. It's chopped and changed without us knowing."

We asked a member of staff about the timings and they told us that they would stay for the allocated time with people. They said, "We have time to talk, I sit with the person until the time is up, there are occasions when people need more help if they are not feeling well. If they need me to stay longer I will."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had received no complaints in the past year.

Is the service well-led?

Our findings

The service had a registered manager in place. Everyone spoke highly of the staff and the company as a whole. People said that staff were very professional. One person said, "[staff] are always in uniforms and have name badges, I would thoroughly recommend them." Another person said, "90% of the time I'm perfectly happy, occasionally there are issues." We did find that people did not always feel that the registered manager listened to them. One relative said, "[registered manager] doesn't always listen, they talk over you." While another person said that they found it easier to talk to other people in the offices instead of the registered manager. They said, "[person] is easier to deal with, more open and honest." Other people we spoke with did not have any issue with the management of the service. They said that they could speak to the registered manager and there were no issues. They said, "I've never had an issue." All the people we spoke with did however feel that the company had the best interests of people at heart.

People said that if there was to be a change in their carer then they would be informed in advance and that there would also be a handover period. When we spoke with one person using the service they confirmed this by saying, "If I ever have a new member of staff they are always introduced to me first." This showed that the provider understood the importance of an efficient handover with staff in order to ensure the smooth running of a care package.

The organisation had an open and transparent culture. Staff told us that it was a 'good' organisation to work for. Staff felt valued and could speak to the manager about any issues or concerns. We found that people had a mixed response as to how easy it was to contact the manager. Some people told us that they had no issues while others said it was an issue and they could sometimes find it very hard to speak with the manager or anyone in the office.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and available if they needed to raise concerns. The manager also told us that staff were encouraged to speak out about concerns they had. The manager said, "I like to keep in touch with staff so I meet them regularly for a coffee, it means they can open up to me and we can talk about anything, if I'm not in the office, I'm usually across the road having a coffee with someone." Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes in the way things were done. They told us that the provider was supportive and kept them up to date with everything that was happening.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. This was done through home visits and service quality questionnaires which were sent out to people and their relatives. We saw the results of the last survey which was carried out in May 2016. The service scored between seven and ten for satisfaction. People provided both positive and negative feedback which stated. 'You give a very good service' and 'it's a pleasure to have the ladies come over.' Some negative comments

stated, 'Sometimes staff are much too late.' While another comment was about communication with the office. It stated, 'communicating with the office isn't easy.'

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions, and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.