# All About Care South West Limited

# All About Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 22, 24 and 26 February 2016. It was carried out by two inspectors.

All About Care is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 112 people. The core hours of the service were 7 am to 10 pm. There was a 24 hour on-call service available.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of All About Care in February 2014 we had concerns that people were not asked for their consent before they received care. The service was not acting in accordance with the legal requirements of the Mental Capacity Act 2005 (MCA), as people's mental capacity was not assessed appropriately. We had concerns that peoples medicines were not managed safely and that there was insufficient systems to monitor the quality of service that people received. We asked the provider to make improvements and they told us they would meet the requirements by July 2014.

We found the provider had made improvements since our last inspection in December 2014. People had an assessment of their capacity to consent to care and treatment and the service was acting within accordance of the legal requirements of the MCA .The medicines policy had been updated and people had an individual assessment for medicines. There were systems for monitoring the quality of care plans.

People told us they felt safe with the care and support they received. People had their risks assessed and they had support plans which provided guidance to staff on how to minimise people's risks. People were encouraged to be as independent as possible with their medicines. When medicines were administered, there were checks in place to ensure people had received them correctly.

Staff were aware of what constitutes abuse and what actions they should take if they suspected someone was being abused.

People mostly received their visits on time and some people acknowledged that there were occasional unavoidable circumstances which may delay staff, for example traffic. Staff mostly felt their visits were well organised although some staff identified more pressures with travel times at weekends.

Staff received appropriate training and new staff completed an induction which they told us prepared them for their job role. Staff had regular supervision and an annual appraisal. There was a system for carrying out spot checks on staff.

Staff had received training on the Mental Capacity Act 2005 (MCA) and understood how it applied to their work.

Staff referred people for healthcare when they needed it; healthcare professionals told us that staff communicated appropriately and followed any recommendations they made.

People were treated with dignity and respect and their privacy was maintained. There were positive interactions between people and staff. People received personalised care and staff treated them as individuals. Some people received support from a particular member of staff and described the positive benefits of this. There was recognition that due to staff availability , the location of people and timings of visits, that some people received care from different members of staff.

Concerns and complaints were dealt with appropriately and people told us they could contact the office if they wanted to grumble. Staff stated they could contact the office when needed although there was acknowledgement from some staff that the office was busy. Staff described management as supportive. They were encouraged to enrol in further learning such as health and social care qualifications.

The service was piloting a rapid response service. This was a service to support people to be discharged from hospital. All About Care provided some short term care and support for people to enable them to be in their own homes. There was a small especially recruited team allocated to provide this 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. Staff were aware how to identify and respond to actual or suspected abuse.

People's risks were assessed and care was delivered to minimise the risks to people.

There were sufficient staff to meet people's needs.

Medicines were administered safely.

### Is the service effective?

Good

The service was effective. People received care from appropriately trained and experienced staff.

Staff received regular supervision and support. All staff received an annual appraisal.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how it applied to their work.

### Is the service caring?

Good

The service was caring. People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

### Is the service responsive?

Good

The service was responsive. Staff were aware that some people lived alone and had limited social contact , they were considerate and attentive to people.

People had personalised plans which took into account their likes, dislikes and preferences.

There was a complaints policy and complaints were investigated by a member of the management team.

## Is the service well-led?

Good

The service was well led. People told us they could contact the management team and felt they were listened to.

Staff told us the management team were supportive.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

# All About Care

**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 22 February 2016. Further phone calls were completed on 24 and 26 February 2016.The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

Before the inspection, we requested and received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including notifications of incidents and the action plan that the provider had sent us after our previous inspection. A notification is the way providers tell us important information that affects the care people receive.

We spoke with two people in their own homes and observed interactions with two staff. We contacted a number of people who used the service, 15 people spoke with us. We spoke with twelve staff which included the nominated individual, the registered manager, three coordinators and seven care workers. The coordinators were mainly office based and had responsibility for ensuring that people received the care and support that they needed. We looked at seven care records and five staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority. We saw staff training records and other information about the management of the service. We were shown how the computerised system for staff allocation worked and how staff were deployed.

Good

# Is the service safe?

## Our findings

We found the provider had made improvements since our inspection in February 2014. Our previous inspection found that people did not always receive their medicines as prescribed and the Medicines Administration Records (MAR) were not always signed correctly. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we found that improvements had been made.

People told us they felt safe in the care and support they received from the service. People had a full assessment of their needs. There were standard risk assessments, such as mobility and fire as well as risk assessments specific to the individual. One person's mobility risk assessment identified that they were at risk of falls. They had been seen by a healthcare professional who had made recommendations to reduce the risk. The person had a care plan which reflected the recommendations and staff were able to talk with us about how they supported the person to minimise risks. Another person had a specific risk assessment related to their use of a cream, there was guidance in the care plan for staff to follow to minimise the risk of harm to the person.

The registered manager told us they did not accept referrals for people with highly complex needs, for example people with advanced dementia with behaviours that challenge or people with complex end of life care needs. They told us they were careful to ensure they had the resources and staff had the right competencies to support people safely

There was an environmental risk assessment for each person. This ensured that staff were aware of hazards in the environment, such as steps and slippery floors. There was also a fire risk assessment which ensured that staff were aware of how to safely deal with a fire situation, it identified exits and how many people were usually in the house. We were told of a recent occasion when a staff encountered a small kitchen fire. They managed the situation appropriately and the person and their home remained safe.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. The registered manager told us they were aware of the safeguarding procedures and demonstrated to us they had contacted the safeguarding team for advice.

Staff were aware of whistleblowing procedures. Staff told us they would initially raise concerns with their manager. One member of staff told us they would alert the local authority and the Care Quality Commission if they felt concerns had not been dealt with.

There were enough staff to support people safely. The registered manager told us they were always recruiting staff as the amount of staff they had reflected how many people they could provide a service for. There were three co-ordinators who had started in the service as care staff. One of their responsibilities was ensuring people received their visits and that work was allocated. They told us that because they had

worked as care staff it meant they understood the requirements of that role and it assisted them in planning workloads. There was a system for grouping people's visits together according to location. Care staff notified the coordinators of their availability and the coordinators used their local knowledge to plan staff diaries. People received a copy of their diary on a weekly basis. People told us they mostly had their visits on time, although on occasions staff could be late. For example one person said "They pretty much turn up on time, they may be a few minutes late, but they're pretty good." One person told us it was inevitable staff could be delayed at times because of the traffic. Staff explained if they were delayed they rang into the office so that the coordinators could notify people they were running late. However one person reported to us that they had to contact the office when staff had been late, although they said this had not happened "very often." Some staff worked set hours each day and supported the same people. Other staff needed to work more flexible shifts to ensure that people's visits were covered at all times. This impacted on their ability to know some people well. Staff who worked weekends told us it was more pressured and they needed more travel times between visits.

An additional team of care workers had been recruited to provide a rapid response service. This service was being piloted. It was provided for some people to facilitate discharge from hospital. The registered manager told us they were able to provide up to four visits a day for people as an interim measure in order for people to return to their own homes after a hospital admission. The rapid response service supported discharge from a number of hospitals in Dorset. This meant staff were covering wide geographical area and visits were not time specific. The provider told us they would plan the visits according to people's needs but they could not specify a time. For example we were told if a person required assistance with their toilet needs they would have a late visit and then an early visit the next day. Rapid response was staffed separately but the duty roster was managed as a whole by the co-ordinators.

Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

The registered manager told us that most people administered their own medicine. The approach was to encourage people to be as independent as possible. People would have an assessment to identify what level of support they needed with their medicines however the emphasis was on people or their families taking responsibility. There were a small group of people who had their medicines administered, staff had received the appropriate training and there was a system for checking that staff had signed to confirm people had taken the right medicine at the right time.

Good

# Is the service effective?

## Our findings

We found the provider had made improvements since our last inspection in February 2014. Our previous inspection found that some people were not asked for their consent before they received care. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we found improvements had been made.

People received effective care and expressed confidence in the staff. One person told us "they (the staff) know what they are doing." Another person commented, "I'm really happy, everything is good for me."

People received care and support from staff who had the appropriate training The registered manager told us they used DVD's as the main learning tool and backed this up with questionnaires which they assessed to ensure staff had the required learning. They told us this method worked better for them as it allowed staff to have flexibility. Medicines training was assessed by an external agency. The registered manager was a moving and handling trainer and used practical teaching sessions for staff to practice using moving and handling equipment. They told us they taught basic techniques and provided work books to support staff further. They told us there is not a need for staff to have a greater knowledge as they do not have people with complex moving and handling needs.

Staff told us they were encouraged to complete further learning such as health and social care training at levels two and three. One member of staff told us they were being supported to start level five. Most staff told us they received enough training, although one member of staff commented they would like further training on dealing with emergency situations.

New staff completed an induction period. This was designed to reflect their previous experience and learning needs. All new staff received an overview of the service and received mandatory training. This was training the provider deemed as essential for staff to undertake their jobs. It included, health and safety, infection control, moving and handling and food hygiene. This was followed by shadowing an experienced care worker during visits to people. The registered manager told us successful completion of the induction period was a two way process. It was dependant on new staff feeling confident as well as there being positive feedback from other members of the team. One new care worker told us the induction period equipped them to do their job. New staff had not enrolled on the the Care Certificate. This is a nationally recognised 12 week training aimed at staff who were new to care work. The registered manager told us they supported staff to complete training which they provided which had a focus on "kindness and compassion."

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. There was a system for carrying out spot checks on care workers. The co-ordinators identified any actions which were needed following the spot checks. For example one member of staff needed a new uniform.

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 by 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.

Staff had received training in the MCA and understood the basic principles of the act. The registered manager told us that all people who were receiving care and support from the service had the mental capacity to consent to it and to make other decisions for themselves. The care records demonstrated that people had been asked for their consent and had signed to confirm it.They recognised that some people were living with dementia however they continued to have capacity to consent to care and support. The registered manager told us one person needed some prompts to attend to their personal hygiene however staff used verbal prompts and the person responded.
Staff told us they offered people choice and if a person declined an aspect of care it was recorded and the coordinators were updated. One member of staff told us, "It's about their choice and independence."

People had sufficient food and drink. We asked staff how they ensured people have enough to eat and drink. They told us they check people's fridges and cupboards for out of date food and asked people what they want. One care worker told us, "if the person doesn't want to eat during my visit I leave a sandwich and snacks within easy reach." Another care worker told us "I always leave drinks handy." We saw people had an assortment of snacks and drink close by them. Staff offered people alternatives. One member of staff told us that they would contact the person's family and or GP if they had concerns the person was not eating or drinking sufficiently.

Staff had made referrals to a range of healthcare professionals such as, the GP, district nursing team and community rehabilitation team. Healthcare professionals described good communication with staff. They told us told us staff contacted them if they had concerns. For example staff had concerns about supporting one person with transfers from their bed to a chair. Staff contacted a healthcare professional for advice and carried out the recommendations which were made.

Good

# Is the service caring?

## Our findings

People were cared for by staff who were kind and compassionate. People were complimentary about the staff. One person told us "I think they've been brilliant, they've been very, very good to me." Another person told us "they make me feel at ease all the time, they go over and beyond." We saw staff talking with people in a polite and respectful way and there were positive interactions between them. It was apparent that people and staff were familiar with each other. People spoke fondly about staff told us, "They make my day seeing them."

Some people had formed closer relationships with a regular member of staff and felt that made a difference in the quality of care and support they received. For example one person told us "my main carer is very good, some of the others are not so good but that would be very hard for them being compared to my main carer." Another person told us it made a difference to them having a regular member of staff. They told us they mostly did although appreciated they needed to have other staff during holiday times. The registered manager told us that it was not always possible to provide people with the same staff because of their availability and how work needed to be allocated. However they told us they aimed to accommodate preferences where possible. A member of staff told us they always supported the same people and felt they had built up close relationships with them.

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I love my work I love the relationships I have with people, it's so rewarding." Another member of staff talked with us about how they felt a sense of satisfaction when they have been to visit a person and helped them with their care.

People told us they had involvement in decisions about their care. One person assured us that because they needed help physically it did not mean they could not make decisions. Another person told us staff responded to them when they asked for a change in their usual routine, such as when they received some aspects of their personal care. One care worker told us they asked people what they want to ensure they were involved in decisions about their care.

People were supported to maintain their dignity. One person told us it was important for them to remain at home and be as independent as possible. They told us the service enabled them to continue with being in their own home and that staff were respectful of their wishes. Staff told us that they knocked or alerted the person in some other way before entering people's homes and ensured that curtains and doors were closed before carrying out personal care.

Good

# Is the service responsive?

## Our findings

People received care and support tailored to their individual needs. One person told us they received a pre-service visit to explain how things worked and what to expect. The registered manager told us this was an opportunity to carry out an assessment of the person which helped inform the persons support plan. The assessment was holistic and took into account all aspects of the person, including their physical, social and emotional wellbeing. For example one person was identified as "becoming low in spirits due to loneliness." Their support plan highlighted to staff how they appreciated company and provided guidance for staff to talk with the person.

Peoples support plans identified their goals. One person's goals were to be happy at home, to talk with people and have trips out. Their support plan provided a breakdown of services to be provided. For example detailed guidance on how the person needed support with personal care. It informed staff how to access the person's home, how many staff were needed and the times of day. Staff told us they supported the person on a weekly basis to go out, the person confirmed they enjoyed going out with staff.

People had an annual review of their support plan or sooner if they experienced a change in their needs. This meant that people received the appropriate care and support based on their current needs. There was a system for ensuring that the annual reviews were carried out as required. People's reviews were carried out with them in their own home. As part of the review process people were encouraged to contribute. One person told us they had recently had a review and felt that staff listened to their opinion. We saw that following one person's review the relevant changes were made to their visit schedules.

People were confident in expressing concerns about the service.The registered manager told us that the first step for people or their relatives when raising a concern was to contact the office. Conversations were logged on the computerised recording system. They told us they aimed to resolve concerns promptly to avoid them escalating to a complaint. One person told us "if I want to grumble about anything, I ring them up and I grumble, they listen to me." When concerns were not resolved there was a complaints policy .This meant complaints were logged and investigated. We saw an example of where a complaint had been made which was investigated according to the policy and the person had been satisfied with the outcome.

Good

# Is the service well-led?

## Our findings

We found the provider had made improvements since our last inspection in February 2014. Our previous inspection found there were insufficient quality checks in place for staff. There was a risk that people received inappropriate or unsafe practice from staff. The care records checks were not being carried out therefore any inconsistencies in recording were not identified. The provider wrote to us and told us they would make improvements. At this inspection we found improvements had been made. There were clearly defined roles within the management team. This consisted of the registered manager and three coordinators. It was the responsibility of the coordinators to ensure care records were audited which was completed as part of the review process and during spot checks.

There was a regular reporting system within the service which involved weekly checks on a range of areas. For example new people who required an assessment, care plan reviews and staff supervision. The coordinators completed the weekly reports which were monitored by the registered manager. The registered manager told us this system was effective as it meant they were able to deal with any issues as they arose. When actions arose following quality checks, they were completed within an appropriate timescale, such as one person had not signed a medicines agreement which was then resolved.

Most people were confident in the organisation and administration of the service. However one person thought that the administration could be improved and gave an example of having cancelled visits but staff still turned up. One person told us "there is no management contact but I know if I want to get to talk to them I can." Another person told us that they had seen a manager recently who been to their home to check their care records. Someone else commented that the managers occasionally covered the care worker role and they found this made them more approachable. This meant the coordinators had got to know some people which made communication with them easier.

Staff told us management were accessible. However one member of staff told us that if they rang the office they did not always feel listened to at the time. However if they made an appointment to meet with management they felt they would be listened to then. They acknowledged that when they telephoned the office, management were busy. This was confirmed by another member of staff who told us they thought the organisation needed more staff in the office. However all staff felt that they could approach management and one member of staff told us "I can phone the office anytime, or call in if I need anything." Another member of staff told us "I speak up if I need to, I get listened to." They gave an example of raising concerns about the level of support one person was receiving, additional visits were organised as a result of this. They also described management as having a "good idea of what's required so people get what they need." Another member of staff told us "they (the registered manager) have been really good to me and are really supportive."

Locality based staff meetings had taken place. They were an opportunity for information sharing, such as feedback about the rapid response service or staff changes. One member of staff told us that they worked

during school hours and that attendance at meetings could be difficult for them, however they told us if they were unable to attend they were given updates from a coordinator.

There was system for reporting accidents and incidents. The registered manager was responsible for checking and monitoring incidents.

There was an annual quality questionnaire the last one was dated July 2015, the results of which were mostly good or excellent. Where there were negative comments the registered manager told us it was around people's expectations. The actions which they took from this were to talk with the local authority and people about having realistic expectations about what the service provided.