

All Care (GB) Limited

All Care (GB) Limited West Sussex North

Inspection report

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West Sussex
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Tel: 01293571230

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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

All Care (GB) Limited West Sussex North is a domiciliary care agency providing care to people living in their own homes. At the time of inspection the service was providing care to 128 people.

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 and their relatives felt safe. Risk assessments had been completed and there were systems in place for monitoring changes to people's needs. People were kept safe with infection prevention and control processes. Staff had received safeguarding training and knew how to recognise and report concerns.

People's choices and preferences were clearly recorded in care plans and records. Care staff received regular training updates to provide safe and effective care. An electronic care system had been introduced to record and monitor care provision. Care staff knew how to work with health professionals to support effective care, medication records were clearly recorded.

People told us they liked having regular care staff and felt that their needs and preferences were known. People said carers were helpful and caring.

People were involved in their assessments and care plans were person centred. People were asked how they wanted care provided and were supported to receive the care they chose. Electronic records were used effectively to show the care people received.

Training and care quality was audited. Training needs were identified which the provider was addressing. People were regularly asked to provide feedback about their care. There were systems and processes in place to address concerns and shortfalls.

Social care professionals spoke positively about the commitment of care staff and managers to support people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 15 August 2019 and this is the first inspection.

Why we inspected

This inspection was carried out because the service had not been inspected since it was registered. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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 ●

All Care (GB) Limited West Sussex North

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 team consisted of an inspector, an inspection manager and an assistant inspector.

Service and service type

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

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 a short period notice of the inspection because we acknowledge impacts of the current COVID-19 pandemic on working arrangements in offices. We wanted to ensure there could be safe arrangements made for us to visit the office in person. We asked for information to be emailed to us where possible to minimise our time in the office.

Inspection activity started on 19 December 2020 and ended on 11 January 2021. We visited the office location on 22 December 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service from the registered manager, people who use services and their relatives. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and a member of staff.

We reviewed a range of records. We looked at five 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.

After the inspection

We continued to seek clarification from the registered manager and senior manager to validate evidence found. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at ten electronic care plan records, policies, training data and quality assurance records.

We sought contact with five people who used the service and four relatives, we were able to speak with three people and two relatives about their experience of the care provided.

We had email contact with two local authority social workers who have regular contact with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and processes were in place. Concerns had been raised appropriately to the local authority and to CQC.
- Staff had received safeguarding training and understood the range of concerns they should report.
- Staff understood how to record safeguarding concerns and the registered manager had followed these up with the local authority.
- People told us they felt safe. "Yes, I feel safe with them here.", "I am happy, they are good." One person told us they felt "100%" safe.

Assessing risk, safety monitoring and management

- People's care needs and risks had been assessed and were recorded on their care plans. The support people needed with health conditions and daily tasks were recorded clearly for people and staff to access at each visit.
- People were supported to move safely around their homes with equipment such as hoists and walking aids. Where people used emergency call buttons their care plans recorded that they were placed within reach.
- A new electronic system was in place for recording care plans, risk assessments and the daily call logs. Care staff immediately updated the system with the care they had provided, this could be seen by managers, care staff and the people receiving care.
- Care staff told us they reported changes in health or circumstances to managers who then reviewed care plans. One carer told us, "I have regular people I go to and know them really well now. We work closely with the community nurses so that people get the right health support."
- Care staff told us people's medication changes were immediately added electronically to care plans by managers.
- Accidents and incidents had been recorded in a log, immediate actions had been taken to keep people safe and further actions had been taken to prevent further harm.

Staffing and recruitment

- Two people told us they had spoken with office staff about late care calls in the last month, one person said the issue was being resolved. The registered manager confirmed that all late calls are logged electronically, however some functions need to be manually corrected. The registered manager was working with care staff to improve this part of the service.
- The provider had safe recruitment processes in place. New staff had appropriate checks before starting work, these included previous employment references being sought and Disclosure and Barring Service

(DBS) checks.

- Most people told us they received regular carers all or most of the time and they usually arrive at the expected times. One person said, "My regular carers are on time, they're very good. Very efficient, I don't have to tell them anything they just get on it with the jobs." Another person told us, "I have regular girls. They're usually all the same. They come on time."

Using medicines safely

- Where people required support with administering prescribed medication or applying topical creams this was detailed on care plans and in daily tasks. Care plans showed when people had received or declined prescribed medication. Managers could monitor this information immediately.
- All care staff had received medication training and told us they received regular training updates about skin care. Staff told us they sought consent before applying prescription creams.
- Care staff who supported people with medication and topical creams told us they were confident following the medication instructions and body maps on care plans. Care staff told us they would inform the office immediately if a person had a new prescription which was not recorded on the care plan.

Preventing and controlling infection

We were assured that the provider's infection prevention and control (IPC) policy, risk assessments and processes were up to date and relevant to the current COVID-19 pandemic.

- Staff had access to appropriate personal protective equipment (PPE) which was supplied from the office when required. Staff told us they can easily access PPE when they need it.
- The registered manager told us she had previously undertaken observations and spot checks of PPE use, however, government advice about restrictions during the pandemic had made this difficult. She intended to resume these audits when safe to do so.
- Staff told us they received regular reminders about good IPC practice from the staff newsletters.

Learning lessons when things go wrong

- Care staff had reported accidents experienced by people, these were recorded in a log which had been reviewed by the registered manager. Immediate action had been taken to ensure people's safety. Where appropriate, further actions, such as an Occupational Therapist referral, call to the GP or contact with a nurse had been made to prevent further harm.
- The complaints procedure and grievance procedure had been used by staff and people who use the service. These concerns had been recorded and investigated, where conclusions were found actions had been agreed for improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of their needs before the service started. Care and support tasks were clearly recorded in care plans with specific preferences and requests noted such as meals, support with medication, comfort and bed time routines.
- Care staff sought people's choices about care and support and staying safe. People were asked their consent to care before support was provided. Care staff recorded when people did not want a task to be completed and when they had met specific requests such as making time for a chat so that the person could get to know them and build rapport.
- The electronic care records used by the service provided people, staff and managers with information about any missed care or gaps in care provision.

Staff support: induction, training, skills and experience

- Staff induction provided training in areas of care provision, health and hygiene, practical tasks and keeping people safe over five days.
- New care staff shadowed shifts with more experienced staff before working independently.
- All care staff had completed Care Certificate training.
- Annual refresher training was provided to all staff, updates and reminders about good practice were sent in the weekly newsletter. Care staff told us they understood the training and knew they could approach managers if they had further training needs.
- Before the lockdown restrictions care staff had team meetings and supervision in person at the office. During lockdown supervision was being held by telephone or video call. The weekly newsletter helped to replace staff meetings and contained training information, policy updates, team building encouragement and updates to rotas.

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

- People's choices and preferences for food and drinks were assessed and recorded in their care plans.
- Where people required specific support with their nutrition, care staff were prompted to encourage their preferences and record decisions in the daily log. One relative told us that they would like more meal choices offered, the registered manager was working to resolve this.
- The service was not supporting anyone with specific hydration risks. The registered manager told us the electronic system can be used to monitor nutrition and hydration risks and to audit people's intake when required.
- Most people told us they were happy with the support provided for food and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with health and social care agencies to ensure people received coordinated and effective care. Care staff told us they valued advice from community nurses in managing skin care and other health conditions.
- One social worker from the local authority praised the service for providing consistent and effective care. Another social worker told us, "I've always found all care to be effective in their delivery of care and responsive in a timely manner to our requests for provision of care for customers. Relationships between myself and their staff is excellent."

Supporting people to live healthier lives, access healthcare services and support

- People and, where relevant, relatives had been involved in discussing and agreeing their risk assessments and care plans. Preferences and choices were recorded about how people wanted their care to be provided.
- Feedback surveys were regularly sent to people for their views about care. One relative we spoke with asked to be sent the survey regularly, the registered manager promptly agreed to add their contact details to the mailing list.
- Some relatives had emailed thanks to the service for providing effective care. One comment given was, "All your staff do an amazing job for mum. She looks forward to seeing them and they have helped her to get well and more active over the last few months."
- Before the COVID-19 pandemic the service held regular coffee mornings at the office for people to attend and meet with staff and managers. The registered manager told us she valued these interactions and hoped to resume these events when it was safe.

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.

- All staff had received training about the MCA and how to support people to make decisions about their care.
- People's consent to care was sought and recorded in their care plans and daily records.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People felt they were treated with care and were well supported. They said of care staff, "They're very polite.", "I have [Carer] in the morning and I really like her. I wish I could have her all the time for my morning calls. We just get on really well.", "They're really nice."
- Care staff knew about people's strengths and needs from their records and by getting to know them, they valued being regular carers.
- Staff received annual training about equality and diversity. A manager told us this training was being updated and new 'bite sized' courses were being introduced.
- Risk assessments identified people's physical and sensory needs and noted their individual preferences for care and support.

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

- People told us they did not feel rushed during care calls. One person told us "They don't rush at all. We have a little chat. I like it."
- Staff understood how to support people to contact community health professionals such as nurses and to inform managers at the service about changing needs.
- Most people told us they would talk with care staff or managers about how their care plan was working.
- The service sent regular surveys to people asking for feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity to receive personal care and support in their homes. Daily care notes showed people were reassured and respected when receiving personal care and support with health needs.
- Care call logs showed that some visits lasted slightly longer or shorter than the scheduled time. Reasons for variations were generally recorded and usually showed people were satisfied that all tasks were completed. The service could improve how variations are recorded and audited.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care plans showed their individual needs, routines and choices, this was seen in how meals and drinks were supported, in personal care preferences, risk assessments and action plans.
- Most people and one relative told us they knew about their care plan. One person told us, "They have a care plan for me. I have seen it. We don't really talk about it, there's always something else I want to talk about. They [care staff] make me laugh, they really listen to me."
- Some people and relatives told us about changes they wanted to make to care arrangements, they knew who to contact about these.
- The registered manager told us care plans are reviewed regularly with people, their relatives are involved if they wish. If people's needs change plans are also reviewed with people and relevant health or social care professionals.

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.

- Care plans and risk assessments carried out with people identified their communication needs and preferences. Where people had a sight or hearing impairment this was clearly recorded and staff told us they knew if people had hearing aids or needed their environment describing.

Improving care quality in response to complaints or concerns

- One person and a relative who had raised a complaint about late calls or duration of calls told us they did not feel the service had responded in a timely way. Some staff also told us the electronic records show some people regularly had missed, late or short calls. We asked the registered manager about these issues and she assured us she was actively seeking to resolve the concerns with the electronic system and with staff. Communication with people about how concerns are being resolved could be improved.
- The service had a complaints, suggestions and compliments policy in place.
- Outcomes and lessons learnt from concerns, incidents and safeguarding enquiries were recorded.
- People and relatives knew they could speak with care staff or managers if they needed to raise a concern.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- During the COVID-19 pandemic restrictions a weekly newsletter was sent to staff to share updates and information about care services, infection prevention and control and good practice. Staff were thanked for their hard work and offered support during the pandemic.
- The service was well regarded for supporting people with complex needs to achieve good outcomes in care. Social care professionals told us they believed the service was person centred and supportive and that care teams had been resilient during difficult times.
- Care staff understood and valued working with community nurses to improve people's health outcomes. Referrals were made to occupational health teams and GPs when needed.

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

- The registered manager understood their duty of candour and had shared outcomes of incidents and accidents with relevant people. There was a duty of candour policy in place.
- The registered manager was aware that the electronic system sometimes needed manual inputting to ensure it was accurate and was working on this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with understood their roles and felt confident they had the right training and support to carry them out.
- Care staff understood how to raise issues and concerns with managers and care coordinators.
- Where people and staff had raised concerns these had been recorded and responded to according to the relevant policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- During the lockdown the service had promoted a range of awareness and wellbeing days on the service's social media profile. These included dementia awareness, good care month, international day of persons with disabilities and adult safeguarding week.
- People and relatives were asked to complete regular feedback surveys to monitor quality of care.
- The service had reviewed feedback and concerns raised and was updating the equality and diversity

training to focus on protected characteristics.

- Staff were encouraged to continue their professional development. One care staff told us they were about to start further NVQ training.