

All Care (GB) Limited

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## Inspection report

Marten House  
The Brow  
Burgess Hill  
RH15 9BS

Tel: 01293571230

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22 October 2021

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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 provides domiciliary care and personal care to people living in their own flat within a building called Marten House. Marten House is a large purpose built building providing extra care housing to people. At the time of inspection there were 29 people being supported with personal care from All Care (GB) Limited.

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 received a service which promoted their safety and wellbeing. People's needs were assessed and reviewed with them and there were enough staff to support their needs. There were processes and procedures to manage infection prevention and control safely.

People's independence was encouraged, and they felt staff knew their specific likes and preferences. Staff were well trained and well supported by managers to carry out their roles.

People felt cared for and valued. People said they treated with respect and dignity. Staff were compassionate and committed to provide practical and emotional support to people.

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.

There was a positive culture of listening to people and responding to their views. Managers valued the views of staff, people using the service and professionals in the wider community and they were well regarded as caring and responsive.

There were robust processes in place to ensure people received a good service. Staff were well trained and supported to carry out their roles, records were up to date and care plans reflected how people wanted to be supported. Managers regularly audited records and looked for ways to improve and learn.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 15/08/2019 with their current provider and this is the first inspection since then.

#### Why we inspected

This was a planned inspection carried out because the service had not been inspected since it was registered with us.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# All Care (GB) Limited

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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 48 hours' notice of the inspection. This was because the registered manager manages two services and we wanted to ensure they could make arrangements to be in the office to support the inspection.

Inspection activity started on 20 October 2021 and ended on 28 October 2021. We visited the office location on 22 October 2021.

### What we did before the inspection

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

We asked the registered manager to send us some policies and documents in preparation for our visit.

### During the inspection

We met with eight people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, service manager and care staff. We observed how people and staff interacted and communicated with each other.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at seven 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 to validate evidence found. We looked at training data, policies and quality assurance records. We received feedback about the service from a GP practice. We spoke with advocacy services who support people receiving a regulated activity.

# 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 to monitor that people were safe from avoidable harm. Potential concerns had been appropriately raised to the local authority to assess.
- Staff had received safeguarding training and understood the range of concerns they should report. They told us they understood how to record safeguarding concerns to managers and the local authority if necessary. Staff were confident that safeguarding processes were in place and that managers were responsive to any concerns.
- All the people we spoke with told us they felt safe. One person told us, "I feel very safe. I feel looked after, but at the same time they let me be my own person." Another person said, "I feel I'm safe here, it's very safe. I have no concerns."

Assessing risk, safety monitoring and management

- People's care needs and risks had been assessed with them and were recorded on their care plans. We saw risk assessments were clear and easy to follow. People and staff accessed these when required. One member of staff said, "People's records tell us about their risks, like when people need extra encouragement or when we need to monitor someone's health condition with them."
- People were supported, when needed, to move safely around their homes and to make use of communal areas. We saw staff ensuring people with mobility aids had clear corridors and easy access through doors.
- Care staff immediately updated the electronic care records once support was provided. These daily logs were regularly monitored by managers who knew if support was on time and correctly provided according to people's assessed needs.
- Changes to people's risks and needs were promptly recorded by managers and accessed by care staff. We saw that people's medicine changes were immediately added electronically to care plans once known. Staff told us it was easy to access information about people's risks and they were confident records were up to date. Staff had handovers from one shift to the next when they found out any concerns or changes to how risks should be managed

Staffing and recruitment

- 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.
- There were enough staff working to provide people with the agreed level of care and support. People told us staffing levels were good. One person said, "Staff always come when you need them." Another person said, "I've always had the carer when I've expected them. All the carers know what I need and how I like things done."

### 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. This information was available to managers immediately and was monitored regularly.
- Care staff were appropriately trained for medicine administration. Care staff we spoke with told us they had received training and had been assessed for competency before administering medicines. Staff and people receiving support told us consent was always sought before applying prescription creams.
- Managers supported staff to maintain their competency in administering medicine. One staff member told us, "I've always felt I can ask questions and improve my knowledge about medicines. We get feedback about how we manage [medicine] so I always feel managers have good knowledge of how we work."
- 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. We saw medicine records were completed and up to date.
- People's medicines were stored securely in their homes, excess or out of date medicines were checked and disposed of appropriately with the pharmacy.

### Preventing and controlling infection

- Staff had access to appropriate personal protective equipment (PPE) which was supplied to them as and when required. Staff told us they had received training in safe use and disposal of PPE. We saw staff wearing PPE appropriately during our visit.
- Observations and spot checks of staff's PPE use were undertaken by managers to ensure current COVID-19 guidance was followed. People told us they felt staff were doing a good job at keeping them safe during the COVID-19 pandemic.
- There were up to date COVID-19 and infection prevention and control policies and procedures in place. Staff told us they had access to policies and received reminders and updates about changing government guidance for their work.

### Learning lessons when things go wrong

- Staff understood their responsibility to report concerns about people's safety and wellbeing to managers. Staff and managers understood that incidents and accidents needed to be recorded and followed up to ensure risks to people were reduced, and lessons could be learned.
- Managers regularly sought feedback from people they support and staff. People told us there was an 'open door' policy for approaching managers with questions and feedback. Feedback was analysed to find out if there were any concerns to address or improvements to be made.



# 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 and preferences before the service started. Care and support tasks were clearly recorded in care plans with specific preferences and requests noted such as support with medication, daily routines and how people liked to be supported.
- People's choices about care, support and staying safe were known and supported by staff. People told us that staff knew them well and worked as a team to support them. One person told us, "They know me and what I need. I think they've found out how I like to be supported and that's what they do. I think they're very good carers."
- Care and support was reviewed regularly and agreed changes recorded on care plans. Records were clear about what people needed support with and how they wanted it. Staff told us they regularly read care records to keep up to date about people's changes.

Staff support: induction, training, skills and experience

- New care staff received induction, training and support in their new roles. Training was provided in aspects of practical care provision, health and hygiene and keeping people safe from harm. New care staff shadowed shifts with more experienced staff before working independently. Staff were supported to complete the nationally recognised Care Certificate training. One member of staff told us, "I've come with dementia experience and I've had a learning curve for more independent care here, they've supported my learning and I think the training has been what I needed."
- Annual refresher training was provided to all staff, updates and reminders about good practice were sent regularly to staff. Care staff told us they understood the training and it equipped them to provide person centred care to people.
- Staff enjoyed their work and felt encouraged to learn and provide care. One member of staff told us, "I feel really lucky to work with this organisation, my induction and training have been really good." Another staff member said, "We work really well in teams and communication in our teams and at handover is really good. You always know what is happened for people you support."

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

- The service was not supporting anyone with specific hydration or nutritional risks which needed close monitoring. The electronic care plan could be used to monitor nutrition and hydration risks with people and to audit people's intake when required.
- People's level of need for support with meals and drinks was recorded in their care plans. It was clear when people needed help to plan meals or if they needed support with choices and access to meals from the extra care provider.

- People's preferences about food was recorded. Care plans noted what people liked to eat and drink, and any important details to them such as preferred mealtimes and what they didn't like. Staff got to know people and talked about preferences and dislikes as part of their support. We joined the coffee morning where we saw that staff knew how individual people liked their tea and coffee.

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

- The service worked with health and social care agencies to ensure people received coordinated and effective care. People told us there was good communication between the service and their healthcare professionals and they were supported to access appointments when needed. A GP practice told us, "Our experience has been that the manager [of the service] is proactive and responsive in terms of identifying medical concerns with the residents, who often have complex needs. She takes a whole person, personalised and caring approach."
- People's advocates had high praise for the support and care provided by managers. One advocate told us, "I can't speak more highly of the manager's level of communication and support to people. For example, she went out of her way to help settle [a person] into their home and will always pop in to see people and check they are OK." Another advocate told us, "The manager has been helpful and flexible in supporting [people's] independence. There is always privacy for phone calls and people have been supported to use [computer] devices for emails or internet searches."
- People's records showed their health needs and advice from professionals was acted on by staff. We saw care plans were reviewed when people's health changed and referrals were raised to community healthcare services.
- Staff told us the system of recording and communicating people's changing healthcare needs was good. One staff member told us, "Our handover between shifts is really good. People's care plans are up to date online but we always let the next shift have updates about any concerns which need monitoring with people."

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.

- People's consent to care was sought by staff. People told us staff always checked with them about care and support tasks before carrying them out.
- Staff had received training to understand the Mental Capacity Act. Staff told us the training helped them understand how to support people to make choices and to recognise if people's capacity needed to be assessed. We saw people's records showed when mental capacity had been assessed.

# 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 well cared for and respected by managers and staff. One person told us, "They're like family really, carers are really kind and interested. They know me." Another person said, "I love it here, staff speak to you with respect. When they speak with you, you're really there, you mean something."
- People and advocates spoke highly of how the service valued people. Advocates gave us examples of how people had received support and encouragement with their emotional wellbeing and with challenging situations. People had been actively supported to maintain online contact with people and services during the COVID-19 lockdown. One advocate told us about the attentive care and communication maintained with people experiencing mental health difficulties. One person told us, "I haven't always felt safe where I live, I do here. Staff are really approachable; they are really interested in knowing how to support you."
- People's diversity and individuality was valued. Staff had received training about equality and diversity. One staff member told us, "I found [the training] really interesting. We are really encouraged to be person-centred, to respect the lives people want to live and to support their choices."

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

- The service asked for feedback from people in regular surveys. People were encouraged to give feedback about their care and support. One person told us, "The manager genuinely listens, I know things have been changed when I asked. Small things maybe, but important to me."
- People told us the regular coffee mornings were a good way to talk with other people and staff about the service, ask questions and share ideas. We saw staff facilitating discussion and demonstrated they were actively listening to people.
- The manager referred to advocacy services for people who wanted support to speak up about challenging issues or concerns. Advocates told us their involvement was valued and supported by the service.
- People contributed to their care reviews. Managers recorded what people wanted from the service, which people were important to them and how they wanted to access community resources and support.

Respecting and promoting people's privacy, dignity and independence

- People experienced support which promoted the way they wanted to live. People we spoke with all told us staff and managers got the balance right of providing support and promoting their independence. One person told us, "I do as much as I can for myself, staff are very kind and respectful. This is my home and they help me to feel very comfortable and safe." Another person said, "They help me to feel independent, like I want. I really do feel supported by caring staff."
- Care plan records identified ways people wanted their independence supported and promoted. A member of staff told us, "It's really clear how people want to be supported. We respect people's privacy,

we're in their home and they should have control about how we help them. It's what I'd want."

- Staff valued their role in working alongside people to provide a caring dignified service. One staff member told us, "I've really seen this service help and encourage people to remain independent for as long as possible. We help people in their goals with this. It looks different for everyone."

# 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; End of life care and support

- 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.
- People told us the service met their individual preferences and needs. One person said, "Staff know me very well, but they ask me and don't take me for granted. It's good because sometimes I change my mind, it's never a problem to care staff."
- Staff were focused on providing person centred care to people. One member of staff told us, "I really like that care plans are individualised to people's preferences, choices and dislikes. It's really helpful for how we talk with people each day when we provide care." Another member of staff said, "We're encouraged to support people but not to take over. I think we're a good team of staff we all have the same approach in putting people first in the way we provide care."
- Where people had an assessed need for support with social activities, carrying out activities in their community and keeping in contact with people, staff supported this. One example we saw was staff facilitating a coffee morning on the day of our inspection. Staff knew people well and provided a friendly and relaxed space for people to meet up.

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.

- People's communication methods and preferences were recorded in their care plans. It was clear when people experienced sensory impairment, their records showed if and how they needed to support with this.
- People were encouraged to develop their skills in communicating with each other. One person told us sign language alphabet had been learned in the coffee morning and staff had taken part of learning to spell out their names.
- Mobility needs, physical support needs and equipment requirements were recorded in people's records when appropriate.

Improving care quality in response to complaints or concerns

- Feedback survey results from people who use the service were analysed to identify any gaps or concerns about service provision. Managers liaised with the housing provider to see how they could work in partnership to improve people's experiences.

- The service had a complaints, suggestions and compliments policy in place. Staff told us people often gave them informal feedback and they raised any concerns to managers. One staff member said, "I don't usually hear negative experiences from people, if I did, I'd explain we have a process they can use to make a formal complaint. All the people I know here would be happy to speak with the manager directly but if there was an issue, I'd raise it."
- Outcomes and lessons learnt from concerns, incidents and safeguarding enquiries were recorded. Managers reviewed the incidents and accidents people experienced to ensure they had taken appropriate action and to identify if support systems could be improved.
- People knew they could speak with care staff or managers if they needed to raise a concern. There was a complaints procedure in place to address any concerns people experienced with the service. People we spoke with told us they were confident raising a complaint but had not needed to. One person said, "We would definitely complain about our care and treatment if we needed to. We'd tell staff or the manager, they are all very easy to approach. I have no concerns about care."

# 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

- Managers were highly regarded by people who use the service and their advocates. They were described as leading a person-centred service which supported people to achieve their individual goals for independence and respectful support.
- Staff felt the person-centred values of the service were clearly promoted through all aspects of communication and direct care. Managers were described as leading by example and role modelling positive and respectful ways of working in how they treated staff and people who used the service.
- Advice from health professionals was sought in a timely way so that people could be informed about risks or health related choices. People told us the service was quick to respond when they experienced health difficulties and helped them to access the right medical care.

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.
- Staff understood it was important to report situations where things went wrong so that lessons could be learned.

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

- Staff were clear about their roles and had received appropriate training and support to carry out their jobs. Staff told us they were well supported with training and supervision as well as more informal support and advice from managers when they needed it.
- People who used the service had confidence in the systems of support and in the managers effectiveness. They told us their care was well managed in all areas and that managers and staff worked as a team to support them.
- Managers were proud of their staff and the quality of care provided. They took pride in ensuring staff were well trained to meet people's needs and had clear systems to support and communicate with staff.
- There were robust systems to audit and manage the quality of care. Managers regularly monitored and audited the service people received. Daily tasks and records were reviewed, medicine was monitored and managers regularly spoke with people to understand what the service felt like to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had built good links with the community and health services used by people they supported. Managers and staff respected and valued people's links to the people and places they considered important. One member of staff told us, "COVID-19 has really focussed us on supporting people to enjoy what is important to them. For some people it's being in their home, for others it's being able to go to the shop, other people really need to stay in contact with a wide range of people. We've been supporting people, as much as possible, to maintain what is important to them."
- Staff were committed to providing good quality support and were proud to meet the diverse needs of people. Managers and staff understood how to promote independence for different people and talked positively
- Staff we spoke with all felt proud that there was strong teamwork and high staff morale. Staff felt managers were good, compassionate leaders and this supported them to provide compassionate care to people.