

All About U Care Services Limited

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Inspection report

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

Date of inspection visit:
24 April 2023
05 May 2023

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06 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

All About U Care Services Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there was 1 person using the service.

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

The service had been supporting the same person for many years. Care was person-centred and safe. However, there had not been a registered manager in place since 2021. This reflected the registered provider's lack of understanding of their regulatory responsibilities. The registered provider was in the process of applying to become registered manager.

Since our last inspection, new quality checks had been put in place. They were practical and supported safe care. However, quality checks and training programmes remained limited to the needs of the person being supported.

There was room to improve written risk assessments and care planning. However, we found minimal impact as the person received support from a small staff team who knew their needs well.

Communication across the service was effective and open, with good involvement with the person's relative and external professionals.

There were enough staff to meet the person's needs. Staff knew how to support the person from the risk of abuse. The registered manager and staff supported the person and their family to manage risk. The person received their medicines as prescribed. Staff supported the person to minimise the risk of infection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

The person was supported by staff to have a fulfilling and meaningful everyday life.

Right Care:

Staff members knew the person well and communicated with them in a kind and compassionate manner.

Right Culture:

The whole service focused on the wellbeing of the person being supported.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 July 2021). The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. We reviewed whether improvements had been made since our last inspection.

For those key questions not inspected, we used the ratings awarded at previous inspections to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Recommendations

We made recommendations around improved checks, training, care plans and risk assessments.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

All About U Care Services Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous manager had de-registered on 08 June 2021. The nominated individual, who was also the provider was applying to become registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 April 2023 and ended on 5 May 2023. We visited the location's office on 5 May 2023.

What we did before the inspection

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

The inspection

We spoke with the provider and the senior care coordinator. We had contact with a second member of care staff. We reviewed a range of records. This included 1 person's care records and 2 staff files. We looked at a sample of the service's quality assurance systems. We spoke on the phone to a relative. We requested a range of information from the provider. We had feedback from 1 professional about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection, we found the provider did not have adequate checks to ensure staff were supporting people safely with their medicines. At this inspection we found improvements had been made in this area.
- The registered provider had put in place new, effective systems to ensure the person received support to take their medicines as prescribed. They worked well with senior staff to check the support provided by staff with medicines.
- A relative told us medicines were administered safely. Staff worked closely with the person they supported, their relatives and health professionals to provide personalised support with medicine.
- There was a new care plan in place giving guidance to staff providing support with medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk was minimised because consistent staff knew the person well and provided safe care. The person needed support with mobility and 2 care staff had been shown how to use a new piece of equipment by an occupational therapist. The senior staff member then showed other staff how to use it and carried out observations to ensure the person was being supported safely. A relative told us, "They are always there for [Person]. They all know how to use the equipment. The senior did shifts with the new staff to make sure they knew what to do."
- Care planning and risk assessments had been tailored around the person receiving care. Although it lacked detail, written guidance to staff was personalised and practical and supported safety. The lack of systems in place have been discussed further in the well-led section of the report. Improvements were needed, should the service increase the number of people supported.

We recommend the provider seek advice and guidance from a reputable source to help them develop good quality risk assessments and care plans, in line with best practice.

- Daily care records were very detailed and were checked regularly by senior staff. This promoted safe care as they enabled senior staff to review the care being provided. Any incidents were discussed and reviewed by the registered provider who shared learning with staff.

Staffing and recruitment

- The senior staff member responsible for care was experienced and knowledgeable. They had a management qualification and dealt with any issues around the person's needs, such as coordination with GPs and other professionals.
- A relative and staff told us there were enough staff to keep the person safe. The staff group was consistent, and rotas were well-managed.

- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Staff told us they had received all the necessary checks before they could start working at the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training to ensure they had up to date information about how to promote people's safety. A relative told us staff communicated continually about how a person was and they felt confident any issues would be raised and dealt with promptly.
- The registered provider told us they understood their responsibilities to refer to the local authority, as required, when there were safeguarding concerns. They promoted an open culture where staff felt able to speak up. There was a shared commitment to keep the person supported safe.

Preventing and controlling infection

- Staff supported the person to minimise the risk of infection in their home. They used personal protective equipment (PPE) effectively and safely, in line with existing guidance.
- The registered provider had minimised the risk of infection safely during the COVID-19 pandemic.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in July 2021, we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to monitor the quality and safety of the service. At this inspection we found improvements had been made and the service was no longer in breach.

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

- At our last inspection, the registered manager was absent and then left the service. Following the inspection, the provider became the nominated individual. They advised us they were going to apply to become registered manager.
- There had not been a registered manager since June 2021. Although the registered provider had now started the application process, this delay reflected a lack of understanding of the legal requirement for a registered manager to be in place at the service. This was now being addressed.
- When we last inspected, the registered provider had not put measures in place to ensure staff provided safe care in the absence of the registered provider. At this inspection we found there were proportionate systems to check on the care being provided. Each month the registered provider carried out unannounced visits to check on daily record and meet with the person being supported. The senior staff member reported weekly to the registered provider summarising the checks they had carried out, such as checks of medicine records.
- The new quality checks were practical and based around the need of the individual person receiving care. Likewise, we found staff had the skills to meet the needs of the person they supported, with positive input from external health professionals. However, the registered provider did not have significant experience of providing care and there were gaps in their knowledge regarding their regulatory responsibilities. We discussed the risk of growing the service without developing comprehensive management systems and training provision.

We recommend the provider research best practice in relation to developing comprehensive governance systems and training programmes prior to expanding the service.

- The improvement which had been put in place since our last inspection reflected a commitment by the registered provider and staff team to learn from feedback and improve care.

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

outcomes for people

- The service was totally focused on the individual being supported at the service. This was reflected throughout the inspection. The provider told us, "The care staff are good and it's all around continuing the support for [person] and their family."
- A relative gave us positive feedback about the care staff provided. They told us, "You should see how happy [person] is. The care is like an extended family."
- A member of staff said, "[Person] has the best life compared to other people I have met in care, they love their life and have an amazing time. We put music channels on and sing and dance. One carer does baking and another craft or shopping. We all do something a bit different." Daily records reflected this personalised service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 provider ensured open and effective communication. They and senior care staff involved the person, their relatives, and any professionals, as required, to ensure positive partnership working.
- Staff were positive about the registered provider. A member of staff said, "I've worked with them for years. They have turned everything around since the last inspection. We work well together. They take it so seriously and makes sure everyone reads everything."