

All Health Care Services Limited

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Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

All Health Care Services Limited is a domiciliary care service providing personal care to people who live in their own homes. At the time of the inspection the service was supporting seven people. All of these people were being supported for end of life care.

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

The systems and records in place needed to be developed further to ensure they demonstrated how the quality of the service was monitored.

People were supported by staff that understood their individual needs and had been trained and understood how to protect people from abuse. People received their medicines when they needed them and had access to healthcare professionals where required. Systems were in place to reduce the risk of infection.

People received a consistent and reliable service from staff who were described as caring, friendly and supportive. Staff felt supported in their role and had access to information to guide them in their role. People and relatives told us they were happy with the service provided, and they knew who to contact if they had any concerns. Feedback was actively sought about the quality of the care being provided.

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.

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

Rating at last inspection - This service was registered with us on 12/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

All Health Care Services 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.

Inspection team

The inspection was undertaken by one 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 December 2021 and ended on 23 December 2021. We visited the office location on 16 December 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, managing director, senior care workers, and care workers.

We reviewed a range of records. This included three people's care records and medication records where applicable. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We reviewed additional documentation we had requested from the provider to validate evidence found.

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.

Staffing and recruitment

- Recruitment checks were completed when staff commenced employment. This included a Disclosure and Barring Service (DBS) disclosure check and references. Although employment history was obtained, we found gaps in two staff members employment history which had not been explored by the registered manager. We discussed this with the registered manager who took action to address this during the inspection.
- There was enough staff to provide people with the support they needed. One person told us, "I receive support from the same staff which is good as they now know me well. They come when I expect them to and stay the amount of time they should." A relative said, "They are good and reliable."
- Staff members confirmed they received rotas which included travelling time. A staff member said, "I support the same consistent people and receive my rotas in advance. We always have travelling time in between visits so we can get there the time we should." Records we reviewed confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. A person said, "I do feel safe when the staff support me, they are gentle and friendly."
- A relative told us, "The staff are good and yes we think [person] is safe when the staff are supporting them, we have no concerns."
- People were supported by staff that had been trained in safeguarding. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. A staff member told us, "If I had any concerns, I would report these to the manager or if needed to external agencies such as yourself (CQC)."

Assessing risk, safety monitoring and management

- People and relatives confirmed staff were aware of any risk factors when providing their support. A relative told us, "The staff know about [persons] condition and how this impacts on them, so they support them slowly and always check if [person] is feeling any pain."
- Risks to people were assessed and covered a variety of areas including skin integrity, moving and handling and the environment. Where risks were identified actions were recorded on how these could be reduced.
- Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member said, "I have access to the care plan and risk assessment on my device so any updates I am aware of. I know people well and their risks so I know which people are at risk of sore skin or who I need walk with as they may be unsteady on their feet."

Using medicines safely

- Majority of people were supported by their family to take their medicines. A relative for one person supported told us, "Staff give [person] their tablets when they need them." Records in place confirmed this.
- Staff confirmed, and the records showed they had completed medicines training as part of their induction. However, staff had not had a competency assessment completed following this training to ensure they could administer medicines safely. The registered manager advised an assessment would be devised and completed if staff needed to administer medicines to people.

Preventing and controlling infection

- People and relatives told us staff wore protective personal equipment (PPE) such as masks, gloves and aprons to prevent the spread of infections such as Covid-19. This is in accordance with government guidelines. A relative said, "The staff always have a mask on and never take it off when they visit."
- Staff confirmed and records showed they had completed infection control training as part of their induction. A staff member said, "I have had the training and about Covid and how to safely put on and take off my PPE. I have access to enough supplies of PPE."
- There were systems in place to monitor staff compliance with wearing PPE appropriately.

Learning lessons when things go wrong

- The registered manager advised there had not been any incidents or accidents and if any occurred these would be recorded and monitored for any patterns and trends.
- During this inspection process the registered manager told us they have learnt lessons to ensure records are completed to demonstrate how they maintain oversight of the service.

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's needs were assessed prior to the service being delivered. A relative told us, "I was involved in the assessment where we discussed [person] needs, the support we needed and agreed the times of the visits."
- People's care plans and risk assessments reflected individual needs and considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.
- People's care plans also contained information about their preferences, preferred name and pronouns. People's gender preferences for staff support were recorded and respected.

Staff support: induction, training, skills and experience

- People and relatives told us they felt confident in the staff and their skills to meet people's needs. A relative said, "[Person] has a consistent staff team and they all appear to know what they are doing and do it well."
- Staff confirmed they had received the training they needed for their role which included an induction and shadowing opportunities. A staff member said, "Due to Covid I had to complete all my induction training virtually which included practical moving and handling training. I also had the opportunity to read peoples care plan and risk assessments. I shadowed staff and met the person I would be supporting so we could get to know one another and their routine."
- Records were in place to support spot checks had been undertaken to monitor staff wearing PPE and were providing care in a dignified manner.

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

- People and relatives told us staff supported them when requested to have a meal and drink. One relative said, "I mainly sort this out but if needed staff would encourage [person] to eat their meal and have a drink."
- Staff told us they always ensured they left people with a drink before they left.

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

- People were supported by various agencies depending upon their diagnosis. This was managed by people and their relatives.
- Relatives told us staff worked alongside them and other agencies to ensure people's healthcare needs were met. A relative said, "We sort all the appointments and referrals out and staff ensure any recommendations made by professionals such as the GP, or district nurses are carried out. Staff are supportive and share any healthcare concerns with us so we can take action."

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 and relatives confirmed staff always sought their consent. A person said, "The staff always ask me first if it is okay to provide support. If I say no because I am having a bad day, they respect this."
- Staff confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had a basic understanding of the MCA and how this related to seeking consent before supporting people.

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 and relatives told us staff treated them with respect. A relative said, "The staff are lovely so kind and respectful at all times. We are happy with the support they provide."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "I think about how I would want to be treated and this is how I support people."
- Staff received training in equality and diversity and care plans contained information about people's backgrounds and current diagnosis. This enabled staff to provide individualised care.

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

- People and relatives confirmed they were involved in the daily provision of their care. One person told us, "The staff are really good they ask what support I need today, and I tell them what I need help with and what I am strong enough to do myself."
- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- Care records were electronic and available via an app. This enabled people and those that have permission to access the records and daily information regardless of where they lived in the world.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided support in a dignified way. One relative told us, "The staff are always polite and kind and ask me to leave the room when they are providing support with personal care. They make sure the curtains are closed to maintain [person] dignity."
- Peoples care records included information about what tasks they could do for themselves to maintain their independence and dignity. For example, such as washing certain parts of their bodies.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.

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 and relatives told us the support provided met their needs. A person said, "The staff are excellent, supportive and helpful I cannot praise them enough." A relative told us, "We are really happy with the care provided. The staff are responsive and if needed the call times are amended due to appointments which is good."
- Care plans were developed to include personalised information to enable staff to provide person centred care. Reviews were undertaken as people's needs changed and updated accordingly.

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 and relatives confirmed staff communicated in accordance with their preferences. A relative said, "The communication between us, [person] and the staff is good. The staff take their time and give [person] time to respond to any questions."
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was also recorded within people's support plans.
- The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew the procedure to follow to raise any concerns. A person said, "I would call the office and tell them about any issues I had." A relative said, "We have no concerns but would share these with the service if needed. I am confident any issues would be addressed."
- A complaints procedure was in place. Records of any complaints and the action taken, and responses were kept.
- The service had received some compliments and comments made included, "Wonderful caring team", "Could not ask for a more fantastic company." "Staff so caring and go the extra mile really happy."

End of life care and support

- Information about people's diagnosis and prognosis was included as part of their care plan for staff to be

aware of. In addition, it was recorded if people and their relatives or friends felt able to discuss their current situation or if their preferences were not to discuss this.

- Details of people's preferences and wishes were considered and recorded if shared should they deteriorate. This included which people they would like to be present.

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 requires improvement. This meant the service management and leadership required improvement to ensure systems were in place to demonstrate the oversight of the service.

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

- Some systems were in place to monitor the service provided but these needed to be improved and additional systems implemented. We found audits were not in place to check the recruitment of staff to ensure full information and checks had been completed. There were also discrepancies with the start dates and the date of staff DBS as some staff had also worked for the providers recruitment company. These shortfalls have now been addressed by the registered manager who also confirmed an audit would be put in place to prevent future discrepancies.
- The registered manager confirmed there had not been any missed or late calls, but systems would be implemented to record these if they occurred in the future and the reasons for this.
- The electronic system used provided the registered manager with call monitoring information and analysis which was shared with us. Although the registered manager reviewed these and took action to explore why call times and durations may have varied from the care plan, this information was not always recorded to demonstrate this. Some information was recorded on the person's electronic records, but a system/ audit was not in place to record an overview of this. The registered manager confirmed an audit would be put in place.
- Records were not in place to support the ongoing support, contact and feedback sought from people and their relatives. The registered manager confirmed records to support the contact would now be maintained.
- We found there was a lack of information to support the shadowing opportunities of new staff and how their competencies had been assessed in tasks such as medication and moving and handling. The registered manager told us they had worked with all the staff and observed their practices, but they had not recorded this. The registered manager advised she would now ensure this information was recorded to demonstrate staff competencies in undertaking tasks.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents.
- Staff understood their roles and responsibilities. One staff member told us, "We are a close team who work together, and communication is good to ensure a consistent approach."

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

- People and relatives, we spoke to were complimentary about the service provided. A person said, "I am really happy with the service I get it is managed well." A relative told us, "I cannot praise them enough they are excellent and reliable."

- Staff we spoke with were committed about ensuring people received personalised support which met their needs and to ensure people received the emotional support they needed as their health declined. A staff member told us, "We support where we can and talk about things if the relative or person wants to, we take the lead from them."
- The registered manager shared with us their passion and commitment for people to receive good quality care in the community.

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 responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to previous experiences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us their feedback was sought and they felt involved in the daily delivery of the service. One relative said, "Yes I have been called and asked for feedback. I know I can speak with staff or the manager at any time. They are all supportive and approachable."
- Surveys were sent to people and those that had been returned were positive about the support and care provided by staff.
- Staff told us they felt supported in their role and found the registered manager to be approachable. A staff member said, "I feel valued here, it is a lovely small company. The manager is caring, open and approachable. The manager wants to ensure people receive good care as do we as staff. I feel able to share ideas about the service and I feel listened to."

Working in partnership with others

- The registered manager and staff worked in partnership with various health colleagues, and the local authority, to ensure people received a personalised service.