All Hallows Healthcare Trust

All Hallows Homecare - Ditchingham

Inspection report

All Hallows Hospital, Station Road
Ditchingham
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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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this announced comprehensive inspection of 15 March 2018, there were 35 people who used the service. We gave the service notice of our inspection to make sure that someone was available.

The location of All Hallows Homecare - Ditchingham was registered in October 2016 and this was their first inspection.

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

There were systems in place designed to keep people safe from harm and abuse. Where incidents occurred these were learned from and used to drive improvement in the service. There were infection control processes and procedures in place to reduce the risks of cross infection. There were arrangements in place to provide people with their medicines safely, where they needed this support. There were safe recruitment systems in place and the service ensured there were enough staff to cover the required care visits.

People were cared for and supported by care workers who were trained and supported to meet their needs. Where required, people were provided with the support they needed to meet their dietary needs. People were supported to access health care professionals, where required, to maintain good health. The service worked with other professionals involved in people's care to provide an effective and consistent service. The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought before any care was provided.

People told us that their care workers were respectful and caring. Care records guided care workers in how people's privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support. People's views and preferences were valued and listened to about how their care was planned for and delivered.

People received care and support which was assessed, planned and delivered to meet their specific needs. There were systems in place to provide people with the care and support they wanted as they neared the end of their life. There was a complaint procedure in place and people knew how to raise a complaint about the service they were provided with.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

There were systems in place designed to reduce the risks to people and keep them safe from harm.

There were enough staff to meet people's needs. There were safe systems for recruiting staff.

Where people needed support to take their medicines this was done safely.

Systems to minimise the risks of cross infection were in place.

Is the service effective?

Good

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

The service worked with other professionals involved in people's care to provide a consistent service.

Is the service caring?

Good

The service was caring.

People were treated with kindness. Staff respected their privacy, independence and dignity.

People were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There were systems in place to support people who needed end of life care.

There was a complaints procedure in place and people knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service.

There was an effective quality assurance system in place. As a result the quality of the service continued to improve.

All Hallows Homecare - Ditchingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection was carried out by one inspector on 15 March 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available to support the inspection.

The inspection site visit activity started on 15 March 2018 and ended 16 March 2018. On the first day we visited the office location to see the registered manager. We spoke with the registered manager, the deputy manager, the chief executive of the Trust, the registered manager's personal assistant, the care coordinator, the administrator, a registered nurse, a member of the human resources staff, and two care workers. We reviewed five people's care records, records relating to the management of the service, training records, and the recruitment records of two care workers. On the second day we spoke with seven people who used the service and five relatives on the telephone.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we sent questionnaires to 37 people using the service, 37 to relatives, 35 to staff and five to community professionals. This was to gain feedback about the service provided. We received completed questionnaires from 20 people, seven from relatives, 15 from staff and two from community professionals.

We inspected another of the provider's locations the week after this inspection. The reports for both of the inspections will be similar in parts. This is because the two services have the same registered manager and systems in place are the same across the provider's organisation.

Good

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service. One person said, "I need to use a hoist, I always feel safe, they [care workers] are excellent." One person's relative told us, "I feel my relative is safe." They shared an example how the care worker had supported their family member when someone had arrived at their door trying to sell items and was aggressive. We spoke with the registered manager and administrator about what had happened and they told us that they had reported this to the police. All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers. All of the questionnaires received from relatives said that they believed that their relative was safe from abuse or harm from the staff of the service.

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse, including policies and procedures. Care workers received training in safeguarding people from abuse and they understood their roles and responsibilities, including how to report concerns. All of the questionnaires from care workers said that they knew what to do if they suspected a person was being abused or was at risk of harm. They also said that they felt that people were safe from abuse. There had been no safeguarding concerns raised about the service in the last 12 months.

Care workers received guidance on how the risks in people's lives were assessed and minimised, in people's care records. These included risks associated with people's mobility, and risks that may arise in people's own homes. Risk assessments were updated and reviewed to ensure that any changes or emerging risks were included and up to date.

The provider had systems in place to learn from incidents and use them to improve the service provided. This included making referrals to health professionals and advising care workers on their roles and responsibilities.

People we spoke with told us that there had been no missed care visits and that they were informed if their care workers were running late. One person commented, "They always turn up, never let me down." One person said that their care workers, "Always turn up, sometimes a little late but not too bad." Another person commented, "We get a rota every week, 90% of the time they are on time, we do understand when times vary. If we need extra help they stay over if needed, so I expect they have to stay over with others sometimes."

People were advised that care workers may be late by up to 15 minutes. If this was longer, people were called to advise and arrangements were made if their care workers were going to be very late for someone else to visit them, for example the care coordinator who was trained in care. Care workers were provided with travel time between visits to people. This supported them to arrive to their planned visits as near to the planned time as possible. We looked at a care worker rota, which identified the times of visits to each person. People were also provided with a rota if required which identified their visit times and the care worker who was planned to visit them.

There were systems in place to provide people with care workers to meet their assessed needs. The registered manager told us that there were sufficient numbers of care workers to ensure that people's care visits were completed as planned. They had a planned recruitment drive to ensure that they could meet the demand for further requests for care support. Records and discussions with a human resource staff member showed that the service's recruitment procedures were in place to check that staff were of good character and were suitable to care for the people who used the service.

People told us that they were happy with the arrangements for the support they received with their medicines. One person commented, "They [care workers] always ask if I have taken them [medicines]." One person's relative said, "They remind [family member] to take them [medicines] it seems to be working well." Another relative commented, "I look after [family member's] pills, but they [care workers] have a little check when they come."

Systems were in place to provide people with their medicines safely, where required. Care workers received training in medicines and competency checks were undertaken. People's records provided guidance to care workers on the level of support each person required to take their medicines. Medicines administration records (MAR) were appropriately completed, which identified that people were supported with their medicines as prescribed. There was a robust system for auditing MAR and the medicines provided to people. This system supported the management team to identify any issues and to take action to address them. The audit analysis identified any trends and actions taken included additional training, competency checks and/or supervision for care workers. An action plan was completed if trends were identified including if a person regularly refused their medicines, the service contacted the GP to seek advice. In addition, if there were specific medicines issues, these examples were used in the medicines training for all care workers. This meant that the service had systems to learn from incidents and use them to drive improvement.

All of the questionnaires from people and relatives said that the care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons. There were systems in place to reduce the risks of cross infection including policies and providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers were provided with training in infection control and food hygiene. Hand washing and the use of items including gloves and aprons, were included in the supported visits of care workers. These were observations by the management team of care workers' usual work practice.

Good

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs. The service's staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. This included when they moved from and to other services. One person's relative told us how a member of the service's management team had visited their family member in hospital to assess that they could meet their needs. Once this had been completed they were supported in their own home after their discharge from hospital, they said, "[Family member] is very happy."

The registered manager told us how they worked with other professionals involved in people's care to support people to remain at home in line with their wishes. This included, with people's consent, referrals to occupational therapists to arrange assessments for equipment, which may make their lives more comfortable and safer. One community professional told us in their questionnaire, "The manager of All Hallows Homecare contacts me or the health surgery if they have any concerns with the health and/or wellbeing of any of their clients. They promptly carry out any requests from the surgery/myself to ensure that the client received the best care and support to enable the person to live safely and as independent as possible in their own home."

People were supported to maintain good health and had access to health professionals, where required. One person's relative told us, "If there are any problems [with their family member's health], they will let me know and make appointments with the doctor." Health professionals, including doctors, were contacted with people's consent. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that people were supported to reduce the risks of them not eating or drinking enough. Care workers received training in nutrition and hydration. People's records included information to show that people were supported to meet their assessed needs.

We asked people in our questionnaire if the care workers had the skills and knowledge to meet their needs, 95% said that they did and 5% said they did not know. One person stated that their care workers were, "Superb at their jobs, caring and friendly." All of the questionnaires from relatives said that the care workers had the right skills and knowledge to care for their relative. One person's relative commented, "The carers are all local [care workers] who appear to be hand-picked for their sunny, chatty dispositions, which do not however mask their innate professionalism."

All of the staff we spoke with and all of the questionnaires received, told us that they were provided with training and support to meet people's needs effectively. Training included moving and handling, safeguarding, medicines and food hygiene. Care workers were provided with training in subjects on people's specific needs and conditions, such as dementia and diabetes. The registered manager told us that people with specific conditions were not taken on in the service until care workers had been trained to meet their

needs appropriately. This included training on continence and eating equipment used by people. The registered nurse said that they had good relationships with other health professionals in the community and accessed training from these specialists for care workers to meet people's needs effectively. They shared an example of a person who had issues with their breathing and training was sourced from a respiratory nurse. The registered nurse also provided training on specific subjects relating to people's health and wellbeing. This included certain medicines that people used. They had also developed 'frequently asked questions' information for care workers.

Two care workers we spoke with told us about the training they had received, which included training in people's specific and diverse needs. They said that training was updated regularly to ensure they were always current with their knowledge. One said, "The trainers are good, they ask what you want and sort it. You can get extra training if you are not confident. We did pressure sore training, even though the nurse does this (community nurses support people with their pressure ulcers), we know what to look for."

The questionnaires received from care workers said that they had an induction which prepared them fully for their role before they worked unsupervised. One stated, "When I started working with All Hallows I had ample shadowing shifts and was introduced to all clients before I worked unsupervised." If newly recruited care workers had not yet achieved a recognised qualification, they were supported to complete the Care Certificate. This is a recognised set of standards that care workers should be working to.

Care workers were supported in their role and were provided with one to one supervisions. These provided care workers with the opportunity to discuss the way that they were working, receive feedback on their work practice and identify any training needs. Two care workers spoken with told us that they felt supported in their role.

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. All of the questionnaires from care workers said that they had training in and understood their responsibilities under the MCA.

Care workers sought people's consent before they provided care, and acted on their wishes. One person said, "They never go ahead [with providing any care or support] without my permission." People's care records identified their capacity to make decisions. The registered manager shared an example with us about how they had worked in a multi-disciplinary approach to provide care and support in a person's best interests. Before we telephoned people, the care coordinator sought their consent.

Good

Is the service caring?

Our findings

People had positive relationships with the care workers who cared for and supported them. One person said, "They are very kind, they all have a sense of humour," which they added was important to them. Another person told us, "Good gracious yes they are respectful. A super lot as far as I am concerned." Another commented, "They are all very kind." People's relatives told us about how the care workers were caring with their family members. One person's relative said, "[Family member] seems to get on with them [care workers], they have a laugh. If [family member] is grumpy, they tolerate [family member] and bring [them] round."

All of the questionnaires from people and relatives said that the care workers were caring and kind and that the care workers always treated people with respect and dignity. One person stated, "The carers couldn't be kinder and are very caring and considerate." Another person commented that the service, "Treats me with respect and dignity at all times, involving me in decisions about my care." One person's relative said in their questionnaire, "I know that my [relative] is treated with respect and dignity and [their] wishes listened to. I know that my [relative] is in very good hands." Another commented, "My [relatives] feel very comfortable with the care and kindness they receive from the service which is SO important and it currently meets their needs." All of the questionnaires from care workers and community professionals said that people were always treated with respect and dignity. One community professional stated in their questionnaire, "The carers are friendly and very respectful towards the client."

We asked people, in our questionnaire, if they felt that they were supported to be as independent as they could be, 90% said that they were, 5% did not know and 5% disagreed. All of the questionnaires from relatives, community professionals and staff said that people were supported to be as independent as they could be. People we spoke with told us that they felt that their independence was promoted and respected. One person said, "They only help with what I ask for." They also said how their privacy was respected, "They knock the door and call out before they come in." One person's relative said, "They [care workers] get [family member] to do as much as [they] can. [Family member] can't reach some parts [of their body when washing], they [care workers] help with that. They make sure they close the doors when helping, I think that respects [family member's] privacy." People's care records included information for care workers about how people's choices, privacy, dignity and independence should be promoted and respected.

All of the questionnaires from people, relatives and care workers said that people were cared for and supported by familiar, consistent care workers. People told us that they were provided with a group of regular care workers, which they saw as positive because they had built relationships with them and the care workers knew them well. One person we spoke with said, "I always know who is coming, it is the same faces. We get a rota every week." All of the staff we spoke with knew people well and spoke about them in a caring and compassionate manner.

People told us that they felt that their views and comments were listened to and acted on. One person said, "They do listen to what I say, I can't fault them." All of the questionnaires from people said that they were involved in the decision making about their care needs. People's preferences, including what was important

to them, how they wanted to be addressed and cared for was included in their care records. This showed that people's views and preferences were valued and used to assess, plan for and meet their needs. For example, one person's care plan identified how their condition affected them and stated, "I may ask you to stop at times because of severe pains…" There was information about people and their history, which supported the care workers to know about them, their history and interests. The care records also included people's goals, for example, one person's records stated that they wished to remain as independent as they could be. One person's relative told us, "They listen to what we say and we work together quite well. They provide good support; they ring me and I ring them."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "We are absolutely delighted with them, they are reliable and helpful." Another person commented, "They go out of their way to help me." One relative told us, "If there is ever a problem with [family member], they always let me know and we leave messages for each other in the diary. If I ask them [care workers] to do something it is always done."

All of the questionnaires from people and relatives said that they were happy with the service provided. One person stated in their questionnaire, "I am extremely happy and content with All Hallows care team, who are first rate." Another person commented, "The whole care package is superb." One person's relative said, "I know [family member] is happy with the care, they were adamant they wanted to use them again after they came out of hospital." One person's relative, in their questionnaire, told us how the service responded to their relative's needs, "On the rare occasions when we have had to ask for an extra visit in the evening because of an unforeseen event, they have gone out of their way to accommodate us at very short notice, even if they are on their way home."

When people started to use the service, a senior team member assessed their care needs. These assessments then informed the care plans which identified how people's needs were to be met. People's care records were person centred and included detailed care plans which provided care workers with guidance on people's assessed needs and preferences and how these were met. This included people's diverse needs and how they affected their daily living.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated and where they wanted to be cared for at the end of their life, were included in their care records. The registered nurse and deputy manager, who was also a registered nurse, were responsible for working with the continuing care team. This included working with other professionals to support people to remain in their home, in line with their choices, at the end of their life. The deputy manager and registered nurse told us how people were supported at the end of their life, including working with professionals to ensure people were provided with a pain free and comfortable end of life care. The registered nurse told us that they had a background in palliative care and incorporated their learning and experience into the training and care planning for people who received end of life support and care. This included the Gold Standards Framework (GSF) which is a recognised standard of end of life care, advanced care planning, how to speak with people about their end of life choices, and support to families including signposting them to other organisations. The registered manager told us that a member of the staff team always attended a person's funeral.

People's relatives were asked to complete a survey by the service to show that they were satisfied with the care and support their relative had received at the end of their life. This was used to further improve the service, where required.

The registered manager told us how the service had responded to provide care to people who needed it

during the recent poor weather, which affected travel. One person said, "They [care workers] were marvellous, I still got my regular carers." Another person told us, "I was very impressed when they arrived during the snow, I don't know how they got here, they did though." One person's relative commented that they had called the office to cancel their visit because of the weather; "They [office staff] checked we were okay and said they would get someone to us if needed." People's care needs were rated, included if people lived alone or with relatives. Some people who lived with others were advised that care workers were not able to get to them, and some had cancelled their visits themselves. There were stand-by systems for recovery of vehicles if they got stuck in the snow. Two care workers told us how they had worked together and visited people on foot during this time. They said they did not miss anyone out and also collected provisions such as bread and milk if people could not get these.

People knew how to make a complaint and felt that they were listened to. One person said, "I have no complaints, but would speak with someone in the office, they are always helpful." One person's relative told us, "If I have called the office with any niggles, just little hiccups, it has always been sorted with no issues at all, they take on board what we say." The questionnaires received from people showed that 83% said they knew how to make a complaint about the service. However, we saw that Information about how people could complain about the service they received was provided to people in their care folder when they started to use the service. All of the questionnaires from relatives said the service responded well to any complaints or concerns they raised. All of the questionnaires from community professionals said that the service's manager and staff were accessible, approachable and dealt effectively with any concerns they or others raised.

There was a complaints procedure in place, which advised people and others about how their concerns and complaints would be addressed. There had been no formal complaints about the service since registration of this location. The registered manager showed us records of concerns received which had been addressed promptly and used to drive improvement in the service.

Good

Is the service well-led?

Our findings

This location had been registered with the Care Quality Commission (CQC) in October 2016. There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their roles and responsibilities in providing a good service to people. They told us how they kept updated with changes in the care industry. They had worked with an organisation who undertook a 'mock' inspection of the service. They had attended a registered manager's conference where they shared examples of good practice. The registered manager also attended training that care workers were provided with, for example the recent training from a specialist respiratory nurse.

The registered manager and provider worked to deliver good quality care to people. There were quality assurance systems in place, which enabled the provider to identify and address shortfalls. These included checks on medicines management, training, care records and incidents and accidents. There was a robust system in place to audit people's care records to ensure they were in line with people's planned care. If shortfalls or trends were identified in the analysis of the audits, an action plan identified how action was taken to address them, including speaking with care workers in team meetings or supervision. The provider information return (PIR), completed by the registered manager, identified what the service were doing and where they had planned improvements.

There were systems in place to monitor the standard of care that care workers delivered. Care workers were observed by the management team in their usual work practice. The management team referred to these as supported visits. These checked that care workers were working to the required standard and providing people with a good quality service. There was a system in place to monitor care worker's practice. If there were shortfalls identified in the support visits, care workers were advised, further support visits were planned, if improvements had not been made this was then discussed in supervision and another support visit was planned.

The Trust's chief executive told us how they ensured all of the provider's services continued to improve. To support this there had been a restructure in the provider's senior management. There was regular communication between locations to share good practice, suggestions for improvement and using learning from all locations to drive improvement. There was a structured system in decision making which included senior management and the management teams from each location. We saw the minutes from the core management meetings, which confirmed what we had been told.

There was a system to continually improve the culture across the organisation, including the introduction of values workshops from January 2018. Each member of the organisation was to attend. These were to ensure a caring and compassionate organisation. They were also sharing learning via newsletters, which were provided to staff working in the Trust with their pay slips. Changes had been made in the provider's terms

and conditions for its staff; staff were kept updated in meetings and information provided. Since July 2017, there was a clinical educator in place who was a registered nurse, they were working on the provider's mandatory training, development and induction. From April 2018, improvements were being made in the appraisal system, based on the values workshop to improve on quality and efficiency. All of the improvements made were seen as a way of improving the service provided to people.

A log of missed visits were maintained which clearly identified the reasons why this had happened, people were provided with a replacement care worker if needed and an apology. There had been three missed visits recorded in 2017 and none in 2018. The missed visit log identified how lessons were learned from these and actions taken going forward to reduce the risks of them happening again. This included for example, speaking with care workers and advising them of checking for any changes in their roster, such as if it had changed because of short notice leave of colleagues.

There was an open culture in the service where people's comments were valued. All of the questionnaires received from people and relatives said that they knew who to contact in the service if they needed to. They also said that they would recommend the service. One person's relative stated, "I could not recommend All Hallows highly enough, and hope when my own time comes that my [spouse] and I will be able to find an organisation of their standard to care for us."

The service listened to and valued people's comments and used them to improve the service. This included in annual satisfaction surveys. We saw the results from these surveys from 2017. The registered manager told us how they addressed people's comments when areas for improvement had been identified. This included reviewing and updating people's care plans and advising care workers of the ways they should be working. There were action plans and analysis in place to evidence what we had been told.

All of the questionnaires from care workers said that they felt confident about reporting any concerns or poor practice to their managers. They also said that their managers were accessible and approachable and dealt with any concerns they raised. One care worker in their questionnaire stated, "I am very happy working at All Hallows and have a good manager who I can speak to and share any concerns with." Another commented, "I am very proud to work for this well established Trust and it makes me even more proud to have the knowledge what a difference our care in the community team makes. . .All Hallows goes above and beyond, making sure all our client's needs are catered for."

All of the staff spoken with were complimentary about the service and how it was led. Two care workers said that the registered manager and the management team were approachable. They also said that there were systems in place with checked on their safety. This included being expected to let the management team know when they had returned home from a shift at night and this was always followed up by a text message stating, "Thank you and goodnight." One said that they had forgotten to do this and received a call to ask if they were safe. There was a system in place to show that the care and support provided by care workers was valued. These were called 'Precious Moments' where the service had received feedback of care workers 'going over and above' from people using the service, relatives or colleagues. Staff meeting minutes showed that Precious Moments were discussed. The minutes from the meetings also identified that care workers talked about the new terms and conditions, training courses including palliative care and values and the medicines administration records (MAR) audits were discussed.

The deputy manager told us how the service had an empowering culture for the staff who worked there. This included meetings for team leaders where they were asked to set their own agenda. The meetings were attended by team leaders from both of the provider's domiciliary care services. This ensured that learning and good practice was shared across the services. The minutes from a meeting in February 2018 identified

that the team leaders discussed how people's needs were met and all risk assessments and care plans were in place.