

## All Age Development Trust

# All Age Development Trust

### Inspection report

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12 May 2021  
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28 May 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

All Age Development is a domiciliary care agency providing personal care to six people aged 65 and over at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (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

The registered provider had improved medication administration, particularly in recording and introducing protocols for administering specific medicines such as blood-thinners. People told us they always received their medicines when needed and these were never missed. The registered provider had also made improvements to the management of the service, notifying CQC of key events and having a system in place for gaining the views of people as well as supervising care practice.

People who used the service felt safe and again emphasised the care and attention the service had provided in keeping them safe through the COVID-19 pandemic. They felt positive relationships had been fostered between them and the staff team. They emphasised support calls were never missed, staff arrived on time and stayed for the required time. They saw the service as flexible in meeting their needs.

People who used the service were very positive about the support they received. They confirmed they were asked about the quality of the service regularly and had their views listened to. They stated the service was well-managed and reliable and were particularly complimentary of the registered provider and staff team for consistently meeting their individual needs. They stated they were involved in their support and this was person-centred. Staff saw the registered provider as knowledgeable, approachable and supportive; especially during the height of the COVID-19 pandemic. Staff worked alongside the registered provider during some support calls and had their care practice assessed.

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 and update.

The last rating for this service was requires improvement (published 28 August 2019) and there were breaches of regulations relating to safe care and treatment, and good governance. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. You can read the

report from our last comprehensive inspection, by selecting the 'all reports' link for All Age Development at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?**

**Good** ●

The service was well-led

Details are in our well-led findings below.

# All Age Development Trust

## 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

This inspection was undertaken by an 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. The manager was also the registered provider. This means that they 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2021 and ended on 28 May 2021. We visited the office location on 12 May 2021.

#### 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. 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 two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered provider/manager and support staff.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be made available to us and reviewed these off site and continued dialogue with the manager by email.

We reviewed a range of records. This included three people's care records and their medication records. We looked at one staff file 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 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in respect of recording the administration of medicines and including accompanying information for staff when assisting with support.
- Records included the strength of medicines, the exact name and dose of prescribed medicines as well as the times of administration.
- Protocols for "when required" medicines (known as PRN) were in place to ensure consistent and safe administration. Information was available to staff to help them apply topical medications effectively.
- People told us they always received their medicines on time and these were never missed.
- People told us staff demonstrated patience in supporting people with their prescribed medicines
- Staff had their competency to administer medicines safely assessed and had received training in this.

### Assessing risk, safety monitoring and management

- Assessment of risk had improved since our last visit.
- Risk in relation to the administration of blood thinning medicines and their potential effects on people had been reinforced with a protocol. Information was available to inform staff and service users.
- Up to date risk assessments reflected hazards faced by people while being supported.
- People's home environment and location had been assessed to identify and mitigate any risks faced by them and staff during support calls.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff team.
- Comments included. "Oh, I do feel safe with them [staff]" and, "I trust them [staff] completely, they are like trusted friends".
- Staff understood how to safeguard people and had received training.
- Policies and procedures were available to support staff in addressing and reporting any concerns.
- The registered provider had fully co-operated with a safeguarding concern raised since our last visit.

### Learning lessons when things go wrong

- The registered provider demonstrated what lessons had been learned from a recent safeguarding investigation.
- This had led to improved links with district nurses, particularly in respect of skin integrity.

### Staffing and recruitment

- Rotas were available indicating allocated staff supporting people appropriately
- When people required two staff during a support call; this was always provided.
- People told us "they [staff] always turn up for my calls and they are always on time" and "They [staff] have never missed a call".
- One person had been recruited since our last visit to work as relief care staff. All appropriate checks had been done to ensure this person was suitable to support vulnerable people.

### Preventing and controlling infection

- People who used the service told us, "Yes they [staff] have been wearing masks and aprons all the time" and "yes they [staff] have made sure I have been safe from catching this virus".
- Staff confirmed they had received guidance and training about supporting people during the COVID-19 pandemic. They confirmed they always had access to personal protective equipment (PPE) and had access to COVID-19 test kits.
- The registered provider outlined a system of support "bubbles" had been created between staff and people who used the service to minimise the spread of infection.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider had failed to evidence systems of effective governance, including assurance and auditing systems and processes. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered provider notified CQC of key events.
- Audits of people's experiences were more structured. This enabled the service to respond to people's comments in a timely manner.
- People told us "Yes, they [staff] ask me what we think of the care I get" and " They [staff] ask me every time they visit to make sure I am happy with what they do".
- Breaches identified at the last inspection and been actioned and addressed resulting in an upward change of rating for this service.

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

- Staff told us they worked well as a team and were very well supported by the registered provider.
- They considered this support had been very apparent at the height of COVID-19 pandemic
- Staff and the registered provider knew the individuals they supported very well and sought to involve people in how they were supported.
- This involvement was reinforced by people who said, "I feel fully involved and in control of my 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 provider was also the registered manager and was included on rotas to provide support.
- As a result, they could address and action any shortcomings in the support provided. However, they told us no serious issues had emerged.
- The registered provider was therefore able to maintain a dialogue with people about the service provided and any required improvements to meet their needs.

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

- The service fostered a very person-centred approach to supporting people.
- People told us "I cannot recommend them [staff] enough. Everything I ask is done and all my little preferences are respected".
- People had their social history and life experiences recognised. Ongoing support was given to people in pursuing specific interests.
- People used the service as a point of contact for support outside of their scheduled support calls.
- People were consistently positive about how the service was run. They told us "it is so organised", "it is very well run" and "I see the manager often as they assist me in person".

Working in partnership with others

- The service had significant links to the local community and worked in partnership with local resources to identify those who required support.
- The registered provider had refined and enhanced links with care professionals to ensure people's health was promoted.