

All Care (GB) Limited

All Care (GB) Ltd - Southampton Branch

Inspection report

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22 November 2016

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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 announced inspection took place on 17 and 22 November 2016. All Care (GB) Ltd Southampton Branch is part of the Clece Care services group. The agency provides a domiciliary care service to enable people living in Hedge End, Eastleigh and Hamble to maintain their independence at home. At the time of our inspection there were 349 people using the service, who had a range of health and social care needs. Some people were being supported to live with dementia whilst others were supported with specific health conditions including epilepsy, diabetes, sensory impairments, multiple sclerosis, and mental health diagnoses. People using the service had a range of needs from social care visits to check on their wellbeing to full personal care with the assistance of two care staff. The agency also provided a live in care service.

There was an experienced 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.

The agency was last inspected in March 2015. There were no breaches of legal requirements then and we did not identify any breaches in legal requirements during this inspection.

Overall people were very satisfied with the agency. People told us they felt safely cared for. Staff were trained in how to recognise potential abuse and knew what procedures to follow to keep people safe. Environmental risks and risk to people's health or wellbeing were assessed and action was taken where necessary to ensure people were provided with safe care and support, for example equipment was requested to ensure staff could help people to move safely.

There were sufficient numbers of staff employed to meet people's needs and staff recruitment procedures were robust to help ensure only suitable staff were employed. New staff received a thorough induction and were supported by more experienced and senior staff to help them to understand their role. Established staff continued to receive regular training and support to ensure their skills and knowledge remained up to date.

People's health, medicines and nutritional needs were known and staff followed guidance in people's care plans to ensure they provided effective and consistent support. People were consulted about their care and support needs and were involved in the planning and review of their care. People's wishes and preferences were respected as much as possible and staff had a good understanding of the principles within the Mental Capacity Act 2005 which helped to protect people's rights.

Staff were kind and caring. They treated people with respect and understood the importance of maintaining confidentiality. Care planning was flexible and staff encouraged people to be as independent as possible.

The agency listened to people's views. Any comments or complaints were taken seriously and were

responded to quickly. The agency was well structured and staff were clear about their own and other's role and responsibilities. Staff and managers clearly took a pride in their job.

There were effective quality assurance processes in place to help to ensure the service was delivered to a consistently good standard

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.

People felt safely cared for.

Staff understood how to protect people from the risk of abuse and took action where necessary to reduce any risk to people's health or safety.

There were sufficient numbers of safely recruited staff to meet people's care needs and to assist them to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported in their role.

People's human rights were protected because staff included the principles of the Mental Capacity Act within their work practice.

People were supported to eat and drink in line with their nutritional needs and were assisted by staff to access relevant healthcare services.

Is the service caring?

Good ●

The service was caring.

Care was provided in a kind and caring manner.

People were involved in planning their care which was delivered by staff in a way that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessment and staff were aware of their care needs and of the things important to them.

People knew how to share their concerns which were listened to and acted on.

Is the service well-led?

Good ●

The service was well led

The agency was well managed and well structured. Staff had a good understanding of their role and responsibilities. There were effective quality assurance processes in place to ensure the agency provided a consistently good standard of care and support.

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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 was planned to check 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.

The inspection took place on 17 and 22 November 2016 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

We sent out questionnaires to people who used the service, to their relatives, to staff and to involved community professionals to ask them their views about the quality of the service. We received 19 completed questionnaires from people who used the service, one from a relative, 44 from staff and five from community professionals. Some of their feedback is included in this report.

During the inspection we spoke with the registered manager and the provider's operations manager who had overall responsibility for supervising the management of the service. We also spoke with 12 staff. We visited five people in their homes and looked at eight people's care records. We spoke with sixteen people who used the service on the telephone and with five relatives of people who used the service. We reviewed the provider's policies, procedures and records relating to the management of the service such as staff

training and recruitment records and incident and complaints logs.

The service was last inspected in March 2015 when no concerns were identified.

Is the service safe?

Our findings

People told us they were safely cared for. Comments included, "They are absolutely excellent. They are nice people and I feel very safe with them." and "I have nothing – I stress – nothing to complain about. The people who come are so gentle with me and I feel completely safe with them." Another said "I feel very safe with the carers, they don't rush me and they respect my dignity".

A relative said "I am happy my husband is very safe, they are great, very good in fact they are brilliant, he is in good hands" Another said "They are just marvellous, we have a different company in the evenings and they are not a patch on All Care. Having two companies like this means we can tell the difference and this company is excellent. I know (my relative) is in safe hands with these people."

Staff received training in safeguarding adults and had a good understanding about various forms of abuse. They told us if they had any concerns about abuse or poor care practices they would report this to the registered manager. Staff were aware of their rights and responsibilities under whistleblowing arrangements and of the other external agencies they could share their concerns with.

Any environmental risk was identified. There were clear procedures, which staff followed to ensure staff left people's houses secure. One person said for example "They use the key safe to get in but they ring the bell and shout to let me know they are coming in. When they leave they check all the doors and go round and switch off any lights that I ask them to." Another said "They come in by using the key safe and they are very careful about making sure the house is secure when they leave me."

There were arrangements in place for foreseeable emergencies. There were contingency plans for bad weather. The registered manager said they knew which clients needed a priority service, for example those who needed to take medication at certain times and they had a list of staff who would be able to walk to attend to them.

A record was kept of all accidents and incidents. Where action was needed to reduce the risk of reoccurrence of an accident, action had been taken, for example, equipment had been provided so staff could help a person to move more safely.

Risk to individual's health and wellbeing was assessed and documented. Staff were provided with guidance about how to support people when they were at risk, for example of their skin becoming sore or if they were at risk of choking while eating.

The registered manager said there were sufficient staff to cover all calls needed and said the agency recruited 10% over capacity to accommodate staff sickness and holiday leave and to ensure they could cover care required by new clients. Most staff felt they were allocated enough time to meet people's assessed needs and most said they stayed the allocated amount of time when visiting people at home. Records we checked showed care had been provided in line with people's assessed needs.

The provider's recruitment procedures minimised the risks to people safety.

The service recruited staff who were of good character and checks were carried out before they started work. Records showed and staff confirmed checks had taken place to ensure they were suitable to work with people in their own homes. This included two written references and a DBS check. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Many people managed their own prescribed medicines, but some needed staff to prompt them and some needed staff to administer their prescribed medicines. Staff were trained in the management of medicines. People's medicines were recorded on their care notes and staff had written information about potential side effects. Any allergies were also recorded. Any medicines administered by staff were recorded on a medicine administration sheet which was checked by senior and office staff to ensure it had been completed correctly.

People said staff followed good hygiene procedures, including the use of gloves and aprons where necessary. Staff confirmed they were provided with sufficient supplies of disposable gloves, aprons and hand gels to reduce the risk of cross infection.

Is the service effective?

Our findings

People told us staff provided effective support. A person using the agency said "They all understand me and my needs, they seem well trained and seem to know what they are all doing". One relative said, "My (relative) has to have full body washes every morning and they use the hoist but they know exactly what they are doing and he is always clean and comfortable when they go." Another said "They always make sure that (my relative) can reach everything he needs. When they come in the morning, they wash him and make sure he is clean and they leave him a flask of tea at the side of him so that he can just help himself when he wants a drink. When they come back at lunchtime, they empty the flask and make a fresh drink for him."

There was a dedicated trainer employed. New staff were provided with a thorough induction which lasted four days and they completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Senior staff took new staff out on visits to help them to familiarise themselves with their role. They said some new staff took longer than others to feel confident to go out on their own and said they continued to be supported until they were.

Staff were provided with a good range of training in key health and safety areas such as first aid, health and safety, moving and handling and food hygiene. Some staff who supported people with specific health care needs were given additional training, for example in stoma care and catheter care. Whilst they did not have any involvement in providing healthcare, the training gave them insight into people's medical conditions and how these may affect them. Staff received regular supervision and had an annual appraisal.

Staff were trained and worked in accordance with The Mental Capacity Act 2005. The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support. People and their relatives told us the registered manager and senior staff had completed care plans and reviews with them and had ensured they consented to the care and support being provided.

Staff were aware of people's nutritional needs and provided appropriate support. People's individual dietary requirements, preferences and any food allergies were recorded within their support plans. Any nutritional risk, such as if a person was at risk of choking, was assessed and staff were provided with guidance, which they followed to ensure people were provided with food and drink in line with their nutritional requirements.

People's health care needs were clearly documented and staff were given advice, where needed to ensure people remained as healthy as possible. For example one person was diabetic and staff were provided with instructions to ensure they prompted the person to test their blood sugar level and to record it every day. People were satisfied staff would be aware of any changes in a persons' health and would take appropriate action. One relative said, "They (staff) report to the agency if they have any concerns about his health, he

recently had a sore eye and they reported this to the agency, who then informed me".

Is the service caring?

Our findings

People told us care staff were kind and compassionate and respected their dignity. Most people said they were introduced to their care staff before they provided care and support. Effective communication was key and people valued the quality of interaction between themselves and their carers. One person said for example, "The girls always have a chat with me, it's this communication side of the care which is so important when you are 'confined to barracks' like I am." Another person said similar things saying, "The chats we have are so important, as important as the tasks they carry out, they always give me their time, company and talking is what I really need". Another person said "The carers often remember a conversation we had on their last visit, or they can bring me up to date on something we spoke about last time, they are very good."

A relative said "Sometimes I let myself in the house (of my father), and I can hear lovely conversations going on in the bathroom or the bedroom". Another relative said, "They have been amazing. My (relative) was quite miserable at one time because he can't get out or do things he used to do but he really looks forward to them (the care workers) coming because he has such a good rapport with them." A third relative said "I have been pleasantly surprised. I wasn't sure what to expect because you hear all these horror stories but they are really great. They are very efficient and professional but kind as well".

The agency could not always guarantee people's wishes about the gender or age of care staff they provided but they tried to take this into consideration when they assessed people for the service. People appreciated this. For example, one relative said, "I am really pleased that they are more mature people because (my relative) would get really upset if it was a young lady having to see to his personal things."

At interview prospective staff were asked about how they would promote people's independence and they were asked how they would maintain confidentiality. The importance of maintaining people's privacy and independence was included in care plans for example one care plan said "please allow x some time to use the commode privately." When we spoke with staff it was clear maintaining people's privacy and dignity was an integral part of the care and support they provided.

There was a training room in the office which contained a hoist and bed so that staff could be provided with practical training. New staff were hoisted and they said this provided them with a valuable insight into what being hoisted felt like and they remembered this when they were caring for people who needed this assistance.

The agency enabled people to be as independent as possible. One person said for example "I am doing my best to be as independent as I can and they don't fuss too much but I know they are looking out for me and that reassures my family. I like that they let me do things for myself but it's nice to know they are coming in every day." Another said "They do understand my needs, and they are certainly helping me maintain my independence, I am a very independent person". Another said, "They allow me to be me, but they fulfil my needs".

Staff respected confidentiality. One person said "I think they are very good, very discrete and confidential, they never mention other people's names".

Is the service responsive?

Our findings

People told us that they received the care they wanted. Comments included: "The carers do well. They do everything I ask them to do." and "Overall I'm very happy. They come when they should and do what they need to do. They are good people."

Staff visited people before the service started so they could be sure their care needs were identified and that they could provide them with an appropriate service. One person said "They came to see me when I was in hospital and went through everything and then they came straight away when I came home and went through everything again."

Information discussed and recorded included people's personal history, their medical conditions and the care support they needed. The initial assessment also included assessment of any risk, details of next of kin and any other involved professionals and a check that any equipment needed such as stand aids or hoists were in place.

Staff were provided with clear guidance about how they should support people consistently and in a way which met their needs. Initial care plans were reviewed after three months and then yearly, or as and when the person needed it. Staff said they involved people in the planning of their care and encouraged people to look through their care records. The care reviews included the person and where appropriate their relatives. One relative told us, "His care plan is reviewed annually, and they cover all things even his likes and dislikes, we are involved in these reviews." This helped to ensure any changes to a person's needs were reflected in their care plan and helped to ensure staff attending to them were aware of what support they needed.

The agency was reliable and responded to changing needs. Staff encouraged people to maintain and regain their independence and had been flexible to ensure they could reduce as well as increase the care package as people's needs fluctuated. One person said "They are as flexible as they can be. There have been odd times when I've needed to change the time or cancel a call and there is never any problem about it. They really do listen to me." Another said "I try to be as independent as I can but I'm just having to arrange a 'shower' call because I'm getting frightened of falling. They have been very understanding." Another said "As soon as I asked for additional care due to my illness they arranged it straight away".

The agency did not miss calls although staff were occasionally late. When care staff were late for their appointments people told us they did not often receive a phone call to let them know, although they said the delay was rarely longer than 20 minutes. One person said "It is normally the new person who is late. If they just called me to let me know it would make things better". Most people told us that they had regular carers except for holidays and/or sickness. One person said "It's usually the same three people who come all the time and I'm very fond of all of them."

There was a complaints procedure in place so people were aware about how to complain about the agency. A record was kept of complaints. These showed any complaints made were responded to quickly and in line with the company's complaints policy. People and their relatives confirmed they knew how to make a

complaint and most felt they were confident to do so. One person said they had cause to complain about a particular care staff. They said they were happy that this was dealt with and the carer had not returned to deliver care to their relative. A community professional said "Most of my clients who have All Care are very pleased with the service . However when some clients or their families have any issues further reviews are held with All Care who usually resolve the issues that have been raised and they respond to any concerns raised in a very professional and polite manner".

Is the service well-led?

Our findings

People said the agency was well led. A representative comment was, "I think the office is well managed, I think they have specific people to deal with specific issues, I am getting to know the office staff well". Evidence we gathered from our visits supported this. The agency had an experienced registered manager in post who had been in this position since the branch was established ten years ago. She demonstrated a very good understanding of the business and was well respected by her colleagues.

The registered manager had a well structured team around her to deliver care effectively. The agency was large and was subdivided into three different areas, Hedge End, Hamble and Eastleigh. Senior members of staff were responsible for allocating work in each area, for assessing people's needs before their care service started, reviewing existing care packages, supporting staff and for quality assurance. There was a separate manager for people who had a live in care service. People receiving this service received a weekly visit from her to ensure they were happy with the care provided.

People were provided with clear information about what the agency could provide and how it operated as each person was given a service user guide and a statement of purpose when they started to use the agency. The agency website states "We pride ourselves in promoting independence and providing a range of high quality support services." Nearly everyone we spoke felt this was being achieved. We discussed however that the website needed to be updated so people were clear about some changes that had been made to the service.

Staff were clear about their roles and responsibilities. Care staff said office staff were supportive and provided them with useful information when they contacted them. This included when they contacted the on call service which operated out of office hours. People mainly agreed office staff were helpful when they contacted them for example saying "The office staff are very responsive, they usually know who I am when I ring, I know the staff by name, and they often recognise my voice".

Staff said of managers, "They do care" and "If I didn't feel supported I wouldn't be here." Staff said morale was good and said managers and senior staff valued their ideas. There were staff meetings which were open to all and there were minutes of each meeting available to staff who were unable to attend. This helped to ensure staff were aware of any developments within the agency. Managers said they were "Fortunate to work with very good people" and said "If we don't value the staff we don't have a sustainable care agency." The agency recognised good work by a carer of the month award.

There were good quality assurance processes in place. senior staff completed spot checks of care workers. One person said, "The senior people come out quite a bit and watch what the carers are doing. If there is a trainee, they always come to watch them and make sure they are doing everything right. It's quite comical really because instead of one person I end up with three but it's really nice." Another person said "You often see the senior lady. She comes out to visit and doesn't just sit in the office." A family member said, "They did a full assessment of my relative's needs at the beginning and they have been out since to go through the care plan to make sure things are still alright."

Staff said people also received courtesy calls to check what they thought about the service and whether they had any concerns. Records were regularly audited to ensure the care provided was in line with the agreed care plan. Records were well organised and were stored safely and securely in accordance with legislation.