

All About Caring Ltd

# All About Care

## Inspection report

Unit 1  
Howard Buildings, 69-71 Burpham Lane  
Guildford  
Surrey  
GU4 7NB

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Tel: 01483503944

## 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 was an announced inspection that took place on 15 June 2016.

This is a domiciliary care agency that provides care and support to enable people to live as independently as possible in their own homes. It is located in the Guildford area.

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 and associated Regulations about how the service is run.

At the previous inspection on 15 January 2014, the agency was compliant with the standards inspected. At this inspection the regulations were met.

People told us they were very happy with the service provided. The designated tasks were carried out to their satisfaction, they felt safe and the staff team and organisation really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices, their identified needs and if they were met. Care records contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff knew the people they gave support to and were aware of the way people liked to be supported. They worked well as a team and provided care and support in a professional, friendly and effective way. This was focused on the individual and staff had appropriate skills to do so. They were well trained, knowledgeable and accessible to people using the service and their relatives.

Staff said they enjoyed their work and that the organisation was a good one to work for. They had access to good training that enabled them to carry out their tasks and received the support they needed from the manager.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still providing meals that people enjoyed.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the manager was approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

## 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.

The agency was suitably staffed, with a work force that had been Disclosure and Barring (DBS) security cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

### Is the service effective?

Good ●

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with by the agency.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

### Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

### Is the service responsive?

The service was responsive.

The agency responded appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good 

### Is the service well-led?

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good 

# All About Care

## 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 was an announced inspection and took place on 15 June 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider had 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 20 people using the service and nine staff. During the inspection, we spoke with six people using the service and two staff and the registered manager.

During our visit to the office premises we looked at three copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

## Is the service safe?

### Our findings

People and their relatives thought there was enough staff available to meet their needs. They also felt safe and that the service was a safe one to use. One person told us, "There have been times when I have been taken seriously ill, whilst they (staff) were there and they have insisted upon staying until they were sure I was alright and receiving attention from paramedics. They (staff) explained that this was how they were trained." Another person said, "This is a very safe service."

The agency had policies and procedures that enabled staff to protect people from abuse and harm. This included assessing risk to people. Staff confirmed and records showed they had received induction and refresher training in abuse and harm recognition. They understood what abuse was and the action they would take if they encountered it. Their response was in line with the provider's policies and procedures. Staff were also aware of how to raise a safeguarding alert and the circumstances under which this should happen. The organisation's safeguarding, disciplinary and whistle-blowing policies and procedures were also provided in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure for staff included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they were working in. References were taken up, work history scrutinised and Disclosure and Barring (DBS) security checks carried before people were confirmed in post. There were enough staff employed to meet peoples' needs and staff had their work rotas updated weekly. They visited specific people on a regular basis to promote continuity of care, the people they visited lived in close proximity to each other to make it easier to make calls on time and the agency only worked within a five mile radius of Guildford. The manager said, "The agency was very flexible to meet people's needs."

The agency's risk assessments enabled people to take acceptable risks as safely as possible and also protected staff. The risks assessments identified risks and the measures required to reduce them to acceptable levels. The risk assessments were monitored, reviewed and updated a minimum of monthly or as people's needs changed. They were contributed to by people using the service, relatives and staff as appropriate. People said that staff encouraged input from them to identify any risks that staff may not be aware of.

There was an environmental risk assessment carried out. Staff had been trained to identify and assess risk to people and themselves. The staff said they shared information regarding risks to people with the manager and other members of the team, particularly if they had shared calls. They told us they knew people who used the service well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort. There were also accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine, they did not administer it. The staff that prompted people to

take medicine were trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency and there was a risk assessment specific to medicine.

## Is the service effective?

### Our findings

People were involved in making decisions about the care and support they received, who would provide it and when this would take place. People said they rarely had issues with the timing of calls, length of stay and that their needs were well met. They said that staff understood their needs and provided the type of care and support that they required in a way they liked. One person said, "Once an appointment is made it is kept." People told us that they thought the staff were well trained and this enabled them to complete the tasks that were needed. One person told us, "The quality of care is excellent." Another person said, "I have never been let down."

Staff were well trained and received induction and annual on-going mandatory training. The induction was comprehensive and person focussed. It included new staff shadowing more experienced care workers, until they were confident in their ability to complete their tasks appropriately and work alone. Training included safeguarding, health and safety, infection control, end of life care, medicine, food hygiene and equality and diversity. Staff received a manual and had a training folder that contained activity areas that they had to complete to demonstrate competence.

Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the manager.

The care plans focused on peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person, their relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with community based health services, such as community matrons, district nurses and social workers.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received training in behaviour by people that may put themselves and staff at risk and the procedure to follow when this happened. The manager gave an example of one person with dementia who regularly became aggressive and the methods that staff used to calm them down. This was based on their experience and knowledge of the individual. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

## Is the service caring?

### Our findings

People and their relatives told us that they were treated with dignity and respect by staff. Staff listened to what people said and valued their opinions. They provided support in a friendly and helpful way. This followed the philosophy of the service that was to enable people to make their own decisions regarding the support they required and when they needed it. People also spoke positively of the way having consistent care staff ensured that they understood people's needs and preferences as individuals. This demonstrated a person-centred approach to the care that was provided. One person said, "I look forward to them coming." Another person told us, "They (staff) are lovely and friendly'."

Staff received training in treating people with dignity and respecting them and their privacy. This was during induction and refresher training. The training highlighted to staff the importance of people's social engagement and interaction with them as for some people this may be the only contact they received. This message was re-enforced during staff meetings. The agency operated a matching staff to people policy, particularly surrounding sensitive areas such as same gender personal care. Particular staff skills were identified that helped to meet peoples' needs and enhance their quality of life. Where possible the agency tried to provide service continuity so that people using the service and staff could build up relationships to further develop the quality of the service provided. One person said, "They (staff) are very, very good."

People told us suitable information was provided, by the agency so that they could make their own choices. The information outlined the service they could expect, the way support would be provided and the agency expectations of them.

People using the service said they were fully consulted and involved in all aspects of their care. This was by patient and compassionate staff that were prepared to make the effort to make sure their needs were met properly. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed the tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

When the agency provided end of life care, this was co-ordinated by the manager who liaised with the community based health teams. The agency took into account that relatives could be involved in the care as much or as little as they wished during such a distressing and sensitive period.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. The manager said it was made clear to staff that they must not discuss individual people who use the service outside the work place. Confidentiality was included in induction, ongoing training and contained in the staff handbook.

## Is the service responsive?

### Our findings

People told us that the agency sought their views and they were consulted and involved in the decision-making process. This included before the agency provided a service. One person said, "I have had a bad experience with a carer from another agency in the past and do not deal well with having lots of different ones. The agency are aware of this and make sure they keep any change of carer to a minimum." Another person told us, "They are usually on time and if there is a problem, they let me know." People said that the care they received was personalised to them and responsive to their needs. Staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs. One person told us, "I have not had an unsatisfactory carer."

Once an enquiry or referral was received by the agency, an assessment visit was carried out by the manager. During this visit they confirmed the tasks identified and required with people using the service to make sure they met the person's needs. This was to prevent any inconsistencies in the service that was to be provided.

Office copies of people's support plans were individualised and person focused. The manager said that people were encouraged to contribute to and take ownership of their support plans. They could contribute to them as much or as little as they wished. The support plans recorded the tasks agreed and provided staff with information that would help them to familiarise themselves with people and their needs. These included daily routines, interests, waking routine, retiring to bed, likes and dislikes, allergies and personal hygiene. People's needs were reviewed monthly, re-assessed with them and their relatives and support plans changed to meet any new needs.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "If I had a problem, I would speak directly to the manager and it would be sorted out."

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

## Is the service well-led?

### Our findings

People said that they felt comfortable speaking with the manager, staff and were happy to discuss any concerns they may have and always felt responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a small organisation that provided a more personal service. Some people said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. The manager said the only time there was a problem regarding this was sometimes around breakfast calls with most people requesting an eight am call. One person said, "The manager is approachable and listens to you." Another person said, "The manager is lovely."

The manager was open and honest during our visit. They told us their ethos was to be supportive and provide clear leadership that enabled staff to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The agency vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the manager was excellent, what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during bi-monthly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistleblowing procedure that staff felt confident in. They said they really enjoyed working for the agency.

The records demonstrated that three monthly staff supervision and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The relatively small number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. One person told us, "The manager always wants to know what we think." Quality checks took place that included phone contact with people and their relatives and a questionnaire. Audits took place of peoples' files staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.

