

Allcare Services And Training Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Allcare Services and Training Limited (Allcare) is a domiciliary care agency registered to provide personal care to people of all ages living in their own homes. At the time of our inspection they were providing personal care to five people.

The inspection of this service took place on 13 July 2016 and was announced.

There was a registered manager in post but they were not present at the time of the office visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People felt safe and well supported by staff from the agency. Staff offered safe care and support and knew how to recognise and report any risks, problems or potential signs of abuse. Risks were assessed and managed safely. Staff only had minimal involvement in administering medicines but systems were in place to promote safe practice.

People were supported by staff who had sufficient time to carry out tasks required of them and people enjoyed flexible and responsive support. Staff were recruited through safe recruitment practices.

Staff had the skills and knowledge to understand and support people's individual needs. They received training and support when they started working for the agency and their skills were kept up to date through regular training which was currently being reviewed. Staff felt well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. People's rights were protected under the Mental Capacity Act 2005 although staff knowledge in this area was an area identified for improvement, especially as people's support needs changed and increased.

People were supported to prepare food and drink as per their plans of care. Staff worked with health professionals when required to ensure people's continued good health and wellbeing.

People were supported by staff who were kind and caring. People had developed effective working relationships based on trust and mutual respect. Staff were aware of people's individual preferences and respected their privacy and dignity. Staff promoted people's independence and care was very person centred and individualised.

People, and their relatives, worked closely with the registered manager and the staff team to ensure they

received a responsive service. They were asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon. This process was largely informal due to the size of the service.

There was a complaints procedure in place although no one had had cause to use it.

The registered manager provided good leadership. There were systems in place to monitor the quality of the service provided. The providers were keen to learn from experiences and continually improve as the service developed.

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 provider had systems in place to recognise and respond to allegations or incidents of abuse.

Staffing levels were sufficient to meet people's needs and offered flexible support

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

People received their medicines as prescribed

Is the service effective?

Good ●

The service was effective.

People's rights were currently being protected under the Mental Capacity Act 2005 although staff's knowledge and understanding of this legislation was an area where improvement had been identified.

Staff received induction, training and supervision.

Where needed people were supported to eat and drink.

External professionals worked with the agency to ensure effective care and support as and when required.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful when supporting people.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

Staff knew how to respond to people's changing needs.

A complaints procedure was in place and staff knew how to respond to complaints, should there be any.

Is the service well-led?

The service was well-led.

The registered manager and the provider encouraged openness and involvement throughout the service.

Staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

Good ●

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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.

This inspection took place on 13 July 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection was carried out by one inspector.

As part of the inspection we spoke with the relatives of two people who used the service about the care and support provided. We spoke with the registered manager, the director and three support staff, including a senior staff member.

We looked at extracts from three care records, three staff recruitment files and other records relevant to the running of the service. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

People were supported by staff who made them feel safe. Relatives told us that they were confident that staff knew what they were doing and had complete confidence in their abilities. One relative told us, "I pop out when they are here. I trust that [name] is safe with them. I know that [name] is ok while I'm gone." Another relative, who had previously had a bad experience of care from a different agency told us that staff carried out their duties as they were supposed to meaning that they had confidence in their abilities. They told us, "I can rely on them. I have confidence that the agency will follow things up. [My relative] is absolutely safe."

People were protected from harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety. We spoke with three staff. Although they had not all had formal training in safeguarding vulnerable adults they all told us they would tell the manager immediately if they had any concerns about a person's safety. They could recognise signs of abuse and would be confident to raise these with the manager if required. They were confident that the registered manager would then take swift action to protect the person at risk. The registered manager understood their responsibilities in relation to reporting concerns and training was being arranged in relation to safeguarding people.

People were supported by staff who promoted health and safety and safe working practices. Relatives recalled how they had been involved in this process. One relative told us, "Yes we've made sure everything is safe. We keep things the same to ensure it stays that way." Another person required the use of equipment to help them move. This person's relative told us, "They always use it. They know what they are doing and [name] feels safe as a result." We saw that the registered manager made regular checks to moving and handling equipment to ensure it remained safe to use. Staff told us that they had helped the registered manager to identify hazards in their working environments. We saw how these hazards were recorded and how actions were identified to reduce them. For example staff identified when there wasn't enough room to safely move a person. The registered manager liaised with an occupational therapist and the person's relative to make changes to the environment so that it could be moved safely.

People were supported by staff who had sufficient time to carry out tasks required of them safely. Their relatives told us that they never felt people were rushed. They told us that if staff were running late they would make up the time. One staff member said, "We always let them [people who use the service] know if we are running late. We always apologise and make the time up."

No one we spoke with had ever experienced a missed call and the registered manager told us that there were processes in place to ensure that this would never happen. Staff confirmed this and told us the procedure was to telephone the registered manager as soon as they knew they would not be available. The registered manager then arranged cover or did the call themselves. As the service expands the providers were looking to introduce a more formal way of monitoring calls to ensure people will always receive the service they require.

People were supported by staff who had been properly vetted to check they had the right background and

attributes to care for people and ensure their safety. We looked at the recruitment files of two staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process, although not all information was available on every file seen. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. Staff confirmed they had been through this process and understood the reasons why they must wait. This meant that people were protected from having staff supporting them who were not suitable.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. Staff told us that they had only minimal involvement in relation to administering medicines. Only one person required support. We spoke with the person's relative who told us that medicines were managed efficiently and administered as required. We saw records that reflected this. Where omissions to records had been identified by the registered manager they had taken steps to investigate the reasons and update procedures to ensure they did not continue to be made. Staff were able to clarify this.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. They said that the registered manager checked on their competence regularly and they found this reassuring. We did not see how risks had been recorded as not all files seen contained risk assessments however staff told us how they ensured the process was carried out safely, as per people's care plans and that medicines were stored and administered as required to keep the person well.

Is the service effective?

Our findings

The relatives of people who used the service told us that they received effective support. They told us that staff knew what they were doing and were very knowledgeable. One relative said, "They understand him [person who used the service] very well. They know what they are doing and it works."

Staff told us about their roles and responsibilities in relation to offering care and support. One staff member told us about their key worker role. They told us what it entailed and said that it provided an effective link for the person between their family, the staff and the registered manager. A relative spoke positively about this arrangement and we saw how the staff member had updated the registered manager on areas where small changes would mean that they could offer more effective support.

People were supported by staff who were skilled and knowledgeable. New staff spent time working with experienced staff to learn routines and people's needs and preferences. They also had some training to assist them to carry out tasks effectively. The latest staff member to join the team told us that as well as this initial support and training they were now signed up to complete a more detailed programme that was based on current best practice. The programme encompassed the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. The staff member spoke positively about their expectations for the training and felt it would give more in-depth learning of essential aspects of care.

People's relatives told us that staff were well trained. One relative said "They do a great job." Staff told us that they were satisfied with the training provided by the agency and felt that it equipped them to meet people's needs effectively. One staff member told us how they had received additional training when they had to use a new piece of equipment. They told us that they had valued this input as it gave them confidence to be sure they were doing it right. A relative told us how this training had instilled confidence in them that the agency could meet the person's needs. We saw that not all staff had received all mandatory training, however the provider was in the process of addressing this and the staff we spoke with did not feel that they were being asked to do any tasks that they were not trained for.

Staff told us that they felt well supported by the registered manager and by each other. One staff member told us, "Yes we have supervision, appraisals and team meetings." Another staff member told us, "I always feel well supported. The manager is always available. She is brilliant. She knows the clients and the staff. She is very much part of the team. She's a great manager". They felt that the manager's knowledge of the people meant that she could enable them to offer effective support.

Staff told us that communication with the registered manager was good meaning that information about people's needs could be shared effectively. One staff member said, "We always review things. We are effective and timely." Relatives described the agency as 'efficient'. Everyone told us that people's needs were met by the agency.

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. There was only one person currently using the service whose capacity fluctuated to make decisions at times. We did not see any mental capacity assessments however we saw how the person's care was individualised and carried as per their assessed and expressed needs and wishes.

The registered manager told us that mental capacity legislation was an area where more training was required however staff we spoke with were aware of the basic principles in practice. They told us how they supported people to make choices and decisions about how their care was delivered. We spoke with staff about how they supported a person who was not always able to make decisions. They told us how they responded to how the person was feeling each day. They said that when they were unable to make decisions they used their knowledge of the person to support them to make informed choices. They told us, "The approach has to be right for this person. We know them well so are able to help them make decisions."

People were fully involved in decision making processes as far as possible. Staff respected people's decisions and encouraged them to remain in control of how they lived their lives. This was evident in conversations with people and their relatives. Staff told us how they offered choices in relation to all aspects of care and support. For example they asked what the person would like to wear, what they would like to eat and where they would like to go. They used visual prompts to support decision making where necessary to assist with the process.

Most people who used the service did not require staff support to eat, drink or prepare meals. When support was required it was to prepare meals that the person had chosen. People's nutritional and hydration needs were documented and staff told us that any special dietary requirements would be recorded to ensure they only offered people appropriate choices.

People's relatives told us that staff from the agency liaised and worked with health professionals as required to ensure that people's changing health needs were assessed and met. One relative told us, "They had brought an occupational therapist (an OT) in to see how we could best support [person's name]. They did what the OT suggested and it's worked well." Relatives also told us that staff had supported people to attend medical appointments and make changes to care and support in accordance with the outcomes of these appointments. The relative told us that they also kept them informed of people's medical appointments to enable them to also offer effective support.

Is the service caring?

Our findings

People received a service delivered by staff who were caring and compassionate. A relative told us, "They are very good, very caring". Another relative said, "They are so kind. They do a great job." A staff member told us, "I think we provide excellent care." One relative told us, "[Name] has a male carer which he is more comfortable with. They talk about football and [name] responds positively to that."

People's relatives told us how staff were thoughtful and helped people to relax while receiving personal care. One relative said, "The carers share little jokes to help [name] relax." They said that this makes the person comfortable and reduces their embarrassment.

One person's relative told us that the support they received has meant that the person who used the service could remain living in their own home. They said, "I'm glad that [name] can stay at home with me and they [staff] make it happen." People's relatives told us that they valued the support they received from the agency. One relative told us that staff were reliable and dependable. One relative told us, "It's nice to know that I can depend on them. Staff recognised how important family and friends were. They told us how they enabled friendships and positive relationships. A relative told us, "Staff help [name] to maintain friendships. They know how important they are."

Relatives told us that they had been involved in initial assessments of needs and subsequent reviews. They also told us that the people who used the service were also involved as far as they were able. They said that they had shared information with the agency about people's likes and dislikes, needs and preferences. They felt that the agency had listened to them and valued their knowledge of the person. This meant that staff could support people how they liked to be supported.

People were encouraged to remain as independent as they were able. This was possible because staff understood people's needs and knew what support they required to live as independently as possible. Staff supported people to be involved in making decisions about their lives. A staff member told us, "We know what support people need and we enable everyone to do as much for themselves as possible. This means that people can cope better after we've gone." One staff member told us how they used visual prompts to offer informed choices when supporting people to make decisions.

People's relatives told us that staff worked hard to ensure people retained skills and abilities to enable them to be as independent as possible. For example staff told us that, when supporting people with personal care, they only did a task when they knew the person could not do it. The rest of the time they offered prompting and encouragement. One staff member told us that this approach also helped maintain the person's self-worth and dignity.

Relatives told us that people were treated with dignity and respect. One relative said that staff listened and always explained what they were going to do before starting. They said that this was reassuring and reduced anxiety.

One relative told us, "Staff respect her [name]. They always speak politely. They are patient and reassuring."
Another relative told us, "They understand [name]. They are very good with them and very patient."

Is the service responsive?

Our findings

Relatives of people who used the service gave us examples of how staff had worked flexibly to respond to people's changing needs and circumstances. For example, when one person was unwell they contacted the GP and supported them to change their medication until they felt better. One person was supported to go out but when they had visitors, staff changed times and days to accommodate them. This meant that staff could continue to meet people's needs. The relatives that we spoke with told us that responsiveness was a strength of the service provided. One relative told us, "The service is very responsive. They follow up on concerns and appointments and share information to ensure needs are met."

Staff told us how they were able to provide responsive support because they knew the people who used the service really well. One staff member told us that they were a key worker for a person. This meant that they were able to liaise with the person and others significant in their life to ensure that the person's plans were supported. They told us that they arranged for timings of calls to change if required and when opportunities came up for the person they were able to do them as support could be arranged around them. For example one person had the opportunity to go to a concert, something they very much enjoyed. Staff changed their working times to accommodate this.

People were supported to maintain relationships with people who were important to them. Staff worked closely people's families to ensure continuity. One relative told us they valued this involvement.

People had their needs assessed prior to the start of the service. This enabled the staff team to deliver care and support as and when the person required it. The registered manager carried out the assessments and although we did not see any we saw that the support plans developed as a result of them were very detailed and recorded individual needs, likes and preferences. People's relatives told us that they had been involved in the process. Staff said that the information clearly supported them in meeting the person's needs in ways that they wished.

Staff told us about people's likes, needs and preferences. They also told us how they had to support one person who's needs changed regularly. They said that they had to see how the person was feeling on the day and offer support accordingly. They said that because they knew the person so well they were able to offer them a responsive service.

People were able to express their views and wishes about how their care and support was provided. People's relatives told us that plans were reviewed formally and informally. Formal reviews always involved the person who used the service and they were asked if they were satisfied with the way the service was provided. Their responses were recorded. Any changes or improvements were made without delay.

The agency had a complaints policy and relatives told us that they had been told about it. One relative told us, "I have no complaints whatsoever." They told us however that any worries or concerns would be managed informally if possible and said that staff responded positively when they had any suggestions or concerns. Staff told us that they listened to people's comments and always tried to make things better if

they could.

Is the service well-led?

Our findings

The relatives of the people who used the service considered the agency to be well run. They spoke positively about the registered manager who they thought was knowledgeable and approachable. The registered manager understood their roles and responsibilities. They were committed to providing people with a good service. Staff told us that the registered manager was supportive and approachable. One staff member said, "Any issues we ring the manager. She has an open door." Staff thought that the agency was well run.

The agency supported five people. Two of these people had only recently started to receive a service. The agency had plans to develop and grow. We spoke with the registered manager about this. They told us how they were going to develop their systems to accommodate the increased work load. For example, they were introducing a formal system of monitoring calls. Currently the registered manager covered staff shortfalls. They used the opportunity for informally monitoring the quality of the service provided. They told us, "I do hands on care so I know how people liked things done."

Staff understood their roles and responsibilities within the service. They all told us that the agency provided good care and support. One staff member told us, "We are a good team with a good manager. We can offer a good service." Staff told us that, due to the size of the agency, communication was good and they always contact the provider or the registered manager promptly in the event of an emergency.

Staff told us that meetings took place to discuss the running of the agency. Staff told us that they worked well as a team and gave examples of how they helped provide cover during times of staff sickness for example. Staff also told us that they had appraisals of their work. Staff said that that they would be confident to raise any issues or concerns with the registered manager. They knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law.

People's relatives told us that they felt fully involved in the running of the agency. They had received surveys asking them to comment on the quality of the service provided. They told us that they were happy to share feedback. There were systems in place to monitor the quality of the service. The provider showed us the latest questionnaires that reflected people were satisfied with the care and support they received. Given the size of the agency the registered manager told us that they also had regular informal contact with everyone who used the service. They said that as a result they shared feedback with them regularly enabling them to implement any changes required to make the service better.