

Allcare Community Care Services (Southport) Limited

Allcare Community Care Services

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Allcare is a domiciliary care agency. It provides personal care to 78 people living in their own houses and flats in the Southport area of Merseyside. The service also provides care and support to 14 people living in 'supported living' houses in the Manchester and Greater Manchester areas. People had different support arrangements. Some people lived alone with staff; others lived with up to three other people with staff support on a 24-hour basis.

People using the service were of different ages and included those with a learning disability and/or autism, as well as people living with dementia or other health and care needs.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and family members spoke positively about the service and told us staff were professional, helpful and kind. Positive relationships had been developed between staff and people they supported. People said calls to their home were never missed and that staff usually arrived on time. Everyone said they would recommend Allcare to others.

People using the service and staff were involved in the development of their care through regular reviews meetings and surveys. The latest survey showed that people were satisfied with their care. People told us they either had no complaints or were confident they would be listened to if they did.

Most of the management team completed quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. However, we found that this was not consistently completed across all of the service. Not all of the people who received a service from Allcare were offered the opportunity to provide feedback on their service.

We have made a recommendation about quality assurance practices.

People's care records provided detailed information about individual backgrounds and their support needs,

to guide staff effectively. The service worked with a variety of professionals to maintain people's health and wellbeing.

Staff had been recruited safely. There were sufficient numbers of staff employed to support people. Vacant shifts and calls because of absence were covered from within the staff teams. Agency staff were not used. Staff received regular training and support. Staff told us they enjoyed working for the service; however, recent issues related to delayed payment of wages and pension had impacted on their morale.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 24/03/2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Allcare Community Care Services

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

The inspection was carried out by two inspectors and an Expert 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.

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 also provides care and support to people living in seven 'supported living' houses, so that they can live as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 September 2019 and ended on 26 September 2019. We visited the office

location on 24 September 2019.

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. 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 14 people who used the service about their experience of the care provided. We spoke with eight members of staff by telephone. At the office we met with the finance manager, the operations manager, a risk assessor/trainer and an administrator. We visited two supported living houses and spoke with four support staff and observed interaction between people and staff.

We reviewed a range of records. This included five people's care records, care review records, medication records and audits and records relating to the management of the service. We looked at four staff files in relation to recruitment and staff supervision.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People told us they feel safe in their home and enjoyed the daily visits from their carers. Comments included, "They are not often late, but I always know they are coming."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- Risk assessments were completed on the environment in people's homes. Where people used equipment, staff carried out checks regularly to ensure they were safe to use.
- Behavioural management plans were in place for a person we met, to advise how best to support the person and keep them safe.
- People had individual emergency evacuation plans in place.

Staffing and recruitment

- Staff had been recruited safely.
- There were sufficient numbers of staff employed to meet people's assessed needs.
- People who received care in their home told us that staff were rarely delayed but someone usually rang them to let them know.
- Staff told us they covered shifts and support visits from within the staff teams. Agency staff were not used.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.
- For the community service there was a dedicated administrator who completed monthly audits of medicines administration records (MARs) to ensure any errors or concerns were identified. They liaised with people, staff, GP surgeries and pharmacies to ensure people received the correct medication on time.
- Supported living staff used a medications handover sheet between shifts to detail what medication had been administered.
- People said they were given their medicines at the right time.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) such as disposable aprons and gloves. Staff working in people's homes wore uniforms.
- Supplies of disposable aprons and gloves were readily available for staff to use.
- The supported living houses we visited were found to be clean and tidy throughout.
- People's comments included, "They (staff) always do a good job, they keep my home tidy" and "They are uniformed and well trained. They leave my kitchen clean and tidy when they prepare my meals".

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- ABC (Antecedent-Behaviour-Consequence) charts were completed as required in supported living houses.
- Staff told us incident forms were completed if required but none were seen at the properties.
- For people who received support in their home we saw that accident and incident forms were checked, and a home visit made, to re-assess a person's needs and update risk assessments.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.
- Our observations showed that staff worked as a team in supported living and were engaged with getting people up/washed and dressed and providing drinks.

Staff support: induction, training, skills and experience

- Staff received regular training.
- Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- People told us they had confidence in the fact that staff knew what they were doing and had sufficient training to carry out their daily functions.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking.
- People's care plans stated indicated when they would not access any food or fluids without staff prompts to do so. This ensured they were eating and drinking enough during the day.
- People's weight was monitored.
- People were supported to choose what meals they would like.
- In supported living people were encouraged to assist with meal preparation.
- People's comments included, "I really look forward to my visits from [staff] each day. They are wonderful and always offering me a drink while explaining how they can help me each time", "I also have assistance with making a drink and making my meals. I believe they are well trained and very professional with a good sense of humour and attentive to my daily needs" and "[Staff] really do a super job and show they care and help me with everything including eating, shopping and so much more".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good relationships with health and social care professionals who had contact with the service.
- People received support with health appointments regularly, for example, psychologist, GP and Optician.
- Health action plans were completed for people who needed support when accessing appointments including hospital admissions.

- People's comments included, "I cannot do many things on my own. The staff are always working to help my health and wellbeing", "All my staff are nice and polite. I think they keep me in better health and make me happy" and "They [staff] remind me of any doctors or hospital appointments I have due".

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found it was.

- People's capacity was assessed.
- Consent forms for taking photographs, medicines, sharing information had been signed by people or their family when required. A consent form for a person had been signed by a staff member. We discussed this with a member of the office staff as the person could give consent verbally; they agreed to visit the person and complete the consent form again.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people.
- People had their cultural and religious needs observed and respected. Staff were given information to inform them about people's particular needs.
- People spoke positively about the staff who visited them. Comments included, "My carers are great, always happy and willing to go beyond when caring for me", "I look forward to the visits and having someone to talk with each day otherwise I would be lonely" and "Nothing is too much trouble and they have a real interest in my daily welfare".

Supporting people to express their views and be involved in making decisions about their care

- Questionnaires were sent regularly to people who received support in their home to monitor the quality of the service provided. Feedback we saw was positive.
- Questionnaires for people living in supported living and their relatives had not been sent for some time.
- People who received care in their home had their support reviewed regularly by the service.
- People's comments included, "The managers visit every two or three months to update my care schedule and we discuss my health and care situation", "I would raise any concerns with the manager who visits every few months when we discuss my care schedule" and "The managers come to see me about every two or three months. They help me to decide what I need so I can continue to live independent of anyone".
- People in supported living were involved in planning their meals.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible.
- People's records stated what they were able to do for themselves.
- Staff said they encouraged people to take part in their daily living skills. One said, "We try to guide people as much as can. We encourage them loads to make own drinks and sandwiches."
- People were positive about the staff and how they respected their privacy and dignity.
- People's comments included, "Brilliant and helpful with my personal hygiene and washing, always conducted in a dignified manner", "My dignity is always respected in particular when they help me to

shower", "They always explain things to me very well and treat me with respect. My dignity and privacy are always considered", I am respectfully treated and in particular helping me to have wash as I struggle to use the bath", "My carers treat me in a dignified way and always with respect", "Always respectful" and "They are professional and polite".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were person centred and identified people's needs and routines. Guidance was provided on how staff should support the person to meet these needs. These were reviewed and were up to date.
- Documents within people's care records provided information about people's life history, cultural and spiritual needs and activities they enjoyed.
- People received their support at times they required it. Nobody we spoke with said their visits had been missed. They said staff could sometimes be running late but they would always be informed by a telephone call.
- People's comments included, "They [staff] are aware of my requirements and it's no problem if I have a concern or wish to change things in my care plan" and "I can discuss any changes to my daily requirements or change the time if I have medical appointments" and "Rarely late but they tell me to let me know if they are delayed and do always arrive happy".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records identified their communication needs and the different communication methods that were used.
- The service also met the needs of staff with communication difficulties. For example, rotas were issued on coloured paper to assist them to read them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People in supported living had a weekly planner which indicated what was arranged each day.
- People attended local day centres and had weekly one to one time where they went out with staff on an activity of their choice.
- People were supported to meet with their family on a regular basis.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.

- A complaint made since the last inspection had been investigated and a response sent to the complainant.
- People spoke positively about the service they received. Their comments included, "I would recommend my carers", "Never needed to complain with this company and they do listen if I have any problems", "I do not think there is anything to improve, they are excellent" and "I am happy with my carers and the staff at the office are so helpful".

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- People's records showed where a Do Not Resuscitate (DNAR) decision was in place, to advise care staff.

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they enjoyed working for the service; however, recent issues relating to the delayed payment of wages and pensions had impacted on their morale.
- Staff were engaged and involved through regular team meetings.
- People were involved in community activities within the supported living schemes.
- People's opinion of the domiciliary service was sought using regular satisfaction surveys. The last survey showed a high satisfaction rate. People we spoke with said they would recommend Allcare to their friends and family members.
- People in supported living and their relatives had not been sent any questionnaires to demonstrate their satisfaction with the service.

Continuous learning and improving care

- The provider's policies and procedures were designed to support staff in their practice.
- Staff meetings and daily handover meetings were opportunities to discuss any incidents or ways to improve the support people received.
- Most of the management team completed quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. However, we found that this was not consistently completed across all of the service.
- The operations manager of the supported living service visited the individual services and team leaders weekly but did not complete any audits to identify safe and effective support or to highlight any areas for improvement.

We recommend the provider reviews their quality assurance practices for a consistent approach across the whole of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed by a registered manager. They were currently absent from work through ill health but hoped to return within the 28-day timescale required by CQC.
- The registered manager was supported by an operations manager for supported living services and risk

assessors and care coordinators for the domiciliary service.

- A team leader managed each supported living house; they were clear about their role, to organise the teams, staff rotas, manage staff and update care plans.
- The registered manager and provider notified CQC of specific events as required.
- Office staff we spoke with understood their role and what was required to ensure the service provided good support to people.
- Ratings from the last inspection were displayed in the service, in line with legal obligations.
- Staff received supervision and support from senior staff to develop their practice.

Working in partnership with others

- The service worked closely with people and their family members to provide effective and safe support.
- The service worked with healthcare professionals, such as district nurses, GPs and pharmacist and were proactive in addressing any inconsistencies in medication or making referrals.
- A person was in the process of moving to a new home as their needs had changed. Meetings had been held with the new provider and the person was visiting their new home twice a week, including a teatime visit as part of the transition process.