

All About Caring Ltd

All About Care

Inspection report

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10 January 2019
15 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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:

All About Care is a domiciliary care agency that was providing a service to 38 people at the time of the inspection. 28 of these people received care which was regulated by CQC.

People's experience of using this service:

People who received care from All About Care told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "I would always recommend All About Care. All of the staff are lovely. The way they care for people is superb." People were supported to continue living at home in a way that enabled them to be as independent as possible.

The manager had not ensured that certain areas of the service were always safe. We found that medicines were not always managed safely because records were not always correct. At the time of the inspection the manager did not have a plan in place in case of an emergency to ensure people would continue to receive care. The manager needed to obtain further information in order to be fully compliant with the Mental Capacity Act (MCA) 2005.

Although there was evidence the service had provided good end of life care, there was no information in care plans about people's preferences for their end of life care. Following the inspection, the manager arranged for people's preferences to be recorded in their care plans.

The service was not always well managed as some records and documents had not been completed. The manager had failed to implement robust or sufficient quality assurance processes. We also found that the manager did not have an adequate plan for improvement and development of the service. However, staff and people we spoke to all felt that the service was well led. People, staff and relatives were involved in helping the service improve.

Care plans were created with people and relatives' involvement to ensure they were person centred and tailored to peoples' needs and routines. Staff were trained and supported to be effective carers in a collaborative team. Where needed, staff were quick to support people to have access to health care professionals such as occupational therapists or, when necessary, emergency services.

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

More information can be seen in the main body of the report for each Key Question.

Rating at last inspection:

Good (14 June 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

Follow up:

Following on from the inspection the registered manager responded to the concerns we raised regarding medicines records, contingency plans, compliance with the MCA, end of life care preferences, audits and management plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

All About Care

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

All About Care is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. 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 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 10 January 2019 and ended on 15 January 2019.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited the office location on 10 January 2019 to see the manager and office staff; and to review care records and policies and procedures. We reviewed four people's care records, three staff

files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

After the inspection we conducted telephone interviews with three people, four relatives and four staff members.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had not been maintained. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although people told us they were happy with how staff managed their medicines, we found that medicine management was not always safe. Out of the 28 people who received regulated care, eight received assistance with their medicines. We found that all medicine administration records (MARs) we checked contained multiple gaps on different days. This meant that it was not possible to be sure whether people had received their medicines when they should have. The manager was unable to explain the gaps we found.
- The service had no audits or quality assurance processes for medicines or MARs. This meant that it was not possible for the service to find where mistakes had been made or where people had not received their medicines. Following the inspection, the registered manager created a new auditing process for medicines and arranged to speak to staff about MARs.

The failure to safely manage medicines was a breach of the requirement to ensure safe care and treatment.

Assessing risk, safety monitoring and management

- There were no contingency or business continuity plan in place for the service or the people using it to ensure people's care would continue in the event of an emergency. Following the inspection, the manager created a comprehensive plan to ensure people's safety in the event of an emergency.
- Comprehensive risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks of harm.
- For example, one person their risk assessment had picked up on the need for a new hoist. The risk assessment considered the details that staff needed to know in order to safely move the person. The daily records confirmed that staff followed this guidance.

Systems and processes

- Systems were in place to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. No safeguarding incidents had occurred since the last inspection.
- People were protected from the risk abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I saw abuse taking place I would write it all down and report it to the office. I would also alert the CQC and whistle blow if necessary."
- People told us they felt safe using the service. One relative said, "(Person) is safe with them because the carers are very professional."

Staffing levels

- There were sufficient staff numbers to complete the home visits being undertaken. Staff had not missed a visit since the last inspection in 2016 and people told us that staff were rarely late. One person said, "They are generally on time. If they are going to be late they call me."
- People were cared for by suitable and sufficient numbers of staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Preventing and controlling infection

- People were protected from the risk of infection because staff knew to wear gloves and aprons at visits. One member of staff told us, "I wear gloves, aprons and shoe covers when I carry out visits." People we spoke with also confirmed that staff were good at keeping their houses clean and washing their hands. Staff had received infection control training.

Learning lessons when things go wrong

- Systems were in place to enable staff to learn lessons when things went wrong. There had been no incidents or accidents since the last inspection in 2016. Daily records made by staff ensured that detailed information was recorded about every visit and incident/accident records were available for staff in the event that something did happen.

Is the service effective?

Our findings

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

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service required further documentation to ensure complete compliance with the MCA. Where people lacked capacity, relatives had signed consent forms on their behalf for care to be carried out. There were no further specific decisions that needed to be consented to by people or by relatives aside from general consent to care. The service had not obtained official evidence that relatives had power of attorney for welfare for anyone using the service without capacity. Following the inspection, the manager confirmed that they had obtained evidence from all relatives and partners of power of attorney for welfare.
- The impact of this was minimal as the majority of people using the service lived with their relatives or their partner. Furthermore, the service provided limited, intermittent care which was highly unlikely to restrict or deprive people of their liberty.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "I always ask for consent. If someone wants to make an unwise decision then they have that right. We have to respect people's independence and free will to make choices and decisions."
- One relative told us, "They ask for his consent frequently."

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

- Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. People we spoke to confirmed that senior staff and management had met with them at their homes to complete comprehensive assessments of their needs. Staff were able to tell us how they followed NICE guidelines for care areas such as end of life care.
- Each care plan contained a detailed assessment before people received care which detailed care needs and support required. The assessment recorded needs such as current health issues, mobility, daily routine, food preferences and social interests. This ensured that staff were able to meet the needs of people before they were visited by the service.

Staff skills, knowledge and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "All of the staff are exceptional and know what they are doing."
- Staff had received training in various areas such as moving and handling, nutrition, safeguarding, and first aid. This was via online and face to face training. Staff were required to complete consistent refresher training on Social Care TV which is an online training system.
- The registered manager completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed care plan guidance.
- Staff were supported by regular supervisions and annual appraisals which looked at records, punctuality, feedback, training and support.

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "They get breakfast ready. They always get me what I want." One staff member said, "With food preparation I made sure that I check their care plan to see if they are able to take part."

Staff providing consistent, effective, timely care within and across organisations

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand developments and changes in people's care. One person told us, "They haven't ever missed a visit and they aren't late. They record everything in my folder."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "They go to the dentist with (Person)." One person told us, "They would help me to see a doctor or nurse if I needed to see one."
- People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion by staff. One person said, "They are caring. They are loving in their way of care." Another person told us, "They minimise the number of carers who come round. They keep the carers consistent." A third person said, "All of the staff are lovely. The way they care for people is superb."

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

- People were supported to express their views consistently by staff and the registered manager. Every person we spoke to was able to describe how they had met with senior managers and care staff at the start of their care package to arrange their care plan and routine. People told us that staff reacted well to their requests and considered what they wanted on the day. One staff member said, "I ask them about what they want and how they want the care completed."
- One person told us, "We created the care plan with staff and the manager." A relative told us, "They have a lot of things to do with my husband and they manage all of it. Everything we request is given to us."

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. People told us that staff closed their curtains before providing personal care and spoke with people in a friendly manner throughout the visits.
- One person told us, "They ensure my privacy and dignity is kept. They don't watch me when I don't want them to." One staff member said, "I make sure I close all the doors in the house to make sure that (Person) isn't exposed."
- Peoples independence was respected and promoted. One staff member told us, "I get their routines from them and design the visits around what they want." One person told us, "They help me to stay independent."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. Some care plans needed further detail regarding people's end of life care. Aside from this, people's needs were met through good organisation and delivery.

End of life care and support

- People had been supported with person centred care at the end of their lives by staff at this service. At the time of the inspection there was one person receiving palliative care. There was person centred information in their care plan which enabled staff to provide for his needs.
- We saw complimentary letters from people who had thanked staff for their care for people at the end of their lives. Staff we spoke to were very knowledgeable of the how to care for people towards the end of their lives. All of the staff members knew how to provide person centred end of life care and could describe examples to us. One staff member told us, "I made sure that they (people) were both comfortable. I also knew that (person) wanted to be as independent as possible to the end." A second staff member said, "At the end we were also caring for the wife. We had to focus on the pressure areas for him and sometimes we had double up calls as well."
- Following the inspection, the registered manager sent us copies of a new end of life form which would be sent out to everyone receiving care. This form was detailed and thorough in enabling people to express exactly how they wish to be cared for at the end of their lives.

Personalised care

- People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. One relative told us, "My mum always feels supported. They (Staff) are really accommodating."
- There were detailed care plans in place that outlined peoples' care and support. Each care plan contained details of people's past professions, family, activities and preferences.
- One person told us, "The staff listen to me and do what I ask." Another person told us, "I like to go out for classes. I asked for extra time with the carers. They did this immediately and met my request. They will also carry out extra calls and visits if we need them."

Improving care quality in response to complaints or concerns

- There was an adequate process in place for complaints. Each person was provided with an information pack that included the complaints procedure. People told us they would be happy to call the office to make a complaint and would feel confident speaking with office staff about their concerns. There had been no complaints since the last inspection.
- There were several compliments that had been sent to the service including; "Very, very many thanks to (Staff) for all her kind care and attention over the last 12 months."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There were insufficient quality assurance processes in place to ensure mistakes or errors were discovered and improved upon. We found three specific areas where management were not ensuring good care or record keeping.
- There was no auditing process in place to check MARs.
- Care plan reviews had failed to spot that no evidence had been obtained to show whether relatives or partners, who signed for people's consent, had authorised power of attorney for welfare.
- There was no auditing process in place to check daily notes made by staff. Auditing processes for daily notes are necessary in order to ensure accurate, appropriate and correct records are being made by staff. This process can also be used to ensure that staff are attending calls at correct times and staying for the duration. As the service did not have a call monitoring system in place, there was no auditing process to ensure this either. However, people told us that staff were punctual and stayed for the full duration of visits.

The failure to have robust and sufficient quality assurance processes in place is a breach of the requirement to ensure good governance at this service.

- Following the inspection, the manager created an action plan to introduce MARs audits
- Clear and effective spot checks were completed by management to ensure staff were following care plans and service policies. We saw records of spot checks which were then given as constructive feedback to staff in supervisions.

Continuous learning and improving care

- There was no clear or credible plan in place to ensure improvements or development of care. Given the areas mentioned above which we found needed improvement, there should have been stronger management oversight, evaluation and planning in place. The manager agreed with this at the inspection and created a plan to address the relevant areas following the inspection. The manager told us that there were no plans to expand the service or take on additional people. This was enable the service to focus on improving the areas we found concerns in.

The Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were supported by an approachable management team. Staff worked as a team, were happy in

their work and were supported by management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.

- People told us that they thought highly of the manager. One person said, "I think the management is very good and efficient." One staff member told us, "The manager is lovely. She is always there at the end of a phone call for us."

Engaging and involving people using the service, the public and staff

- People, relatives and staff were asked for their views about the agency via satisfaction surveys. Feedback surveys were sent out in 2018 to people and staff which were returned with positive results.

- On staff member told us, "The manager is very attentive. She lets you know what's going to happen. We have team meetings. We talk about what needs to be changed." A second staff member said, "Team meetings are fun because it's a good team. Its relaxed, its not regimental. We are encouraged to be honest and open."

- One person told us, "I have spoken to the manager frequently. She keeps me updated." A second person said, "If I have any requests she addresses them immediately."

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses. In the past, when relevant, the service had worked alongside Macmillan Cancer Support to ensure people received effective end of life care. There were clear records in peoples' correspondence files of contact between the service and podiatrists, speech and language therapists and physiotherapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to safely manage medicines was a breach of the requirement to ensure safe care and treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have robust and sufficient quality assurance processes in place is a breach of the requirement to ensure good governance at this service.