

All Care In One Limited

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Inspection report

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Tel: 07830974497

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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

The inspection took place on 13 October 2015 and was unannounced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers 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.

People spoke warmly about care staff supporting them and felt safe with them in their homes. Relatives told us they were familiar with the care staff visiting their home as they had got to know care staff over a period of time.

People received care from staff who knew about the health conditions that they lived with. Staff understood people's individual health needs and any action they needed to take to keep people safe. Some people received support with their medicines and people were happy with the support given. The registered provider made regular checks to ensure people received their medication correctly.

People received care and support from staff who felt supported. Staff could seek advice from the registered provider if they were unsure about aspects of people's care. People received care from staff who understood their needs and knew their individual requirements. Staff accessed regular training and could seek further training if they required this. People felt confident that staff understood how to care for people.

People's consent was appropriately obtained by staff. Staff had received training about obtaining a person's consent and understood what they needed to do.

People made choices about the meals prepared for them. People were also supported with special dietary requirements or preferences they had in relation to their meals. Staff understood people's needs and preferences.

When people's health needs were updated, care staff were informed about changes. Care staff were telephoned about changes as well being notified through reading care plans. Staff developed an understanding with people's families and understood their preferences and involved them in the care planning process.

People liked the staff who cared for them and regarded them as friends. People benefitted from having developed a relationship with staff over time which helped in how staff supported them. People's privacy and dignity were respected by staff that understood people's individual circumstances and levels of independence and supported people accordingly.

People felt able to discuss their individual needs and preferences with the registered provider. Preferences were respected by the registered provider and fulfilled where possible. People understood that they could complain if they needed to but chose not to and instead spoke with the registered provider.

People's care was regularly checked and reviewed by the registered provider. People found the registered provider accessible and willing to discuss their care needs. Staff felt supported and part of a team. Communication to staff was sufficient for staff to perform their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with care staff in their home. Staff understood what they needed to do to keep people safe and reduce identified risks to their wellbeing. People received support to have their medications.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who understood people's health and the risks associated with their health. People were involved in making decisions about their meals.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they knew and who understood their needs. People were treated with kindness, dignity and respect by staff who had an understanding of their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in deciding how their care was delivered. People understood that they could complain if they needed to and felt listened to.

Is the service well-led?

Good ●

People's care and the quality of care was regularly reviewed and updated. People felt the registered provider was accessible. Staff felt well supported and felt part of a team.

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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 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with one person and one relative of a person using the service. We also spoke with, three staff and the registered provider.

We reviewed three care records, the complaints folder, recruitments processes, three staff files, staff meetings, training plan as well as monthly checks the registered provider completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. They told us they knew the staff and were familiar with the staff who they had known for some time. They told us they felt comfortable with them in the house. One relative described feeling very relaxed with the care staff in their home.

Staff were able to clearly describe their understanding of keeping people safe. Staff described having their training recently updated. Staff could explain to us the different types of abuse. The registered provider understood their obligations with respect to keeping people safe and understood they could speak with the Local Authority if they had any concerns.

Staff we spoke with understood the health conditions that people lived with and of any action they needed to take to keep people safe. Staff we spoke with told us they had supported people over a period of time and their knowledge of the person's health needs had also developed. For example, one person could describe a person's moods and how this may affect how much support the person would allow the staff member to offer. We also saw that within care records risks assessments were also completed. We saw that these were regularly reviewed and updated based on people's changing circumstances. Copies of the updated risk assessments were kept in people's care plans for staff to refer to.

People we spoke with confirmed the number of staff they expected to attend would arrive to support them. We spoke with the registered provider to understand how staffing levels were determined. They told us that regular reviews were carried out that, and that if there was any change in need, staffing levels were adjusted. Staffing levels would also be increased when new packages of care were taken on. The registered provider told us they had a steady number of people they supported and staffing levels had therefore been stable. They told us they were looking to expand the number of packages they delivered and would be recruiting staff once they understood the needs of the people they would be supporting. Staff we spoke with confirmed that the correct number of people attended calls to support people.

We reviewed how the registered provider ensured the staff they recruited were safe to work at the service. Staff described to us the recruitment process they went through to ensure it was safe for them to work with people. Staff told us the appropriate pre-employment checks had been completed. We reviewed three staff files and saw that Disclosure and Barring Service (DBS) checks were completed prior to staff commencing work. The registered provider did this to ensure all the relevant checks were completed.

During the inspection we reviewed how people received the support they wanted with their medicines. People we spoke with were happy with the support they received. One person we spoke with told us, "They get all my tablets ready for me." They were happy to be reminded to take the tablets. We saw that a list of medications people received was kept on the person's care records so that emergency services could refer to them if needed. Staff confirmed they had received medication training.

Is the service effective?

Our findings

People and their families felt confident with the support they received from care staff. One family member told "They [staff] know what they need to do."

Staff we spoke with told us they accessed support and regular supervision from the registered provider. Staff described having frequent meetings as well as being able to call the registered provider if they were unsure of anything. Care staff confirmed they were able to access training to keep their knowledge up to date and that they found the training helpful. Staff we spoke with told us they had recently updated all of their training and felt able to request further training if they needed it. One staff member told us all staff had recently attended a Manual Handling refresher and that they had found it useful to keep their knowledge updated.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered provider was not currently supporting anyone who had been referred to the Court of Protection.

Staff were able to describe to us the importance of obtaining someone's consent when caring for them. For example, one staff member explained that they supported someone that did not always want support that day. The staff member told us about how they respected the person's wishes and would offer other ways in which to support the person.

People and their families told us they were supported to maintain a healthy diet in ways that were appropriate to their individual needs. One person told us "They peel my carrots and potatoes ready for me to eat." One family member told us staff also prepared meals so that if the person did not want to eat the food at that moment, they could eat it later. People and their families told us staff would ask them each day what they could help prepare. One relative told us staff understood their cultural preference and prepared food in accordance with this.

People's wider health needs were understood by staff who knew about people's health appointments. One person told us, "If I go to see the Doctor, they always ask how the appointment went." A relative told us staff knew about their family member's health and staff also supported the person to ensure the person was able to get ready for appointments. People and their families told us they were able to arrange access to health care appointments but that staff facilitated their attendance by ensuring they were ready to attend.

Is the service caring?

Our findings

People we spoke with talked positively about the staff that cared for them. One person told us staff always, "Ask me how I am if I'm feeling alright. They care about me." A relative told us, "They're all very good."

People and their relatives told us they had had the same care staff support them for a lengthy period of time and that this had made their relationship with care staff easier. One relative told us, "It makes it easy, because they know what to do." People described having specific ways in which they needed support and care staff understanding these and respecting their needs.

People were involved in their care in a number of ways. People and their relatives told us their relationship with care staff was a friendly one that had been built over time. They told us it made it easier for them to talk to staff if needed although they felt staff understood their preferences. A person told us they liked the fact that they regarded care staff more as friends and that staff had had compassion towards them. One relative told us, their family member liked to chat with care staff, and that care staff knew this and were always mindful to have a chat with them.

Staff we spoke with told us they knew the people they supported well, together with their family members that they lived with. They told us they understood how people preferred to be supported. For example, one staff member spoke off knowing a person's history and chatting to the person about family that were important to them because it gave the person comfort. Another staff member talked about how staff had visited a person outside of their call time to see a person when they had suffered personal difficulties.

People and their families felt comfortable with the staff in their home and when offering them support. They told us they thought staff were respectful towards them. One person told us staff "Always leave everything as they should". People and their families told us that staff were respectful towards their things and wore shoe protectors so that their carpet did not get dirty.

Staff described to us what they understood by dignity and respect. Staff gave practical examples of how they supported people to maintain their dignity. For example, staff were able to describe how when offering personal care they ensured a person was comfortable with them and that they were able to support the person to maintain independence for the things they could do. One staff member told us that people's independence sometime fluctuated and that they would respond to the person's support level based on how they felt that day.

Is the service responsive?

Our findings

People and their families told us they were able to share with staff how they wanted to be cared for. A person told us their care needs had changed over time. When they had been poorly, they had required more intensive support and this was provided. When they were able to support themselves, the support was reduced. One relative told us about their religious beliefs and how they were important to them in how they lived. They told us staff understood their needs and were observant of their preferences. The relative also told us they had a language preference and care staff supporting them were able to communicate with them in their preferred language.

Care staff we spoke with could describe the individual needs and people they supported. When we spoke with them they could explain people's spiritual or dietary preferences and how they supported them to achieve these. For example, one staff member explained how they supported a person to attend a place of worship as well as participate in religious practice within the home. Another staff member also told us that staff worked flexibly to ensure people received the support they needed from the staff they preferred.

People and their families we spoke with told us they discussed their care needs regularly with the registered provider. One person told "She came over and we talked for an hour and a half." People and their families understood that they could speak with staff and the registered provider if there were aspects of the care they wanted to change. A relative told us they had regular chats with the registered provider to ensure their care met their expectations.

People and their families that we spoke with were clear that they understood the process for raising a complaint. They understood that they could call the office and speak with the registered provider if needed. However, they told us they had not had any reason to complain. One person told us, "I'm very happy. I've no troubles at all." People and their relatives told us they felt able to speak to care staff and express any concerns with staff. Although the registered provider did not have any complaints, they did share with us their policy for acknowledging and responding to complaints.

Is the service well-led?

Our findings

People and their families that we spoke with knew the registered provider and her role. They understood that they could call and speak with her if there were aspects of their care they needed to discuss. People and their families described the registered provider as accessible and that they were in regular contact. One person told us, "The owner calls pretty regular."

Staff working at the service told us they enjoyed working there and that they felt supported. One staff member told us their work was "wonderful" and that they felt "Supported every step of the way." Another staff member told us, the registered provider was "Always there for you." Staff told us that communication between the administrative office was consistent and that they received the information they needed. Staff told us they had a regular rota and regularly visited the same people to support them. They felt this was important to them because it gave people consistency.

Staff we spoke with told us they felt able to discuss people's care needs with the registered provider and did not always wait until a team meeting. They told us they could call the registered provider and that they would receive an answer to their query. For example, one staff member told us they needed clarification about a person's care needs and that the registered provider had called them back promptly with the answer. Staff described having a mixture of text messages and phone calls to keep them updated about people's needs or any information they needed to be aware of.

The registered provider explained how they assured themselves about the quality of care people received. The registered provider spoke honestly about learning they had gained from one of their other services and about they had incorporated that learning. For example, they told us their audit process had not always been rigorous but that they had improved how they reviewed people's care so that they could see what changes a person needed.

The registered provider also told us that as a small team they kept in regular contact with staff and people they supported. They told us they called and checked with people receiving care that they were happy with the support they were given. The registered provider also told us they kept in regular contact with staff and arranged social evenings so that they could thank staff.

We checked how the registered provider reviewed the care provided to people and saw that there was a system for checking and updating information relevant to the person's care needs. We saw that there was information on the person's most recent medication record for emergency staff to refer to if ever needed. We saw risk assessments for people as well as evidence of reviews were kept current for staff to refer to. The registered provider told us that they were developing their learning continually. For example, they had backed up their computer based records after realising that they did not have any other copy of some of the records.