

Allcare Community Care Services Limited

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Inspection report

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Southport
Merseyside
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Tel: 01704550482

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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 is a domiciliary care agency based in Southport, Merseyside. It provides personal care and support services to people in their own homes in Southport and surrounding area. At the time of our inspection the organisation was providing support to over 120 people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. Staff responsible for assisting people with their medicines had received medicines training to ensure they were competent and skilled to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received appropriate training and support which allowed them to meet people's needs effectively. People were supported to maintain a healthy diet and to access healthcare services.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. People received support from the same staff which provided consistency of care and they were familiar with the staff. People told us that staff supported them in a respectful and dignified manner and their privacy was maintained.

The care records that we saw clearly demonstrated that people had been involved in the planning of their care. People's wishes were clearly recorded in files and regularly reviewed. People told us they had been consulted about the care that was provided for them.

People who used the service knew how they could make a complaint. A copy of the complaints procedure was displayed in the office and in the service user and staff handbook.

Staff told us they were supported through regular supervision and annual appraisals.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. The registered manager had systems in place to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive or focused inspection:

This inspection took place on 1 and 2 March and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available.

The inspection team consisted of an adult social care inspector 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.

Before the inspection we reviewed the information we held on Allcare. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received a service. We also reviewed the Provider Information Record (PIR) we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the service including 14 people who used the service, two relatives, and six staff members including the registered manager. The majority of people were contacted by telephone but we did visit two people who had agreed to us calling to their home. In addition questionnaires were returned by 21 people who received a service, a relative and 10 staff members. We also

contacted the commissioning team of the local authority. This helped us to gain a balanced overview of what people experienced receiving a service from Allcare.

We looked at the care records of four people who received a service, four staff files including staff training and recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when being supported by the Allcare staff. A person told us, "I feel safe; the carers let themselves in and make sure the door is locked when leaving." Another said, "They never rush me and always have time for a chat" and "The carers are wonderful. They will do anything that needs doing; I'm not frightened to ask for help."

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place every two years. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely. Assessments were reviewed regularly to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Medication was administered safely by suitably trained staff and was recorded correctly. Staff we spoke with confirmed they had received training. A competency assessment was completed by senior staff to ensure people received their medication safely. The care records informed us that a medication risk assessment was undertaken if a person needed support with their medication. One person we spoke with told us, "My medication comes in a blister pack; they (staff) give me my tablets with a drink and watch me swallow them down."

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone we spoke with told us the visits by the care staff were on time and staff always stayed for the full time. The registered manager told us new referrals were not started straight away; people wanting a service had to wait until new staff were employed. This helped ensure support could be provided to the who people needed it. The service currently had a waiting list of people wanting a service from Allcare.

Is the service effective?

Our findings

We found that the staff team were well trained and had a good understanding of people's needs. For example, the care coordinator who managed the staff rotas told us, "The staff mainly visit the same people, so they are familiar with their needs." People who received a service who we spoke with confirmed this to be the case. They said there were a few exceptions to cover holidays and sickness. One person told us, "Carers know what to do, they follow my routine and do things as I want; they know what I want and do not want."

Staff training was refreshed on a regular basis. A system was in place to ensure staff were informed when training courses needed to be completed. A training matrix was kept up to date to show when staff had completed each training course and when they were due to an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported.

Staff received training regarding people's mental capacity to consent to care during their induction. The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw an example of how a person who lacked mental capacity was supported and how an agreement had been recorded with their relative to provide care and support 'in their best interest'.

We saw from care records that people were supported to eat and drink regularly by staff. Their care plans clearly documented what food and drinks should be provided at particular times. People we spoke with confirmed staff made meals to their liking and left them snacks and drinks for later in the day.

Where appropriate staff supported people to maintain good health. Staff sought the input of health and social care professionals if people's needs changed. For example, we heard the care assessor had liaised with the Occupational Therapist (OT) and a GP on people's behalf.

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us that the staff who visited them in their home were caring. People had developed positive relationships with staff. Some of their comments included: "Carers are wonderful, treat me with a gentle hand, they come every day to look after me", "They are good girls, very polite, and help me", "Carers treat me very respectfully, I get excellent care", "We have got to know each other well. I like that and am happy" and "I am very happy with the people who come to make sure I am ok, I have no problems; they are lovely and I wait for them to come so we can have a chat and a laugh" and "They are very caring, more like family." Everyone said they would recommend Allcare to their friends and neighbours.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided care to the same people on a regular basis which meant they had the opportunity to develop good relationships with the people they supported.

Staff told us the information recorded in the care records also helped them understand what support people required. They were informed of any change in people's needs or circumstances by a telephone call from the care coordinator in the office, to ensure they had received the information.

People told us that staff supported them in a respectful and dignified manner and their privacy was maintained when being supported with personal care. People said they did not feel rushed when being helped to wash or dress. People who had staff to apply cream for them said staff were very gentle.

Is the service responsive?

Our findings

People we spoke with told us they received care when they wanted it and staff did what was required of them. They said, "I did not realise how much I needed the help, it has made a big difference to me, I can ask for more help if I am feeling poorly and it is always available", "Carers know what to do, they follow my routine and do things as I want; they know what I want and do not want", "I get the care I want and need in the way I want it; my carer is excellent, very caring and will do anything I want, she knows the routine" and "I am happy with the care; they always ask first what I would like done, and will allow me my independence. They are totally supportive, it is like having friends visit."

A relative told us that carers had been well matched to their family member. They said, "The coordinators (in the office) know who they can send and who [family member] would feel comfortable with. [Family member] loves going out with the carers, they know them well and what they like; they have a laugh and a joke, and [family member] always enjoys being with them."

Care records we looked at showed people's needs were assessed before receiving a service. Care plans had been developed where possible with each person and their family, identifying the support they required. There was evidence of people being involved in their care plan. People we spoke with confirmed this. They told us they had been consulted about the care that was provided for them. One person told us they had requested only particular care staff visit them and this had been agreed.

A range of care plans were completed to identify people's needs and the support required during each visit. For example, care plans were completed for health, medication, personal care and meals. We found people's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies were also recorded. Personal information and care plans were updated after each home review. These took place at least twice a year or when people's needs changed. Care plans we looked at confirmed this.

The service had a complaints procedure, which was made available to people in the service user and staff handbook. We spoke to people who received a service and relatives and they said they knew how to make a complaint if they were unhappy. They told us they would feel comfortable raising a concern or complaint should it become necessary and would speak to the registered manager. We looked at the complaints file and saw that complaints had been investigated in line with the provider's policy and the complainant had received a written response.

Is the service well-led?

Our findings

There was a registered manager employed at Allcare. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was driven to provide a quality and personalised service. This meant that people who used the service received the care and support when they needed it. The staffing structure for the office based staff reflected this. Assessors carried out the initial assessment and information gathering in order that a service could be started and a person supported correctly. Coordinators matched up suitable staff to provide the service when staff were available. The agency currently had a waiting list of people wanting to receive a service from Allcare. Their service would commence when new staff had been recruited. This way existing packages of care were not compromised or rushed.

Staff who completed a questionnaire said they felt well supported by the registered manager and the office-based staff. The office was staffed from 7am to 11pm every day of the year.

We found that the registered manager and office-based staff communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were available at the office for staff to collect each week. If the office needed to communicate with staff then a letter was attached to the rota. Staff meetings were held throughout the year. All staff received regular supervision and annual appraisals.

There were systems in place to monitor the quality of the service provided. The organisation had systems in place to gather the views and opinions about the service from the people who received the service or their relatives. Questionnaires were sent out each year. The registered manager analysed any negative comments made, acted upon them and responded to people who had made the comments individually. Any compliments people made about staff were passed onto staff in writing.

Each person using the service received a minimum of two home visits from a care assessor each year. This home visit reviewed whether the care package was meeting the person's needs and whether they were satisfied with the way care was provided. These visits were held more often if a person's needs or health changed. Unannounced spot check visits were carried out to check whether care staff were working according to the person's care plan and in a safe and professional manner. We saw examples of both home visits and spot checks in people's care records.