

All Age Development Trust

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Inspection report

Home Farmhouse
Combermere
Whitchurch
Shropshire
SY13 4AL

Tel: 01948871371

Date of inspection visit:
04 November 2016

Date of publication:
19 December 2016

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 04 November 2016 and was announced.

The agency was last inspected on 06 January 2014 and met the required standard under the legislation at that time.

All Age Development Trust is a small domiciliary care agency providing support for people in their own home. The agency focusses their support to people living in rural settings.

The agency had a registered manager. 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 risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse.

Staff receive training to support them to deliver effective care.

Suitable recruitment processes and checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people.

People were supported by enthusiastic, caring staff.

Staff had good relationships with people who used the service and were attentive to their needs and took account of people's wishes, likes and dislikes.

People were provided with information regarding the agency's complaints procedure.

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.

Recruitment processes were robust to check staff suitability to work with vulnerable adults.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

Is the service effective?

Good ●

The service was effective.

People receive support from staff familiar to them.

Staff received induction, training and regular supervision.

The staff attend regular meetings to effect good communication.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

Staff valued people's independence and treated people with respect

Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed weekly and amended as needs changed.

People using the service had information should they need to make a complaint.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

People using the service spoke positively about the manager and her leadership.

There were systems in place to assess and monitor the quality of the service.

All Age Development Trust

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 04 November 2016 and was announced. We gave the provider advanced notice of our visit as we were aware they are a small agency and the registered manager is also involved in the delivery of care.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We did not ask for the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service as the date for the visit had been rescheduled on a number of occasions. We asked the local authority about their knowledge of the agency.

We reviewed two care records of the five people supported by the agency and spoke with two people receiving care and support. We examined staff recruitment and staff training records. The agency had only recruited one person since our last inspection so we looked at their recruitment file, we tried on a number of occasions to speak with staff providing personal care in the community but were unable to talk with them and therefore unable to obtain their views about the service.

We saw a selection of records relating to the management of the service such as policies and procedures and complaints. We also spoke with the registered manager, one member of the staff team and the district nurse from the local group practice.

Is the service safe?

Our findings

We spoke with two people receiving support from the agency. They told us that they felt safe, and they were well looked after by the agency. One person said "I feel comfortable with them", "They are very meticulous in providing me with receipts I they do shopping for me", another said, "They make my life worth living", "I can't speak highly enough of them". "I can always speak to the registered manager at any time of the night or day".

Comments about staff included: "They are such a happy team", "I always have the same people, and I know them", "Even [name] came out in the middle of the night when I needed help".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults. Staff records confirmed that they received safeguarding training. The manager worked alongside the staff team and made regular visits to the people receiving support and knew her responsibility regarding reporting safeguarding matters. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. The staff member told us that it was "drilled into them right from the start when they joined.

We saw that the provider had a whistleblowing policy in place which was covered during their induction.

We saw that staffing levels were dependant on individuals' support needs. We saw that levels of staffing fluctuated depending on people's health and wellbeing.

People we contacted told us that they were supported by people they knew well and visited them regularly.

We checked the recruitment file of the member of staff employed since the last inspection and found that it contained an application for employment, a record of the interview, documents relating to their identity, references, contract of employment, details of the content of the induction and training and Disclosure and Barring Service (DBS) check. This service checks the suitability of people for working with vulnerable adults.

We found that carers received medication administration training as part of their induction and records were available to demonstrate that their competence had been assessed by senior staff.

Personal needs assessments were carried out by the manager who is a registered nurse and occupational therapist before any support was arranged. This was to assess whether the agency could meet the individual's needs. Part of the assessment was also to identify any risks associated with providing support. Assessments were carried out using the agency's proforma documentation which identified needs and identified if there were any potential risks associated with meeting a specific need. We saw that risk assessments had been completed where risk had been identified, either whilst providing support with personal care or with the environment. Care delivery reviews and updates to care plans took place at the

agency's weekly meetings.

Staff knew to report accidents and incidents that occurred whilst delivering care to the office and records were maintained of any reported concerns. We saw that staff regularly contacted the manager to pass on information or pass on concerns regarding individuals well-being.

Is the service effective?

Our findings

We saw that staff had the skills to be effective in their role. Staff had received a comprehensive induction at the start of their employment. Training is delivered to staff either by the owner of the agency who had a training qualification for moving and handling, or other professionals known to the owner either personally or through professional contacts. All new staff worked alongside the manager or the deputy until they achieved the expected competency required to fulfil the role, and the person receiving the support felt comfortable.

The manager was aware that newly employed staff would be expected to complete the Care Certificate, which covered the 15 Care Certificate Standards. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

All staff working in the agency (except the newest employee) had achieved National Vocational Qualifications (NVQ's) either at level 2, level 3 or the registered managers award. National Vocational Qualifications equip care workers with the knowledge to work in the care industry.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005.

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.

Staff had received training relating to MCA 2005, staff commented that this was included as part of their induction. We spoke with staff who understood the importance of consent and people told us that staff sought their consent before carrying out any care support. We saw that people using the service and/or their relatives had been involved in planning their care and that staff consulted with them about their care needs.

Staff supervision and appraisal processes were in place. These processes afford staff the opportunity to discuss their performance and identify any training needs they may have. It also assessed the quality of their performance with supporting people. We saw that senior staff either work alongside staff or monitor staff performance with a series of spot checks and observations.

Staff told us that they felt supported by the registered manager.

We were told that the staff meet every week to discuss work schedules, any significant changes or concerns for any individuals well-being. This meant that any identified needs were quickly addressed and included into the person's support plan.

Is the service caring?

Our findings

We spoke with two people who received support from the agency, people spoke very highly of the staff and the manager. We were told, "I cannot fault them", "They are a smashing team", "We have lots of laughs" and "I am thrilled to bits with them".

We spoke with a district nurse who told us that staff working at the agency put in a lot of time and effort to enabling people. She said that they support people holistically to effectively support all aspects of their health, physical, psychological, emotional and social support.

People receiving support told us that carers were like friends, they helped them carry on with ordinary life, such as personal care but also shopping, preparing food, maintaining contact with friends and loved ones. One person said that when her daughter was unable to take her the carer would take her to visit her husband in his care home. We thought that this demonstrated how the agency was able to look after all aspects of a person's well being.

The owner of the agency who is also the manager has a strong conviction to providing and supporting people in the rural locations who tend to have been part of the farming community and to enabling them remain in their own homes. She spoke passionately about her drive to employ good quality carers and with that to provide good quality care.

Is the service responsive?

Our findings

People we spoke with told us this about their care, "Whatever comes up they just know how to deal with it". "I think they really get good training they are so well up on how to look after me". "I haven't got any complaints whatsoever".

People had received an assessment prior to receiving a service to ascertain whether their needs could be met. We looked at the paperwork in the care plans and could see that an assessment of the person's needs had been carried out. We spoke to the registered manager and she confirmed that prior to providing a service she met with people to discuss their needs. She then allocated and trained the staff who would be providing the service to that individual. When a person's needs changed, there was a review of their care to ensure that appropriate changes could be made. Care plans were person centred and clearly took into account a person's needs, preferences, routines, choices and wishes.

Due to the size of the agency all staff were aware of each person's needs, likes and dislikes, people using the service told us that they never received support from anybody who they didn't know or that that didn't know them.

Care plans were written sympathetically and in a person centred way, both plans we looked at identified the person's preferred routine and specific details of how tasks should be completed. People we spoke with told us that staff never left them without asking did anything else need to be done and having a chat.

The agency had a complaints policy which described how and to whom you should complain. People we spoke with told us that they knew who to complain to should they have any issues and that they felt confident they would be listened to. Neither person we spoke with said they had any cause to complain. No complaints have been received by the agency or CQC in relation to this agency.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2010.

There was a positive culture evident at the agency the manager clearly enjoyed her work and put people receiving support first.

People using the agency spoke positively about the leadership of the agency.

We saw that the provider had surveyed people using the agency regarding their satisfaction and the results on the whole were extremely positive. We found that the manager had analysed the results of the survey and when necessary made recommendations for the staff and management team for improvement.

We found that systems were in place to monitor the quality of the service provided with regular audits and spot checks being undertaken by senior staff. Monthly and quarterly audits covered areas such as the care records, accident records, complaints, staff records including training and supervision and recruitment.

The staff we talked with spoke positively about the leadership of the agency. She told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. She said they were well supported and had lots of opportunity to develop. When asked whether they liked working at the agency, she said it was a good positive place to work.

There was an on call system in place in case of emergencies outside of office hours. This meant that any issues that arose could be dealt with appropriately.

The agency told us about a change of telephone number but no other notifications had been received as required under the Health and Social Care Act 2008.