

All 4 U Care ltd

All 4U Care Ltd

Inspection report

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Tel: 08009993447

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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

About the service

All 4U Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection 15 people were receiving personal care from service.

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

Care plans did not always fully cover people's preferences related to end of life care. Whilst no one using the service was receiving end of life care, their care plans did not contain information about their wishes and preferences about end of life care. We have made a recommendation about this.

People and their relatives told us they were happy with the care and support provided. One person told us, "These carers are excellent. I couldn't wish for better." Another person said, "[Staff] are very good. The best I've had and they are always on time."

People told us they felt safe. Systems were in place to protect people from abuse. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection. There were enough staff to meet people's needs and staff were punctual. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to the provision of care and support, to ensure they could meet their needs. 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. Policies and systems were in place to support this. Staff supported people to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People received care and support from staff who were caring and compassionate. People described staff as, "Lovely," "patient" and "helpful." Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality diversity.

Care plans were person centred and included the individual needs of people. Care plans were reviewed monthly to reflect people's changing needs. Complaints procedures were in place and people and their relatives were provided with a copy of the procedure.

People were positive about the registered manager and how the service was managed. One person said, "The manager is hands on, if there's any problem you just say and its fixed." A relative said the service had, "Very good management." Staff told us they found the registered manager approachable and supportive.

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

Rating at last inspection

This service was registered with us on 7 December 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on our current methodology of inspection scheduling.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

All 4U Care Ltd

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

This inspection was carried out by one inspector.

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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 13 November 2019. We visited the office location to see the manager and staff and to review care records and policies and procedures.

What we did before the inspection

Before inspection we looked at information we held about the service. 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 the registered manager, deputy manager, senior care staff and the administrator. We reviewed a range of records. This included people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three people who used the service and two relatives about their experience of the care and support provided. We spoke with four care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe and relatives did not have any concerns about safety.
- Systems were in place to safeguard people from the risk of abuse and to minimise the risk of incidents of abuse.
- Staff demonstrated knowledge of safeguarding processes in place to keep people safe. Records showed all staff had completed safeguarding training.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service and highlighted their individual risks.
- Risk assessments were comprehensive and included guidance for staff on how to manage and mitigate such risks. Risk assessments were reviewed every six months or sooner if new risks to the person emerged.
- Risk assessments were carried out to identify risks to staff. For example, risk assessments of people's living environment.

Staffing and recruitment

- People received care and support when they required it. People using the service and their relatives told us staff arrived on time and stayed for the agreed length of time. One person told us, "They [staff] always come on time." Another person said, "They [staff] don't rush me they say, you take your time."
- Staff rotas confirmed staff were available to ensure people received the care they required at their preferred times. When people required two staff to support them, records showed the appropriate number of staff were available.
- Staff told us they had enough time between visits. The service used systems to monitor staff arrival and departure times from people's homes. The deputy manager and office staff monitored the system and were able to anticipate if staff were going to be delayed. Systems were in place to ensure any delays or absences were covered by other staff.
- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks had been carried out during the recruitment process such as employment history, references, proof of the person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

Using medicines safely

- People were supported to take their medicines. Policies and procedures were in place to ensure medicines were managed and administered safely.

- People's records included risk assessments relating to their medicines with guidance for staff about the side-effects of the persons medicines
- Records showed staff had completed medicine administration training and their competency was assessed.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- People and staff confirmed the service provided a supply of protective clothing for staff to wear including gloves and aprons.
- Records confirmed staff completed training in prevention and control of infection.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents. We were told there had been no accidents or incidents at the service since they began carrying out the regulated activity on 7 December 2018.
- Policies and procedures were in place which guided staff on recording and reviewing such incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs and choices were comprehensively assessed to achieve effective outcomes for their care and support.
- Assessments were carried out by the registered manager before people begun using the service to determine if the service could provide the support to meet their needs. Records showed the assessment covered needs associated with communication, personal care, physical health, pain management, medicines, nutrition, and moving and handling.
- Reviews of people's needs were completed with people using the service every six months. Reviews were carried out sooner if necessary to ensure people received the right level of support.

Staff support: induction, training, skills and experience

- Staff completed a programme of training and refresher courses to effectively perform their roles. Staff were positive about training they attended. The service provided opportunities for staff to obtain further qualifications in health and social care. People using the service and their relatives told us they felt staff were trained to carry out their role. One person said, "They [staff] are definitely well trained."
- Spot checks and one to one supervision were carried out to enable staff to discuss any issues they may have had and to set goals for their development. Staff told us they felt supported in their role. One staff member said, "The support you get from the managers is amazing."
- Staff completed a one-week induction course when they began working at the service. Staff told us they found the induction informative. One staff member said, "My induction was very thorough, I shadowed [staff member], went through policies and had training. Before I went out on my own they [management team] checked I was getting on well." This meant staff developed the required skills before providing care and support to people.

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

- People were supported with maintaining nutrition and hydration and their preferences were met.
- Care plans detailed support people required and their likes and dislikes regarding food and drink. Staff maintained records of people's nutritional intake.
- People told us they received their meals when they required them. One person told us, "They do my meals nicely." One staff member told us, "We make the extra effort. I know [person] likes [specific food] but doesn't get to have it often so I'll make sure that I get that whenever I can."

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

- The service worked with other agencies to ensure people received appropriate care in a timely manner.
- Records showed staff worked with health and social care professionals including GP's and occupational therapists to ensure people received the support they required. The service devised a healthcare passport. When people needed to access treatment in an emergency this document was used to inform health care professionals about the person's needs. Information included the persons health conditions, preferences and communication needs.
- Care plans included the contact details of peoples next of kin, their GP and other health and social care professionals. This meant staff could contact them easily if the need arose. Staff were aware of what to do in a medical emergency.

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.

- Records showed that mental capacity assessments had been carried out to determine if people had capacity to make decisions.
- Staff received training on the MCA and were aware of the principles. Staff told us most of the people they supported were able to make decisions about their care. People had signed a form to consent to the care set out in their care plans.
- People and their relatives told us staff sought consent before carrying out care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were caring and had a positive relationship with people. One person said, "They [staff] are respectful and very kind." Relatives described staff as, "Friendly" and "Very caring." One relative told us, "They [staff] are so caring. I'm really pleased with all the service. Even though it's only one of my parents who is the client the staff always look out for both of them."
- Staff gave examples of how they built relationships with people and their relatives. They told us they read care plans and spent time speaking with people. The registered manager told us they spoke with people and their relatives regularly to build a rapport with them.
- People's equality characteristics were covered in the pre-assessment. Staff were trained in equality and diversity and were able to explain how the service met people's needs.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff told us people were treated equally and people should not be discriminated against because of their religious beliefs, race, age, gender or sexual status. The registered manager told us they provided a service to, "People from all backgrounds." When discussing supporting people from the LGBT community the registered manager said, "There is no discrimination. We respect their preferences."

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

- People were supported to be involved in their care and to express their views. Care plans were completed with people and their family members.
- People and their relatives told us the service responded well to preferences. One person told us, "They [staff] ask all the time if I want anything [care and support] done differently." One relative said, "We have a care file and everything is in it. We have added things to it as well."
- Staff supported people to make decisions about their care. One staff member said, "Everything is in the care plan but you can pick up on things by always asking about their preferences. You pick up on things they like or don't like."
- Records showed people had made changes to how they received their care and support. For example, people had changed the times they wanted their support.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, and privacy were respected and their independence was promoted. One person told us, "They, [staff] encourage me and give me time to do things for myself." Relatives commented staff were, "Very respectful." People told us their privacy and dignity was respected and staff spoke to them in a respectful manner.
- Staff told us how they respected people's dignity and privacy, ensuring people are covered during personal

care and doors and windows were closed.

- Staff told us how they promoted people's independence by encouraging people to do tasks for themselves within their capability. For example, during personal care and meal preparation.
- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. Confidential records at the service were stored securely to promote people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of the inspection the service did not support anyone with end of life care.
- The registered manager told us the service was able to provide end of life care if required. Some staff had been trained in end of life care and we saw records relating to this. Additional training was planned to ensure all staff completed this training.
- People's care plans did not contain evidence that the service explored people's preferences and choices in relation to end of life care.

We recommend the provider seeks best practice guidance on end of life care to ensure care plans are person centred and respectful of people's wishes.

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

- Care plans were detailed and contained information related to personal care, moving and handling, communication and eating and drinking. There was guidance about people's health condition and how it affected them. Daily records were maintained so it was possible to monitor that care was provided in line with people's assessed needs.
- Care plans contained details and instructions for staff regarding how people liked their care and support carried out. The plans were reviewed every six months or sooner if necessary to ensure changes to people's preferences were reflected.
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support.

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 using the service were supported to maintain relationships and participate in social activities. The service distributed a newsletter which included information about community events as well as information about the service.
- People were supported to attend events in the community. Care plans showed details of people's hobbies and preferences relating to social activities.

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.

- The service sought people's communication preferences and had processes in place to meet their needs. For example, information was provided in large print when people required this.
- Initial assessments and care plans detailed information about people's communication needs. For example, guidance for staff to speak slowly and clearly when supporting people who had hearing loss.

Improving care quality in response to complaints or concerns

- People were supported to raise complaints and concerns and the service responded in a timely manner to complaints.
- We looked at the complaints log and saw the service had received three complaints since they began supporting people. The service took appropriate action in line with their complaints policy and procedure.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality monitoring systems were in place for reviews of care plans and risk assessments and monitoring of spot checks. However, the provider's quality audits did not always reflect when these were completed. The deputy manager and registered manager did not always fully record feedback following meetings or telephone calls with people.
- The registered manager had identified this shortcoming and told us they planned to carry out a review of the auditing process. Following the inspection, the registered manager submitted records to show the review had been completed and additional systems put in place to ensure the system was robust.
- The senior carers carried out spot checks. These were unannounced visits to people as they received care. These checks ensured staff were carrying out their role safely and effectively and people were satisfied with the care and support they received.
- Systems were in place to gain feedback from people using the service and their families. This included telephone calls. People using the service confirmed they completed surveys and spoke with the registered manager regularly about the quality of the service. One person told us, "[Registered manager] wants to know everything you think about the care. I talk to them a lot." Another person said, "[Registered manager] asks loads of questions about how its all going."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the registered manager was open and spoke positively about them. One person told us, "[Registered manager] comes to see me. We have a good bit of banter going. A relative said, "[Registered manager] is very helpful and kind." They told us the registered manager responded to their queries in a timely manner and kept them informed of any concerns.
- Staff spoke positively about the registered manager and described them as, "Very supportive and approachable."
- Staff told us they could speak with the registered manager about, "Anything to do with work or personal issues." The registered manager spoke positively about the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they corresponded with people's relatives regularly by telephone and by email to ensure they were happy with the service provided. One person told us, "[Registered manager]

telephones regularly and checks on everything." A relative told us, "[Registered manager] contacts me regularly and is very good at sorting things out for us."

- The registered manager met with staff to discuss the service and provide updates. Staff confirmed they spoke regularly with the registered manager. One staff member said, "We have team meetings in the office. We can speak freely and learn. It's really good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in place who was supported by the owner of the business. They were supported in the day-to-day running of the service by the deputy manager.

- The registered manager was aware of their responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events. There had been one such event since the service begun supporting people.

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.

Working in partnership with others

- The service worked in partnership with other agencies such as health professionals and pharmacists, to ensure people's health conditions were well managed.

- The registered manager told us they worked with other agencies to develop practice. This included affiliation with Skills for Care and liaising with community groups in the borough involved in care and support for older people.