All About U Care Services Limited

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Inspection report

Holly House
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Chelmsford
Essex
CM2 9AE

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

All about U Care Services is a domiciliary care agency (DCA) which provides care and support to people in their own homes. At the time of our inspection there were 12 people using the service.

The inspection was announced and took place on 25 October 2017 with follow up phone calls to staff and people who used the service on 27 October 2017. We gave the service 48 hours' notice that we would be inspecting as we needed to be sure that the registered manager would be available. At the time of inspection there was a registered manager in post. 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 and associated Regulations about how the service is run.

People had risk assessments and management plans in place which provided guidance to staff on how to provide care in order to prevent or minimise the risk of people coming to harm. However, these assessments were generic and did not always identify and record specific risks to each individual.

We made a recommendation that the provider review their risk assessment and recording process.

The current system for monitoring late or missed visits by care staff was not robust. The provider agreed to review their system for monitoring care visits to ensure the safety and wellbeing of all of the people who used the service.

People who required support with medicines were assisted by staff who were trained and assessed as competent to give medicines safely. However, recording practices were inconsistent and improvements were required to demonstrate that people had received their medicines as prescribed.

We made a recommendation that the provider review their system for recording and auditing people's medicine administration records.

People were protected from harm by staff who understood their safeguarding responsibilities. Staff recognised the signs of abuse and knew what action to take if abuse was suspected. Staff were aware of the whistle-blowing policy and felt confident to raise concerns if necessary.

There were systems in place to ensure the safe recruitment of staff and sufficient numbers of staff were deployed to safely meet people's needs.

Staff received an induction and ongoing training to equip them with the knowledge and skills to care and support people effectively. Observations were carried out to monitor and assess staff competency.

Staff felt well supported and received bi-annual appraisals of their practice. Supervision was provided to staff by the registered manager but this was informal and had not been documented.

We made a recommendation that the provider review their current method of supervising staff.

The service supported people to make choices and exercise control over their lives. People's family members or representatives were included in the decision-making process where appropriate.

Where people were assisted at mealtimes, they were supported to have enough to eat and drink which reflected their preferences and met any health needs. The service liaised with health and social care professionals when concerns were raised about people's health and wellbeing.

Staff were kind and caring, knew people well and treated them with dignity and respect. The service adopted a person-centred approach and care was tailored to meet people's individual needs. People were involved in the care planning process and in decisions about their care and treatment.

There were systems in place to support people to make a complaint or raise concerns about the service. Feedback from people who used the service was sought and acted upon to improve the service people received.

Staff enjoyed working at the service and felt well supported by the management team who they found approachable and accessible.

The registered manager was 'hands-on' and completed checks on the quality and safety of the service on a daily basis. However, these audits were not documented so the service could not reliably be monitored.

We made a recommendation that the provider review their quality assurance systems and processes to ensure more robust oversight of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The system for monitoring missed and late calls did not protect vulnerable people from the risk of missed visits.

The recording and auditing practices around medicine management were not robust.

Individual risks to people were not always assessed and recorded.

Staff were recruited safely and there were sufficient numbers employed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to be competent in their role.

People were supported with decision-making and staff understood the importance of gaining consent.

The service helped people to have enough to eat and drink and have access to healthcare services to promote their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and friendly and knew people well.

People were treated with dignity and respect.

Staff helped people be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People received care and support that was tailored to their individual needs and preferences.

The registered manager was in regular contact with people to ensure their satisfaction with the service and make any changes required.

The service had a system in place to respond to complaints and people knew how and to whom to make a complaint.

Is the service well-led?

Good

The service was well-led.

The management team were visible within the service and were approachable and accessible to people and staff.

Staff felt well supported and able to raise concerns and issues with the registered manager.

The service sought feedback from people and used this to make improvements to the service.

Quality assurance systems and checks were being completed but were not documented.

All About U Care Services Ltd

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.

The inspection was carried out on 25 October 2017 and was announced. The inspection was carried out by one inspector. Before our inspection we reviewed all the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We also reviewed information received from relatives of people who used the service.

As part of our inspection we spoke with two relatives, four people that used the service, the registered manager, the director of the company and four care staff. We looked at four care plans and reviewed two staff files and looked at documents linked to the day-to-day running of the service.

Requires Improvement

Our findings

People were supported by a longstanding staff team who they had been introduced to and had got to know. A person told us, "I have four regular carers I know them well; if a new person comes, they always introduce them to me." People told us that because staff wore uniforms and had ID badges they could recognise them and this helped make them feel safe. The service provided people with a copy of the weekly rota which provided added security as it meant that people knew who would be visiting the following week and at what time. One person told us, "I do love that they wear a smart uniform, it looks very professional; I only have regular carers; I get a note through the post on Saturday, it tells me the name and time of who is coming so I always know who to expect."

Staff knew how to support people to protect their belongings and keep their personal items safe. We saw an entry in a person's daily records which stated, "Saw person's money tin was open with notes in full view, so locked it up."

When people joined the service, assessments were completed with the person and their relatives, if appropriate, to identify any risks. The service routinely completed risk assessments relating to people's mobility and their home environment. The information gathered was included in people's care records and shared with staff to keep the person safe. However, we found that the current risk assessments undertaken were generic and had not been tailored to meet people's individual needs. For example, where people had particular health conditions such as diabetes or specialist needs such as catheter care, the particular risks associated with these issues had not been formally assessed. This meant there was no written guidance for staff to follow to manage the risks. Nevertheless, staff we spoke with were able to demonstrate a good awareness of the individual risks to people and how they managed them. One staff member described the signs they would look for which could tell them that someone with a catheter was at risk of infection. Another staff member described how they would recognise that a person with diabetes was showing signs of hypoglycaemia and what they would do to support them. Staff told us that when they joined the service, the registered manager talked to them about the individual risks for each person including any health conditions and what to do if they were worried about a person's health and safety.

We spoke to the registered manager about our concerns regarding their current method of recording information on risks. They told us that when new staff joined the service they took them to meet every new client and worked alongside them for a week or more, explaining people's needs and highlighting any risks so that staff knew how to keep people safe. The same applied when new people began using the service or when an existing client's needs changed. Staff we spoke with confirmed this was the case. One staff member

told us, "When [person] came out of hospital, [registered manager] came out with me again to show me what to do as their mobility had deteriorated."

Whilst the current system of sharing information on risk was proving effective due to the small size of the service and staff team, there was potential for important and relevant information to be overlooked if the service grew.

We recommend that the provider review its system for recording individual risks to people to ensure that written guidance is accessible for staff to follow in people's care records.

Where people were supported to take their medicines an assessment had been completed which identified the level of support required. Staff who administered medicines had received training and on going support from the registered manager who observed their practice whilst working alongside them to ensure they were competent to administer medicines safely. People had individual medicine administration records (MAR) which staff used to record when they gave people their medicines. However when we reviewed people's MAR we found there were sometimes gaps where staff had not signed to evidence they had given people their medicines.

We discussed our concerns with the registered manager who told us that because they were hands-on providing care and support they regularly checked people's medicines records. If the manager noticed a gap on a person's MAR, they would check the daily log as staff also wrote in people's daily notes when they had given medicines. If there was still no record of the person having received their medicines, the manager would then check with the person, their relatives and with staff to make sure medicines had not been missed. The manager also said that care staff audited each other and at each visit would check to see if medicines had been given at the previous visit. Staff told us that if they noticed any discrepancies they immediately reported this to the manager who would follow it up. The registered manager told us there had not been a medicine error since 2012. However, due to the current auditing process for medicines not being formally recorded the gaps we found could not easily be explained.

We recommend that the provider review their current system of auditing medicines to ensure that robust recording processes are in place to demonstrate that people are receiving their medicines as prescribed.

Prior to our inspection we had received information of concern regarding low staffing numbers and late and missed calls. However, during our inspection all of the people and staff we spoke with told us that there was sufficient staff employed to meet people's needs. Staff received their rota every week and this allowed for travel time. The registered manager told us they tried to ensure that staff calls were all within close proximity to cut down on travel time as the area could experience very heavy traffic. This meant staff were not rushed and had time to spend with people. People said that staff generally arrived on time unless there were problems with traffic but were never usually more than 15 minutes late. People told us that staff stayed for the allotted time. All six people we spoke with said they had never experienced a missed call. One person told us, "They always come on time." Another said, "9am can turn out to be 09.15am."

We spoke to the registered manager regarding how they monitored care visits to ensure people received them on time and did not experience missed calls. The manager told us that they relied on people or their relatives letting them know if a care worker did not turn up. However, we identified several people who used the service who would not be able or inclined to call the office to let them know if staff did not arrive. There were no risk assessments or management plans in place to safeguard these people from the possible effects of a missed call. The provider understood our concerns and confirmed that they would review their processes for recording staff visits and missed calls.

Staff told us they had received training in how to safeguard people from abuse and they were aware of the signs that could alert them someone was being abused. They understood the reporting process and told us they would tell the manager or go to the local authority or Care Quality Commission (CQC) if necessary. Staff were aware of the whistleblowing policy which sets out how staff should report concerns within their workplace. Staff told us they would be confident to whistle blow if necessary and felt that any concerns would be actioned.

We found that staff were recruited safely. Checks on the recruitment files for the two most recent members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

As part of our inspection we observed staff completing a home visit. We saw that staff followed good infection control procedures and wore gloves and aprons when providing personal care and supporting people with meals.

Good

Our findings

When staff joined the company they received an induction which included completing mandatory training and working alongside existing staff before being allowed to work unsupervised. Staff we spoke with confirmed that they had worked with the registered manager for a few weeks and then with other experienced workers before working alone. We looked at the records for a new member of staff and saw that the registered manager had worked alongside them and completed thirteen separate observations of their practice all with different people who used the service. This ensured that new workers felt well supported and were closely monitored to ensure their competence.

Those staff who were new to care were supported to complete the 'Care Certificate' as part of their induction. The care certificate sets out the standards that health and social care workers should adhere to in their daily working life and ensures that all care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff told us they were required to complete mandatory training before they started work which was provided via E-Learning to support them to develop their knowledge and skills. Aside from mandatory training the service supported staff to undertake further qualifications in health and social care. We saw that staff had been assisted to complete level 2 and level 3 qualifications to help them to continuously develop their professional skills and knowledge. Staff also had access to specialist training which was relevant to people who used the service, for example, training in dementia.

Training on how to move and position people was taught through E-learning although the service also provided new staff with practical sessions which were delivered by experienced senior staff. We discussed the lack of formal practical training in moving and positioning with the registered manager. They told us that they had already identified this need and provided us with written evidence that a practical course had been booked for all staff to attend the following week.

We asked people and their relatives if they felt their care workers were competent in their role. One person said, "I think they are competent, they certainly seem to know what they are doing." Another said, "I'm very happy and contented with the service, it's first class and I have no complaints." A relative we spoke with told us that staff used equipment such as slide sheets and a rotunda to move and position their family member. They told us, "They [staff] use the equipment very well and are always competent."

Staff told us that they felt well supported and their practice was observed on a regular basis. The manager

provided constructive feedback which the staff found helpful in improving their skills and knowledge. Whilst there was no formal supervision schedule or structure in place staff received ongoing supervision on an informal ad hoc basis. Staff told us they regularly met with the manager locally and could come into the office anytime to meet with them to discuss concerns. Staff also said that they usually worked alongside the manager at least once a week so were continuously supervised and had access to the manager for advice and support if needed. However, because the supervision sessions were informal they had not been recorded. This meant that any issues agreed upon were not logged and monitored to ensure they were actioned accordingly.

We recommend that the service seeks independent advice and guidance regarding supervision for staff, based on current best practice guidelines.

Twice yearly performance reviews were arranged for staff which were of a good quality. They were used to identify staff strengths and gave them the opportunity to discuss any training needs, ambitions and provide staff with feedback from people and from the management team. These reviews were also used as an opportunity to make sure staff were up to date with company policies around safeguarding and confidentiality.

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 were advised that the majority of people who used the service had the capacity to make their own decisions. Where this was not the case, this had been identified in people's care and support plan which highlighted any representatives available to support the person to make decisions and to be included in any best interest decisions.

Whilst the service did not currently organise specific training for staff in the MCA, we were advised that staff had covered this topic whilst completing other training, such as dementia training. We spoke to staff to check their understanding of how to support people who might struggle to make decisions. One staff member told us, "I would always give options, for example, if it was about choosing what to wear, I would show them and ask them what colours they like and work with that."

People told us the staff asked their permission before they provided any care. Care plans had been signed by people evidencing their consent to receiving care and support. Staff told us that if people were unable to give their permission to receiving care and support they would use other methods to check consent. One staff member said, "I would look for body language, smiles or nodding to help me."

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff knew about people's likes and dislikes and offered people choice. One person who was supported with meal preparation told us, "They always ask me what I want in my sandwich and I have always got drinks, they are ever so good." We observed a home visit at lunch time and saw that even though the care worker knew what sandwich filling the person liked, they checked with them first rather than presume which gave the person choice and control.

People told us that their health care appointments and needs were met by themselves or their relatives. However, staff were available to provide support if needed. We spoke to staff about how they supported people to stay healthy. One staff member told us, "If I see people are poorly, I send a message to the manager and they phone the person and family to make everyone aware. We document it in the daily notes

if we notice anything and also phone it in." We saw that the service had picked up on people's changing health needs and ensured they received the right support. For example, when a member of staff had noticed a person had sore skin, this had been documented on a body map and the staff member checked to make sure the person called the GP.

Good

Our findings

People told us that staff were kind and friendly and they felt well cared for. One person told us, "The girls are very friendly, a nice lot of girls." Another person said, "They [staff] take extremely good care of me." Another told us, "They are very helpful, I couldn't reach the clock to change it so they did it for me."

We observed staff interacting with people and saw that staff spoke to people politely and with warmth. One person told us, "We have a laugh, we get to know each other, they [staff] are lovely, very kind and respectful to me." People and their relatives told us that the staff always treated them with respect and kindness. One person said, "They are very respectful and very polite."

People said that they were involved in their care because staff listened to their wishes and did as they asked. One person told us, "They [staff] do things how I want it, we have got to know each other." Another said, "They know me well, how I like things done, because I have the same staff I don't have to keep telling them."

Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. A staff member told us, "I cover people with a towel, distract them with everyday chat to put people at ease."

People told us they had regular care staff and this helped to build positive trusting relationships. One person told us how the service had ensured that only one specific member of care staff provided support with washing and dressing. They said, "They,[staff member] are special, the one who washes and dresses me; I have the same carer for that, I don't want different ones."

We looked at people's daily care records which staff used to document the care and support they had provided. The notes were written in a kind and sensitive manner and commented on people's mood and their interaction with people, for example, one entry stated, "We had a lovely chat."

Staff were able to explain how they would support people to be independent and how important it was to enable people to do as much for themselves as possible. One staff member told us, "It would be a lot quicker for me to get [person's] clothes out but they like to do it; they like us to just do the buttons; we give them the time to do it themselves because it's important." And, "When I go and visit [person] I don't rush them as they want to check their plug sockets at night, they don't want us to do it they want to do it themselves."

Good

Our findings

When people began using the service, they had an initial assessment. Information was sought from the person and their representatives, if appropriate. The information gathered informed the care and support plan which provided written guidance to staff on how to meet people's needs. Information was also collected about people's life history, hobbies and interests which helped staff to engage with people in meaningful ways.

A summary of people's care and support plan was included at the front of their care records which provided a pen portrait of each person's needs that staff could refer to on a daily basis. We saw that the summaries were updated whenever people's needs changed, for example, after a hospital admission. Staff told us they had time to read people's care plans and that the registered manager would also phone them to let them know if anything changed for people. The staff we spoke with were able to demonstrate that they were familiar with people's needs and could accurately describe how they supported people we asked about. We saw that staff maintained up to date records of the support that people received each day. These records were routinely checked by the registered manager to ensure people received the care and support that had been agreed upon.

The service recorded information about people's preferences which helped staff provide person-centred care. Person-centred care means care tailored to each individual's needs and preferences. For example, one person's care plan instructed staff that "[Person] loves Classic FM so leave that on for them when you leave." We asked staff about their understanding of person-centred care. One staff member told us, "It's about getting to know people, a lot of it you pick up as you go along. Because we tend to get our clients and keep them for so long, we get to know them, people like things their way."

We found that the service was responsive to people's needs and took a flexible approach. For example, where one person experienced good and bad days, their care plan recorded that when they were not feeling very well, they needed two members of staff rather than one to visit to support them to have a bath. People we spoke with confirmed that the service tried to accommodate any specific needs. For example, one relative told us how the service had been flexible with the timing of night visits so that their family member could continue to go out certain evenings to follow a particular interest.

The service had identified that some of the people they supported had particular needs relating to engagement and companionship. In response to this, they had recently employed a new member of staff with a professional therapeutic background to provide call visits that were based on providing social

interaction and exploring hobbies and interests with people.

There was a complaints policy and procedure in place and we were advised that there were no open complaints. The registered manager told us that as they were 'hands-on' supporting people they would deal with any issues as they arose and that no formal complaints had been received. People and relatives had a copy of the complaints policy and knew how to make a complaint and who to speak to. All of the people we spoke with told us they had no complaints and that they were very familiar with the registered manager and saw them regularly. One person said, "The manager comes here themselves, they are always on hand." Another said, "If I had complaint I would tell my [relative] and they would talk to [registered manager] but we have never had to complain."

Good

Our findings

People were positive about the service and the management team and told us they would recommend the company to other people. One person told us, "I'm extremely happy with the service as a whole and would unreservedly recommend them."

Staff enjoyed working at the service and were motivated to provide a caring and person-centred approach which reflected the values of the service. Staff told us they felt well supported by the management team. One staff member said, "The manager is brilliant, they are really good to me." Another member of staff told us, "Both [director] and [registered manager] are constantly on the phone asking me how I am. I go in the office once a month and [director] catches up with me then. I work with [registered manager] regularly and usually see them a few times a week." Because the management team were accessible and supported their staff this encouraged staff retention. All of the staff who worked for the agency had been there between 9 months and six years. This meant that people were being looked after by a stable and consistent workforce who knew them well.

We found that the current methods used to monitor the safety and quality of the service were mostly informal and ad hoc. The exception was the provision of satisfaction surveys which were sent each year to ask for people's views and include them in the running of the service. At the time of inspection the survey for 2017 had only just been sent out so there were only two responses. These were both very positive with comments such as "A first class and friendly service." And, "It's a pleasure to have the staff come, my relative is also very happy with how I am treated." We looked at the questionnaires from the previous year to check how the service responded to feedback. One person had asked for calls further apart. The service had taken this on board and had changed the length of call times to meet the person's needs.

Because the manager was hands-on providing care and support they monitored the service on an informal basis whilst out on calls. They told us that they saw everyone who used the service at least once over a two week period. During their visits they checked people's daily care records to make sure people had received the appropriate level of care and support at the agreed times and duration. The manager also checked people's medicine administration records (MAR) and obtained feedback from people about whether they were satisfied with the service. However, none of these quality assurance audits had been documented and there were no recorded action plans in place. Nevertheless, we saw evidence that the management had picked up on issues that required improvement and had taken necessary action. For example, they had identified the need to provide staff with better quality practical based training and had organised this. The registered manager had also reviewed staff rotas to cut down on late visits and had redesigned the MAR

sheets to make them simpler for staff to understand and complete to encourage better recording practices.

We discussed the current quality assurance processes in place with the registered manager who understood that some improvements were needed to ensure the safety and quality of the service provided could be fully and reliably monitored.

We recommend that the service review their current systems and processes to ensure a more robust quality assurance system, which would need to be in place if the company was to expand.

People, relatives and staff told us the registered manager was a very good communicator and dealt with issues without delay to ensure the smooth running of the service. One staff member told us, "They [registered manager] tackles any problem we have straight away; they get in there and get things done and will always phone us and communicate the outcome." A relative told us, "They [management team] are good at communicating, keeping me in the picture, from my perspective I'm satisfied and reassured with the service [family member] receives."