

All Care (GB) Limited

All Care (GB) Limited West Sussex South

Inspection report

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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 Care (GB) Limited West Sussex South is a domiciliary care agency providing care to people living in their own homes. At the time of inspection, the service was providing personal care to 24 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe. Risk assessments had been completed and there were systems in place for monitoring accidents and incidents. Staff had received safeguarding training and knew how to recognise and report concerns.

People were kept safe with infection prevention and control processes. We were assured that staff had received appropriate training and had access to, and were correctly using, personal protective equipment.

People's choices and preferences were clearly recorded in care plans and records. People and relatives told us staff knew them well and supported them to be as independent as possible.

People said carers were caring, respectful and kind. People experienced reliable care from regular staff.

People and their relatives were involved in creating care plans and reviewing these. Electronic records were used effectively to show the care people received, and for the quality of care to be managed.

People were regularly asked to provide feedback about their care. There were systems and processes in place to address concerns and shortfalls as well as for receiving feedback about what was working well.

Rating at the last inspection

This service was registered with us on 15 August 2019 and this is the first inspection.

Why we inspected

This inspection was prompted because the service had not been inspected since it was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 Care (GB) Limited West Sussex South

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

The 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 24 hours' notice of the inspection because we acknowledge impacts of the current COVID-19 pandemic on working arrangements in offices. We wanted to ensure there could be safe arrangements made for us to visit the office in person. We asked for information to be emailed to us where possible to minimise our time in the office.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager and three members of staff in the office, including the Operations Manager. We reviewed a range of records including five staff recruitment and support files and six people's care plans. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at records we had been sent by email and continued to seek clarification from the registered manager to validate evidence found. We looked at meeting records, training data and quality assurance records.

We spoke with people and relatives who had experience of the service, we spoke with six care staff. We had email contact with four health and social care professionals who had regular contact with the service.

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 and relatives we spoke with told us they felt very safe with care staff. One relative told us, "All of the carers who come really understand how to treat people well, they're always interested in our wellbeing and they do check if we feel safe and secure." A person who received care from the service told us, "I think they're very genuine, always looking out for us. I feel very safe with them. I'd tell them if I was worried and I think they'd do something about it."
- Safeguarding policies and processes were in place and staff understood how to raise concerns if people were at risk of abuse.
- Staff had received safeguarding training and understood the range of concerns they should report.
- When safeguarding concerns had been raised, the registered manager had followed these up with the local authority and informed CQC.

Assessing risk, safety monitoring and management

- People's care needs, and risks had been assessed and reviewed and were recorded on their care plans. The support people needed with health conditions and daily tasks were recorded clearly for people and staff to access at each visit.
- There were policies and procedures in place for recording and responding to incidents and accidents. Care staff knew when incidents should be recorded, and the registered manager understood their responsibility to analyse and respond to incidents and accidents. One relative told us, "I think they look after [my relative] very well. They know to do the right things, [my relative] fell in the garden and they stayed on to make sure everything was OK."
- People were supported to move safely around their homes and told us care staff understood how to support them when they needed help. Several people told us staff were very gentle and patient. One person said, "I was quite nervous for someone to help me at first, but I needn't have worried. The carers are all very good and look out for me, they make sure my path is clear. They help me go at my own pace."
- An electronic system was in place for recording care plans, risk assessments and the daily call logs. Care staff immediately updated the system with the care they had provided, this could be seen by managers, care staff and the people receiving care. People and their relatives told us it was reassuring to see how care was recorded.

Staffing and recruitment

- The provider had safe recruitment processes in place. New staff had appropriate checks before starting work, these included previous employment references being sought and Disclosure and Barring Service (DBS) checks.

- People and their relatives told us their care calls were unrushed and usually happened at agreed times. People had not experienced missed calls and they received regular carers most of the time.
- People and relatives told us care staff understood how to carry out tasks and that they were focused on meeting people's needs safely. One relative said, "I think they do all the right things and they're very calm and careful. I know [my relative's] needs are being met as agreed, I can see that it's happening as it should."

Using medicines safely

- People's medicine needs, and administration details were recorded in their care plans. Written descriptions and body maps for topical creams were not always very specific. This was fed back to the manager on the day who said they would review and clarify guidance to care staff where required. Care staff told us they checked medicine instructions and body maps on care plans as well as checking with people before applying creams. People and relatives told us care staff were efficient and accurate in supporting them with prescribed creams.
- Electronic care plans showed when people had received or declined prescribed medication. The manager monitored this information and could respond swiftly to any issues.
- All care staff supporting people with medicine had received training and told us they received regular training updates and refreshers.

Preventing and controlling infection

- The provider's infection prevention and control (IPC) policy, risk assessments and processes were up to date and relevant to the current COVID-19 pandemic.
- There were good supplies of personal protective equipment (PPE) for staff and they had received training and guidance about using PPE. Staff told us PPE was easy to access when they needed it.
- Staff told us they received regular reminders about good IPC practice from the staff newsletters and they felt well supported by the manager to maintain safe practices. People and relatives told us staff worked safely and always wore PPE when visiting them.

Learning lessons when things go wrong

- There was a complaints procedure in place which staff understood. Relatives told us if they needed to raise any concerns to the manager or staff, they felt confident these would be addressed.

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 received an assessment of their needs before the service started. Care and support tasks were clearly recorded in care plans with specific preferences and requests noted such as meals, support with medication, comfort and preferred daily routines. We saw care plans were regularly reviewed.
- The electronic care system provided an immediate tracking of tasks and times of completion, with any late or missed calls identified. People and their relatives told us they had not experienced missed calls. They had been contacted if carers were due to be later than planned.
- Care staff sought people's choices about care and support and staying safe. Care staff recorded when people did not want a task to be completed. People told us care staff were flexible and quickly got to know their preferences, likes and dislikes.
- Staff referred to the assessed care needs recorded in electronic care records, and they also asked people how they wanted to be supported. One member of staff told us, "Sometimes people change their minds about things, or something is different for them. I always ask people their choices about care or what they fancy to eat and drink, it's part of our conversation."

Staff support: induction, training, skills and experience

- There was a structured induction for all new care staff which provided training in areas of care provision, health and hygiene, practical tasks and keeping people safe. New care staff shadowed shifts with more experienced staff before working independently.
- All care staff had completed learning for a Care Certificate. This is nationally recognised training which provides a range of relevant knowledge for people working in care roles.
- Annual refresher training was provided to all staff, updates and reminders about good practice were sent to staff regularly. Care staff told us they understood the training and knew they could approach managers if they had further training needs.
- Care staff told us they felt supported and encouraged to learn and develop and found management to actively promote good care skills.

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

- People's choices and preferences for food and drinks were assessed and recorded in their care plans. At the time of our inspection the service was not supporting people who were at risk of malnutrition and dehydration or needed their nutritional intake monitoring.
- Where people required specific support with their nutrition, care plans prompted staff to encourage people's preferences and record decisions in the daily log. Staff we spoke with understood the importance of supporting good nutrition and were keen to ensure people were offered food and drinks they enjoyed.

- People and their relatives told us they were happy with the support provided for food and drinks. One relative said, "[Carers] are always trying to find out my relative's preferences and offering choices", another told us, "I'm never concerned about [my relative] having enough to eat and drink when the carers are there."

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 health and social care agencies to ensure people received timely and appropriate health and mental health support. One health and social care professional told us, "[The service] have been very supportive in getting the customers alternative support like from the Mental Health colleagues or from the GPs. Overall, they have been very professional and diligent in executing their duty of care."
- Care staff recognised when people would benefit from accessing health appointments and communicated this with people, and when relevant, their relatives. Several relatives told us they valued the timeliness of being told about changes in people's health and support with contacting people's GPs.

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.

- All staff had received training about the MCA and how to support people to make decisions about their care. Care staff understood how to support people to make decisions themselves, as far as possible.
- People's consent to care was sought and recorded in their care plans and daily records. People and their relatives told us that care staff always checked for consent before carrying out care tasks.

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

- People who used the service, and their relatives, told us staff were very caring, respectful and supportive. Relatives all felt that their loved ones were well cared for and were shown kindness and compassion.
- Care staff and managers took time to get to know people. People and relatives told us care staff were sensitive to their wishes and spent time getting to know their preferences for support. People valued having regular carers organised when possible.
- Staff received annual training about equality and diversity. Staff told us they respected people's differences and treated each person as an individual. One member the office team told us, "We always try and build a really good rapport with carers, families and people. Communication is really important to us, listening to what people are saying, putting people first."

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

- All of the people and relatives we spoke with said the office and care staff were easy to contact and talk with, they had confidence that any concerns would be appropriately dealt with.
- Care staff, office staff and managers shared strong values about seeking and respecting people's views. People and their relatives had access to care records and knew how to contact managers to talk about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People felt their dignity was maintained when they received personal care support, they told us their privacy was always protected.
- Care staff promoted people's independent skills. People and relatives told us care staff always provided care in a dignified way and encouraged people to maintain as much independence as possible to carry out care tasks. For example, care staff gave people time and encouragement to maintain their self-care skills where possible.
- People received support which promoted their independence as much as possible. We were given examples of how care staff have helped people adjust to receiving support in their home for the first time, or when they were nervous. People have told us how they were put at ease by good communication which was respectful and friendly.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's individual needs, routines and choices were clearly recorded in care plans. We saw records for oral hygiene, meals, mobility and healthcare were individualised and specifically noted people's preferences.
- People and their relatives knew about their care plan or how to access it. We saw that people and relatives had contributed to discussions about reviews and changes in care provision.
- Word themes had been generated for people's care plan records, showing most common words and phrases used within each person's care provision. The registered manager told us these gave an accurate snapshot of what was important to people receiving care and showed care staff people's specific interests.
- Where people has expressed preferences and wishes regarding end of life care and support, this had been recorded clearly in their records. We received feedback that care staff had treated people with dignity and respect when they were experiencing palliative care.

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.

- People's preferences for support with sensory needs were noted in care plans. Staff knew the support people needed with hearing and reading information. Care staff told us they regularly checked people's preferred ways to communicate.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place which staff, people and relatives knew about.
- People and relatives knew they could speak with care staff or managers if they needed to raise a concern.
- The registered manager, Operations Manager and staff all told us they looked for ways to improve their service and there was a positive culture of raising suggestions for improvement.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Social care professionals told us the service provided caring, person centred support to people with physical and mental health needs. One professional told us, "It's been so challenging for social care services through the pandemic, but I think staff have been so committed and caring despite that. They've really been there for service users."
- Care staff valued working with relatives to improve people's health outcomes. People were supported with referrals to their GPs and health services when needed. One member of staff told us, "It's really important to go in [to people's homes] and understand what's going on for them. Sometimes, relatives are coping well, other times people need a bit more support. You have to adjust to what people need and put them at the centre of everything."

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 registered manager understood their duty of candour responsibilities and had shared outcomes of incidents and accidents with relevant people. There was a duty of candour policy in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had reflected on the challenges experienced by the service through the pandemic and aimed to maintain standards of care despite these. They sought to minimise impact on service users by being flexible and responsive where they could.
- Staff training and care quality was being audited through training records, staff supervision and appraisals and robust monitoring of the electronic care system. For example, accidents and incidents were recorded and analysed regularly to see if there were any patterns or themes.
- There was a strong culture of team support, working in partnership and positive leadership within the office environment. Staff valued each other's skills and roles across the organisation and saw themselves working as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives were asked to complete regular feedback surveys to monitor quality of care. Areas for improvement, 'thank yous' and compliments were shared with staff and discussed to find ways to improve

the service.

- Regular audits of standards identified where improvements could be made, and the manager acted on these. For example, audits highlighted that risk assessments could be more detailed so additional training was booked for staff.
- Staff were encouraged to continue their learning and development. Staff told us they felt encouraged and supported to undertake relevant training and to express an interest in learning about aspects of care.