

All Care (GB) Limited

# All Care (GB) Limited - Warner Court

## Inspection report

Warner Court  
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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

Warner Court is an extra care service providing personal care to people living in their own flats. At the time of our inspection there were 28 people receiving the regulated activity of personal care.

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

People told us they were very happy living at Warner Court and felt safe. People told us the staff were "lovely," helpful, "kind," and "funny". People were safe from abuse or harm and told us they felt safe. Where people received support with their medicines, this was done in a safe way by staff who were trained and competent. The provider had robust systems in place to manage any risks to people, including from Covid 19 and other infections. There were enough staff on duty to provide care to people safely. The provider had systems in place to ensure only suitable staff were employed.

People enjoyed the meals they chose. These were ordered from a company who delivered them and were reheated by staff. Staff helped people with their healthcare needs when required although some people were able to manage this themselves or with the help of their relatives. People were supported to have maximum choice and control of their lives. People all had the mental capacity to make decisions at the time of the inspection. However, systems were in place to monitor this and ensure, if necessary, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received regular training and supervision to support them in their roles.

People were treated with respect, dignity, kindness and compassion. We observed, and people told us the staff were kind, helpful and friendly. People felt involved decisions about their care.

People had opportunities to get together and take part in activities if they chose, such as bingo or knitting. There was clearly a very friendly bond between people and staff with lots of respectful banter and joking. People were involved in developing their care plans and were asked for their opinions of their care. People told us they knew the manager and would feel able to raise any concerns if they needed to. A robust complaints procedure was in place and people felt able to raise concerns with the staff if they had any.

The provider had robust systems in place to monitor the quality and safety of the service and take actions to improve where issues were identified. The registered manager was supported by the operations manager who they said had made a big difference. They knew their responsibilities under the Health and Social Care legislation. The registered manager and staff worked in partnership with other agencies to ensure people received holistic care in a timely way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 8 October 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

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

## 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 - Warner Court

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 all this information to plan our inspection.

#### During the inspection

We observed interactions between people and staff at lunchtime and during a game of travel bingo. We spoke with nine people. We reviewed records relating to the management of the service and three people's care records. We spoke with the registered manager, the operations manager and the team leader and one staff member.

#### After the inspection

We spoke with two staff and continued to review information received from the registered manager.

# 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 of 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

- The provider had robust systems in place to keep people safe from harm or abuse. The provider's safeguarding policy and procedures were up to date and available to staff who signed to say they had read and understood them.
- People told us they felt safe at Warner Court and said the staff were kind to them. People said they would feel comfortable speaking with the registered manager or a staff member if they were worried about anything.
- Staff received training in how to identify and report abuse or suspected abuse and knew who to report concerns to.
- The registered manager had raised a safeguarding concern appropriately with the local authority for a person who was at risk of harm. They told us they had a good relationship with the social work team who provided advice and direction when needed.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm.
- The provider had systems in place to identify and mitigate individual risks to people. People's risk assessments were detailed, up to date and reviewed regularly or if risks changed.
- Five people showed us their pendant alarms. One person said, "I must remember to put it on. Yes, they come quickly." Another person told us, "Yes, they come quickly. I have [an emergency contact number] in my phone for when I'm out." A third person told us they felt safe when they wore their pendant and said, "I had a fall in my bathroom. I called and the carer came and dialled 111."
- Staff knew people well, understood any risks and how to help people minimise these. One staff member told us, however, "There are things out of our control, [for example] where people have capacity [to make unwise decisions] so we can only advise." They told us they worked closely with social workers and families with people's consent.
- One person was at risk of injury due to hoarding items in their flat. The registered manager had involved their social worker who was looking at how they could support the person to improve the situation.
- The provider was not responsible for maintaining the premises or environment as this was the responsibility of the housing provider. However, people had an environmental risk assessment for their flats which instructed staff to monitor and report any defects, for example, any concerns with electrical appliances as kettles or toasters. The registered manager worked closely with the housing provider to

ensure any defects reported by staff during their care visits were passed on and addressed.

### Staffing and recruitment

- All but one of the staff we spoke with thought there were enough staff to meet people's needs. We spoke with the registered manager who told us, "We have a lot of part time staff. We look at hours and shifts and recruit to that. We have a panel meeting [with adult services] every six weeks. They send over the care plan and package of care, so we know in advance [of new admissions]. We would put on another shift if needed. It's more flexible with part time staff. We don't use agency."
- We reviewed the staffing levels and the rota for the week of our inspection and found these were in line with the assessed hours. The rota was in the staff room and staff could put themselves down for additional shifts that needed covering.
- There was a waking night staff member on each night shift. As well as being on site to support people at night if required, they also carried out other duties such as additional cleaning, paperwork and anything left over from the day shift. There was an on-call system in place and staff were familiar with the procedures for dealing with an emergency at night.
- The provider had robust recruitment processes in place to ensure only staff who were suitable to work in a social care setting were employed. Each staff member had supplied an application form with details of previous their employment or college, evidence of their identity, a health questionnaire and suitable references. Where staff had declared specific health needs there were risk assessments and management plans in place. Each staff member had been given Disclosure and Barring Service (DBS) clearance. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Some people managed their own medicines, however, where people wanted support to do this or for staff to manage their medicines for them, systems were in place to ensure this was done safely.
- People told us they were happy with the way their medicines were managed. One person told us, "[The staff] dish them out to me. It's reassuring. I might get mixed up and take the wrong ones." The registered manager told us there had been some issues with the pharmacy which had led to some medicines, which should have been on repeat prescription, being out of stock for people. They had constantly chased the pharmacy which took time and had not been able to resolve the issue. They explained their concerns and told us they had a meeting arranged with a new company to discuss a new system which would eliminate the problems and align everyone on the same medicines cycle. This was now in place at the time of writing the report.
- Some people kept their medicines in their own flats. However, where people's medicines were stored by the staff, this was in an unlocked room in the provider's office area. Whilst this was within a staff only area, it was poor practice as all medicines should be securely stored. We discussed this with the registered manager. Following the inspection, they arranged for the housing provider to put a lock on the door. They were also in consultation with people and the housing provider about providing medicine cupboards in people's flats to ensure safer storage of medicines.
- The team leader had just completed an audit of all medicines stored on behalf of people. They had identified where they had too much stock and said the new system would minimise this happening.

### Preventing and controlling infection

- The provider was not responsible for the cleanliness of the environment, which was the responsibility of



the housing provider.

- The provider had an up to date infection prevention and control (IPC) policy which included procedures for managing the risks of Covid 19. They carried out an annual audit of IPC and we noted there had been annual reviews of IPC related risk assessments. The provider had identified and minimised risks to more vulnerable staff, for example providing additional PPE for routine tasks. Staff had yearly refresher training in managing IPC and Covid 19.
- The registered manager told us there had been a small Covid 19 outbreak in February 2022. Communal areas had been closed down and people were supported to isolate in their flats to keep them safe and minimise the risk of the spread of infection. They told us, "They were all pretty good in isolation. We spent time with them, having a drink, cake, singing. We all stepped in. Re-jigged priorities. I got to know the residents a lot better."
- Staff understood how to use personal protective equipment (PPE) appropriately, and where and how to put it on and take it off safely. Staff told us they had ample supplies of PPE and that they had training in how to use it. There was a PPE notice board in the staff room with information for staff.
- People and staff took part in the provider's testing programme. People were given a box of tests and were supported to test if they were actively going out in the community or showing symptoms of Covid 19. Staff tested twice a week and told us they would call in if they had a positive result and would stay off work until they tested negative in line with the government guidance at the time. Relatives were asked to take a test before visiting and were provided with test kits if required.

#### Learning lessons when things go wrong

- The registered manager had systems in place to monitor when things went wrong and take action. For example, where people and/or staff had reported medicines had not been in stock due to supply issues, they had tried to resolve this with the pharmacy. As this had not improved, the registered manager took action to change the company supplying the medicines and implement a different system for administering and recording medicines.

# 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 were assessed before they moved into Warner Court. The registered manager told us they had regular meetings with commissioners to discuss potential new admissions and received copies of care plans and support packages before people moved in. These could be further developed over time once people had settled in. They said, "Once [people] move in we identify if additional support is required. [For example], if we need to put a lunch call in place. We have requested a re-assessment for [Name] which we have chased."
- People were very independent, and most people were able to do a lot for themselves with varying amounts of support from staff. Staff were knowledgeable about people's needs, preferences, likes and dislikes which had been recorded in their care plans. For example, one person's care plan stated, "I am a sociable individual and like to attend activities in the lounge and have my lunch there." We observed the person enjoying their lunch and taking part in 'travel bingo' in the afternoon.
- People told us they were happy with the support they received from staff. Comments included, "I have [a health condition]. Staff are aware," and "I have mastered my personal care with their help."

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 MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- At the time of the inspection, people living at Warner Court all had the mental capacity to make decisions for themselves. The registered manager understood their responsibilities to ensure people's rights were protected. There were systems and processes in place which ensured they would work within the principles of the MCA if required.

Staff support: induction, training, skills and experience

- The provider had a training and supervision programme in place for staff.
- Where staff were new to care they completed The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- All staff had been booked onto a refresher training week in May which covered all the key areas staff were required to complete each year. This had been delayed due to the Covid 19 outbreak in February. The registered manager told us this worked well as they were able to include staff from their other service. This meant all staff would require their refresher training at the same time in future, making it easier to monitor completion and compliance.
- Staff confirmed they received training and were able to ask for other specific training. For example, one staff member said, "I've done diabetes and dementia. It was brilliant. [The registered manager] has gone above and beyond to discuss." Another staff member said, "I have done all my training but need my yearly refresher. They [the provider] does offer training."
- The provider offered individual supervision to staff. This provided opportunities for staff to discuss any issues or concerns they had as well as review performance and any training needs. Staff confirmed they had supervision sessions and felt listened to. One staff member told us, "I do have a one to one every couple of months, but I can always pop into the office. There's an open door."

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

- People were quite independent in their eating and drinking. They chose their meals to be delivered from a food company and staff provided a re-heat service for those who wanted it. The provider assisted people if they wanted support with ordering their meals. Staff assisted people to eat if they required this support.
- Some people chose to eat in their own flat independently while others enjoyed the social aspect of eating in the dining room and being served their chosen meal by staff.
- There was a 'hydration station' in the dining area and we observed everyone had a drink with their meal. People seemed to understand the importance of keeping hydrated. One person offered our inspector a drink and said, "You must have a drink. You can't sit there without a drink," and everyone agreed. They handed our inspector a glass of squash.
- The registered manager told it was important to keep hydrated to minimise the risk of people getting infections. Staff always ensured people had a cold drink at the end of their care call.

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

- Some people managed their health care independently. However, staff supported other people with their health care needs when required. The registered manager worked closely with other agencies, for example the social work and district nursing teams, to ensure people received effective, timely and holistic care.
- Records showed, and people told us they had visits from health care professionals, such as district nurses and GPs when required. One person told us, "A nurse is coming in to dress my wound." The registered manager told us the district nurses usually spoke with them afterwards and let them know if anything had changed, for example, if they needed to order new creams.
- The registered manager gave us examples of people requiring additional support to maintain their environment. For example, one person's lights weren't working so they contacted the housing provider to let them know so they could arrange for them to be repaired.

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

- People told us they were happy living at Warner Court. One person told us, "I like living here. It's nice." A second person told us everyone celebrated people's birthdays and a third person agreed, telling us, "Yes, I had a nice birthday here."
- People told us the staff were lovely, kind and helpful. Comments included, "Staff are very nice," and "They are kind and helpful," and "If you want anything they come," and "[Staff member] is a funny man." We observed staff interactions with people and saw these were friendly and respectful. People appeared at ease with staff and exchanged jokes and banter.
- Staff knew people well and understood their individual needs. Care plans reflected people's cultural and religious needs as well as their personal preferences, likes and wishes.
- People were involved in planning their care and this was confirmed by people who told us they could discuss things with staff at any time. There were comments in the compliments folder which included, "I have peace of mind that any problem I have I can talk to a staff member in confidence," and "The office staff and manager are very friendly and approachable and visit regularly to see if everything is ok."
- One member of staff, who was responsible for reviewing people's care plans, told us they went and had a chat with people to see if their care was still relevant for them and if they wanted to update anything.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and helped them maintain independence as much as possible. One person told us, "I order my own medicines and collect them. I don't see carers much, but they are there if I need them." Another person told us they needed some help when washing. They said, "The carer washes my back, but I can do the rest. I have my own shower." Another person told us they used a local volunteer agency to support them with transport when they needed to go for appointments.
- Care plans reflected people's personal care needs and provided guidance for staff in what people should be encouraged to do for themselves. For example, one person's care plan stated, 'I can wash my hands, face, and front....but require assistance to wash my back and my legs.'
- Staff spoke affectionately about people and it was clear they had great respect for them. One staff member told us, "I like to chat with them, and make sure I'm not doing anything they don't want to do, and how they want to do things." Another staff member told us the provider's ethos was, "Help them [people]

maintain independence as much as possible. It's always about them."

# 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

- People's care plans were personal to them and developed from their initial assessment. People were involved in planning their care and deciding what support they wanted. Some people were quite independent, and others needed more support and this varied. Staff understood this and told us they always checked with people before delivering any care to people to ensure they were happy to go ahead.
- The provider used an electronic care system which enabled staff to record in real time when they had provided care to people. The registered manager told us the records could be audited at any time throughout the day to ensure care had been delivered according to people's care plans.
- Questionnaires were sent to people asking their views about activities and what they would like to be included. Residents meetings were held so people could have their say in and ideas or changes which might affect the day to day running of the service. Comments in the compliments folder were positive and demonstrated people felt involved and in control of their care. For example, one person commented, "At the moment I can do several things for myself, but I know when things get harder, I can have my care changed at any time."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People living at Warner Court were all able to communicate well. Staff held conversations with people, and we saw people were relaxed and engaged. One staff member said they sometimes adapted their approach, "Sometimes, people with dementia need more time to think, so I will slow down or re-word." Where someone was hard of hearing, staff could, with consent, make phone calls and inform the other party they were speaking on the person's behalf and with consent.

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 were supported to take part in a range of activities at home, including quizzes, arts and crafts and

baking. One person told us they enjoyed knitting mittens for refugee children and premature babies.

- The registered manager told us how lockdown and isolation had affected people's mental health and they had not initially wanted to start to socialise again. However, this had now become less difficult for people. We saw a group enjoying their afternoon together and taking part in travel bingo. Staff had designed and printed travel bingo cards with pictures of things associated with travel, such as planes, suitcases, passports and trains. They encouraged and helped people to spot the pictures and to cross off their bingo cards. We also saw people helping each other. One person told us, "The residents are all very nice. We get on well." Another person said, "Good game this!"
- Some people made their own plans to go out and meet up with family or go shopping.
- The provider had purchased new garden furniture to help encourage people to spend more time outside in the garden.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and recorded any complaints. One complaint had been received from a relative. This had been dealt with appropriately, including an investigation and response to the complainant.
- People were aware of their right to make a complaint but did not have any concerns to raise. The registered manager told us if people were not happy with something, they would always respond quickly so people could be reassured, and their concerns did not escalate.

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

- There was a very open and positive culture within the service, and this was observed throughout the inspection. The registered manager involved people, relatives and staff and sought feedback from them in order to help improve the service. People consistently told us they felt able to talk to the registered manager or staff at any time.
- They were very positive about the leadership and management of the home. Comments from people and relatives during the most recent survey included, "[Name] is a good leader and this shines through her carers," and "[the manager] has been very helpful," and "[Name] is always around when needed and goes above and beyond to help."
- People were happy with the way they were kept informed about the changes throughout the pandemic and the support they received during isolation. One person had commented in the compliments folder, "Keep up the good work and thank you for keeping me safe during Covid."
- Staff felt involved and had opportunities to share ideas at supervision and during team meetings. One staff member told us, "They put up a poster [with a team meeting agenda] and we can add to it. [The registered manager] asks if we want to add anything." One staff member said they could report any concerns or issues through the electronic care system, which was helpful, although they also said they would like more feedback from this as they did not think this happened enough.
- Staff told us they were happy working at Warner Court. Comments included, "I love it. It's like one big family. The [people] are brilliant and staff mostly get on in a sociable way," and "I love working here, it's a lovely place," and "Everyone is cheerful, the [people] are nice and get on alright. I would move in!"

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 responsibilities under the duty of candour to act in an honest and transparent way when things went wrong. People told us the registered manager was approachable and helpful and had confidence in them.



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

- The registered manager and operations manager responded positively and openly to requests for information to support our inspection. They understood their responsibilities under the Health and Social Care 2008 (Regulated Activities) Regulations 2014, including when to notify us of certain events they were required to report to us under the regulations.
- Staff understood their roles and responsibilities very well. A team leader had recently been appointed through a promotion and was learning their new role. Shifts were well organised, and staff understood and followed the reporting structure to inform the management team of any issues, which they could do in person or through the electronic care system. Most staff told us communication was effective within the team. For example, one staff member said, "I can read up on [the electronic care system] I have immediate access. It's definitely better but takes a bit of getting used to and less mistakes are made."
- Staff told us they felt very well supported by the management team through an open door, supervisions and team meetings.
- The provider had a business continuity plan with clear guidance for staff in what to do in the event of unexpected disruption, such as fire, extreme weather or loss of electricity. The plan was up to date and included key contact details of senior staff and contractors.

#### Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. These included regular audits such as care plans, infection prevention and medicines.
- The registered manager told us they had support of other managers within the company. They worked well together to share experience and ideas. They had a lot more external audits now, and had a mock inspection in February 2022. The provider had recently commissioned an external health and safety audit which had scored the service at 88% with a number of actions which were being addressed.
- The operations manager was very supportive and maintained oversight of the service. They carried out audits and supported the registered manager to develop and implement actions plans. They came to support the registered manager at the inspection. They told us they were always looking to improve and maintain compliance and safety within the [services]. They told us, "It's nice for me I've built the team. We don't have activities co-ordinators here, but we are getting staff involved, helping people to maintain independence and re-enabling them [after Covid 19 isolation]."

#### Working in partnership with others

- The provider worked closely with other organisations to ensure resources were available to people when needed. These included, district nursing team, occupational therapists, the older people's mental health team and their GP practice.