

All Care (GB) Limited

All Care (GB) Limited - High Wycombe Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

All Care (GB) Limited - High Wycombe Branch is a domiciliary care agency providing support to people in their own homes. 201 people were using the service at the time of the inspection. People's needs ranged from younger adults with disabilities to older people and people with dementia. 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

At our last inspection, we found regular occurrences where care workers were not staying the full length of time that was scheduled. At this inspection, we found the provider had not made improvement. This meant people were at risk of not receiving all the support they require or care workers may be hurrying to do things.

Six people we spoke with commented on the timing of their calls (visits) being late or unsuited to their needs, and different care workers coming at weekends. However, they were satisfied with the service overall. People said they were usually informed by the office if care workers were running late.

People spoke positively about the care they received from the service. Typical comments included, "I couldn't do without them...I don't feel rushed and they do have time to chat and ask how I am and if I need anything," "I feel safe with them" and "I find the carers are always gentle with me."

People were supported by care workers who had appropriate recruitment checks. People told us they felt safe. Staff undertook an induction and received training to help them support people safely. This included training on safeguarding people. Appropriate safeguarding referrals were made to the local authority, when necessary.

Care plans were in place for each person, outlining their needs and how to support them. Risk assessments had been written, to reduce the likelihood of people suffering injuries or harm during their care. Infection control measures were in place including those on managing the COVID-19 pandemic. Staff had access to all the personal protective equipment (PPE) they required.

Improvement had been made to safe management of medicines since the last inspection. People told us care workers managed their medicines effectively. For example, "I get my pills delivered and they check that I have taken them correctly" and "They put my tablets out ready for me in the morning and evening. They drop my prescription in for me and then the tablets are delivered."

Improvement had been made to complaints handling. The people we contacted told us their complaints and concerns were listened to. People knew how to make a complaint either to the service or the local authority, who commissioned their care. We saw examples where the service apologised, where necessary, and let people know what action had been taken in response to their complaint. However, three people had

contacted us independently of the inspection process with negative experiences of making complaints. We have made a recommendation regarding customer care practice.

The service had a registered manager in post; this was a change to leadership since the last inspection. A range of monitoring took place at the service and by senior management. A quality audit was carried out by an external company in February 2020, highlighting areas where improvement was suggested. Some areas had been addressed and others were on-going.

The service was responsive to people's changing needs and liaised with relatives and external agencies to promote their welfare.

We have made recommendations around duty of candour, to ensure the service fully meets its obligations when things go wrong, and the Accessible Information Standard.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 June 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 25, 26 April 2019 and 8 May 2019. Breaches of legal requirements were found at that time, regarding handling complaints, management of medicines and providing safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and receiving and acting on complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for All Care (GB) Limited - High Wycombe Branch on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a continued breach in relation to safe care and treatment, due to the number of occasions where care workers had not supported people for the full duration of their scheduled visits.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider, to understand what they will do to improve the standards

of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

All Care (GB) Limited - High Wycombe Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector. A visit to the office was made on 27 October 2020. An expert by experience made telephone calls on 27 and 28 October 2020 to a sample of people who used the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Further evidence was reviewed off site between 28 October 2020 and 04 November 2020.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care 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 the last inspection. We sought feedback

from a commissioner of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted staff by email to request feedback about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the operations manager and a compliance officer.

We spoke with 12 people who use the service and six relatives.

We reviewed a range of records. These included people's care plans, medicines records, staff recruitment files and staff training and development files. Other records included those which related to monitoring and auditing of the service and complaints.

After the inspection

We reviewed information we asked the registered manager to send to us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure care was carried out in a safe way as care workers did not stay the agreed amount of time to fully support people's needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our previous inspection, we found computer records at the service showed discrepancies in the amount of time care workers spent in people's homes, compared to the scheduled length of time. This was also the case at this inspection.
- We examined computer records for five people over a five day period. These were all people who had high support needs and required several visits a day to support them to live independently.
- Our sample showed there were 73 occasions where care workers stayed in people's homes at least 10 minutes less than the scheduled time, ranging from 10 minutes less for a 30 minute visit to 36 minutes less for a one hour visit. Examples of actual recorded times spent supporting people included seven minutes to support one person with medicines and continence, provide a meal and drink and carry out a domestic task and two minutes to support another person with dressing, continence support and helping them get ready for bed. Scheduled times in both cases were 30 minutes. We could not be confident people received all the support they required if care workers were in their homes for such short amounts of time.
- Three of the 18 people we contacted said they felt their care was rushed.
- One person had commented in a provider survey, "We have had a few instances where carers have refused to do more than one task, even though there is 30 minutes and they are finished in 10 mins." Another said, "Not always, usually in a great rush," in response to a question about whether all tasks had been completed before care workers left. A third person said in a provider survey, "We often find the carers are under pressure to complete the care far too quickly and are never with (family member) at the allocated time."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Six of the 18 people we spoke with commented on lateness of the agreed visit times or different care

workers supporting them at weekends. For example, "The time varies so much it does bother me. I like to plan my day...it can be a problem," "We think Sundays are the worst for times, that's the problem. I seem to be ringing most Sundays. Then we do have some good carers who come in Sunday too...It's just the times all over the place and we just don't know who is coming," "Sometimes weekends (are an issue). The times of carers and different carers. Sometimes the timings aren't so good but they always say 'I might be a bit late coming back.' I think perhaps they are short staffed then, but it doesn't really make too much difference to me. They are all very good when they come and just do their job" and "This service sends different people at all different times. I just don't know who is coming and when they are going to turn up. It makes life difficult for me." These people told us despite these issues they were satisfied overall with the support they received.

- One person told us improvements had been made after they mentioned problems about timings of visits to office staff. They said, "I did discuss times with them (a supervisor from the office). I like 7:30 am first visit because of (medical conditions). If they're later than that, I'm out of sync for the day really. It was starting to get bad but I mentioned it to them and it has been getting better now."
- Other comments about staffing included, "The carers are always respectful, caring and gentle and I don't feel rushed. They don't have time to chat for long but they are efficient always, [staff] know what they are doing and work as a team. Sometimes two male carers have arrived. They did ask if this was alright with me and I agreed. They all work the same," "I have no qualms about any of the carers, they are all good. I never feel embarrassed, I'm not made to feel like I am a problem to them" and "It has worked really well for her. She has found all the carers very nice. There are about six to eight different carers, no set pattern but mum says they are all very respectful. She was a little concerned when a younger girl arrived a few weeks back, she was a little unsure. But it has been nice to see a lovely relationship develop here between them. They seem particularly to hit it off."
- There was appropriate deployment of staff at the service and arrangements to manage emergencies. Staff told us they received appropriate support and guidance in emergency situations.
- People were supported by staff who had been recruited using robust processes.
- Required recruitment checks were carried out when prospective staff applied to work at the service. This included obtaining written references and verifying identification. We made the registered manager aware one staff file contained two copies of the same reference, rather than two separate references. This was followed up straight away.
- A check was carried out for criminal convictions and inclusion on lists of people who would be unsuitable to work with those made vulnerable by their circumstances.

Using medicines safely

At our last inspection, the provider had failed to ensure medicines were managed in a proper and safe way. This was because the timings of care worker visits were inconsistent and did not ensure people received their medicines at the prescribed frequencies. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 regarding safe management of medicines.

- People's medicines were managed safely overall, despite care workers not staying for the full duration of each scheduled visit.
- People told us, "They put my tablets out ready for me in the morning and evening. They drop my prescription in for me and then the tablets are delivered," "I don't take any tablets but they often ask me if I do. I think they like to check," and "I get my pills delivered and they check that I have taken them correctly."
- Staff undertook training on safe medicines practice. Records were completed to show when they had supported people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- People told us they felt safe. Comments included, "I feel safe with the carers because they use the keypad to come in and it's normally the same girls so I know them and they, nearly all, are very caring and respectful. They pull the door after them again until the next visit," "I absolutely feel safe with the carers because we know each other and I think they are all trustworthy," "They are all very nice and I look forward to seeing them. I feel safe with them because they're all so kind and helpful" and "I do feel safe with them because they have been coming to help me for so long, they are just like family. I think they are marvellous."
- There were procedures and training for staff on safeguarding. Staff told us they would report any concerns to the registered manager or care manager. None of the staff we spoke with expressed any concerns about people's welfare or the tasks they were expected to undertake as part of their roles.
- The registered manager and other staff knew how to make referrals to the local authority safeguarding team, when required. They also knew they must notify us where there were any safeguarding concerns.
- Appropriate action was taken where staff had not carried out care to the expected standards. For example, where there were errors or omissions.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "They do reassure me when using the hoist by talking to me...they all seem to know how to use it so I would say well trained." A relative told us, "I think they are all trained well and all good at their job. When they are showering him, they think about the water temperature and if it's too cold or not too hot. Then they are quick but careful to dry him so he doesn't get cold."
- Written risk assessments were in place to identify any risks. Appropriate measures were put in place where risk assessments identified potential hazards.
- Staff undertook training in areas which included moving and handling, to ensure they worked using safe systems, processes and practices.

Preventing and controlling infection

At our last inspection we recommended further training and monitoring took place of infection control and hygiene practices. We found improvement had been made.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the service.
- The service received information about local and national guidance, so action could be taken, if required.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, the provider had failed to ensure proportionate action was taken in response to failures identified by people's complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People's complaints and concerns were generally listened to and used to improve the service.
- People told us they knew how to raise complaints about their or their relative's care. Comments included, "I have no concerns. My daughter made a complaint for me a couple of months ago, but we are over that now," "I would contact the office if I had any concerns and I know I can always contact social services if necessary," "We've only had one problem with one of them... I phoned the office and they sorted it out the very next day," "I have no complaints, never have. I think I would tell my son and he could do it for me," "I think the service is very good. No complaints. I did, but got it sorted," and "No complaints at all, not in the last 12 months."
- Three people who contacted us independently of the inspection process over the past six months said their complaints had not been responded to in a way they felt was appropriate. For example, one person felt the member of staff who responded was rude, another that they did not hear back. These people directed their complaints to the local authority, who fund their relatives' care.
- Whilst the feedback from people we contacted as part of the inspection was positive regarding complaints, there is indication that some further work is needed on customer care and responding to complaints.

We recommend the service reviews its customer care procedures in responding to people's complaints and concerns.

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

- People told us their care met their needs and preferences.
- People's comments included, "She's my carer and is great, absolutely brilliant and couldn't ask for a better person. She looked after me when I wasn't so well after hospital. She would wash me all over, so very gentle and caring. I do feel safe with her and wouldn't change her for anything...she comes in and checks on me and does everything that needs be," "Nothing is too much trouble and if she (main care worker) has any

thoughts that mum needs something or perhaps is not quite herself, she calls me straight away. The communication now is marvellous...having someone like (name of care worker) keeping a good eye on her is great," "All the other carers make sure he isn't rushed and given time and they always make sure he comes back in his chair and is sitting comfortably...The carers are all very good with him and respectful too" and "They keep me washed and clean everywhere. I have no concerns with the carers because I think they all do their best. I feel safe with them all, just some more experienced (care workers) make it nicer."

- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability and gender.
- People's preferences, likes and dislikes were assessed and recorded in the care plans. There was evidence people or their relatives had been involved in what was recorded. Care plans were reviewed to ensure they reflected people's current circumstances.
- The service was responsive to people's changing needs. Examples were discussed of where the service had liaised with relatives and outside agencies regarding concerns about people's welfare.

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 communication needs were assessed as part of their initial and on-going care needs assessments.
- Care needs assessments recorded information about memory loss or confusion, sight and hearing loss, which may affect how people communicated with others.
- The registered manager was unable to provide examples of where information had been provided or was available to people in accessible formats, such as easy read, large print or pictorial documents.

We recommend work is undertaken to ensure the service fully meets people's communication needs, to comply with the Accessible Information Standard.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we recommended the provider fully applied the duty of candour principles at the service, including giving a written apology, with details of actions taken, to prevent recurrence. We found improvements had not been fully made.

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager provided some examples of responding to complaints to demonstrate the duty of candour principles had been applied. However, they were unable to demonstrate the principles had been fully applied to all notifiable safety incidents, including safeguarding incidents, as stated in the statutory requirement.

We recommend further work is undertaken to fully demonstrate the duty of candour principles are applied to all relevant incidents.

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

- There was a registered manager in post. This was a change to leadership since our last inspection.
- A relative commented, "They seem to change managers very often but the current manager works very well. When mum came out of hospital, the authority wanted her to have more care arranged before she came out. They tried to arrange it with someone other than All Care but after I spoke to the manager, she said she would do her best. She did. She found capacity for more hours for mum and it was all arranged that the staff she knew and likes would continue with all of her care. I know I can call her should a problem arise."
- The registered manager had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken.

- A range of monitoring took place to check whether the service provided a good standard of care. This included 'spot checks' to observe care workers supporting people and regular management reports completed and sent to the provider.
- A quality audit took place in February 2020 by an external company. This showed the service needed to make some improvements to ensure a consistent and good quality service was provided to people. An action plan had been put in place to address issues. Some actions had been completed, others such as resolving the occurrence of visits which were much shorter than the scheduled duration, were still an issue eight months on.
- Personal and sensitive information was stored and handled in line with data security standards. Access to the computer records was restricted to authorised persons.
- Staff were clear about their roles, responsibilities and lines of accountability.
- The records we looked at as part of the inspection process were in good order.

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

- People spoke positively overall about the standards of their care. Comments included, "They are absolutely magnificent because they are so very caring, they look after me and we have a good joke together. They are always gentle with me and re-assure me; they ask 'Can you do this; shall I do this now?'" , "I would say the service is spot on really. Ladies and gents all good," "Initially we had all sorts of problems and I was on the phone nearly every day trying to get it all sorted. Recently, over the last several months, there have been no problems. It is now absolutely fantastic and working really well for mum. Staff go over the call of duty. Nothing is too much trouble" and "I would say it is a good service and very efficient."

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

- The service engaged and involved people who used the service and relatives. Quality assurance surveys had recently been sent out to people. Twenty six surveys had been returned at the time of the inspection. We looked at 16 surveys, which showed most people felt well supported and respected and were cared for by friendly and courteous staff. Communication with the office showed improvement, from the surveys we read.
- Staff knew how to raise any concerns about people's welfare using whistle blowing or safeguarding processes.
- Staff were supported through regular supervision and telephone or email communications.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning up to date.
- There was a commitment to improve people's care as a result of quality assurance processes and feedback. Further work was needed to make sure actions from the quality audit were implemented within reasonable timescales.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to consistently provide care and treatment in a safe way as care workers did not stay the agreed amount of time to fully support people's needs.</p> <p>Regulation 12(1)</p>