

All About U Care Services Limited

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Inspection report

Holly House
220-224 New London Road
Chelmsford
Essex
CM2 9AE

Date of inspection visit:
13 April 2021
19 April 2021
29 April 2021

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12 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

All About U Care is a domiciliary care agency which supports adults with personal care. At the time of the inspection the service supported one person.

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

At the time of the inspection the registered manager was not available and had been absent from the service for over a year. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In their absence, the director or the company was supporting staff and had taken on responsibility for the day to day management of the service. Whilst we received positive feedback from staff about the support they received from the director, they had not fully understood their responsibility to meet regulatory requirements and improvements needed to be made to the systems used to monitor the quality and safety of the care provided.

New staff were safely recruited. We have made a recommendation about the renewal of DBS checks for existing staff.

Accidents and incidents were recorded. However, further work was needed to evidence lessons learned and the action taken to reduce the risk of reoccurrence.

Staff had completed safeguarding training and knew how to raise concerns internally and with external organisations.

Staff were provided with appropriate PPE and we were assured staff used this when supporting the person using the service.

Risk assessments were person centred and identified areas where staff needed to support the person in their daily life.

People who use this service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. Staff provided person centred care which promoted people's dignity, privacy and human rights.

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 good (published 9 December 2017).

Why we inspected

We received concerns in relation to safeguarding's and the prolonged absence of the registered manager. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to the lack of effective systems to monitor the quality and safety of the service at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

All About U Care Services Ltd

Detailed findings

Background to this inspection

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 team consisted of two inspectors, one working remotely and one who completed the site visit, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. However, at the time of the inspection the registered manager had been absent from the service for over a year.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the director would be in the office to support the inspection. Due to the COVID-19 pandemic, we collated as much information as possible virtually to minimise the time spent by

the inspection team visiting the provider's office.

Inspection activity started on 13 April 2021 and ended on 29 April 2021. We visited the office location on 13 April.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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.

During the inspection

We spoke with four care workers and the director. We reviewed a range of records, which included the care and medication records of the person using the service. We looked at how two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We looked at training data and quality assurance records and reviewed feedback received from the Local Authority (LA).

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.

Using medicines safely

- The director reviewed Medication Administration Records (MARS) when they were returned to the office. However, we saw some gaps where staff had not signed to confirm medication had been given.
- The director told us staff had forgotten to sign the MARS. They explained staff documented in the daily records when medication was given, and this was used to cross reference with the MARS. From this we saw where there were gaps on the MARS medication had still been administered.
- When a medication concern had been identified the director shared the information with staff via email and measures were in place to mitigate future risk. However, no formal medication audits were in place to provide oversight and ensure appropriate action was always taken. For example, the MARS sheets with the missing signatures had been reviewed by the director but no concerns had been raised. We discussed this with the director who confirmed they will take action to address the issue.
- Staff were clear they knew what medication the person took, why, when and how they preferred to take it. This reassured us medication was safely administered. One staff member said, "I would report anything but that really doesn't happen at all. I would make a note of it in the diary. We always doublecheck each other's work and check that things are marked down."

Staffing and recruitment

- Most of the staff had worked at the service for several years. Disclosure and Barring Service (DBS) checks were completed at the start of staff's employment, but the provider had not completed a review of them since.
- There is no requirement for a service that directly employs its own staff to repeat DBS checks within a set period and we saw no evidence of concern. However, to minimise risk and to ensure providers have the most accurate information on their employees many organisations will periodically renew their employee's certificates as a matter of good practice.
- One staff member had returned to work at the service after a brief absence. Before returning to work pre-employment background checks were completed. They also spent time with the person and had their competencies reviewed before working alone. This ensured they had the skills and knowledge to safely support the person.

Learning lessons when things go wrong

- A system was in place for recording incidents and accidents. The last incident had been recorded by the registered manager in 2017.
- We discussed with the director the requirement to monitor incidents and accidents and to demonstrate the action taken to mitigate future risk. The director and staff told us no concerns had arisen since the

registered manager had been absent.

- Staff were confident about what action to take if incident occurred. One staff member told us, "There haven't been any yet as far as I'm aware I would report anything directly to the director and fill out an accident for." Another said, "I would report anything to [the director]. But I have never had to."

Systems and processes to safeguard people from the risk of abuse

- At the time of the inspection the director was managing the service. They did not fully understand their responsibility to meet regulatory requirements and had not promptly informed the local authority or the CQC of a safeguarding concern.
- Staff had completed safeguarding training and knew how to raise concerns both within the organisation and with external organisations.

Assessing risk, safety monitoring and management

- Risks to the person's safety and well-being had been assessed and records of care provided by staff showed care plans had been followed and their needs were being met. This was in part because care was provided by a consistent staff group who had supported the person for a number of years.
- One staff member told us, "Care plans and risk assessments are all in place. They are written in such a way that a new carer would know how to support [person's name.]" Another staff member said, "We are all aware of [person's] nutritional needs and what [they] can and cannot eat. [Relative] updates us if there any additional concerns and there is a list on the wall from the speech and language therapy team informing us of what [they] can eat."

Preventing and controlling infection

- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- The registered manager was also the Nominated Individual (NI) for the service. The NI is responsible for supervising the management of the service on behalf of the provider. As stated previously, at the time of inspection they have been absent for a prolonged period of time. Under the Health and Social Care Act 2008, it is a legal requirement for registered services to have a registered manager in post.
- The director had taken responsibility for management of the service; however they did not fully understand their responsibility for meeting regulatory requirements. They had not promptly submitted statutory notification informing us of events which affect the running of the service such as the absence of the registered manager or informed us of concerns raised by other professionals to the local safeguarding team.
- Effective systems were not in place to monitor the safety and quality of the service. We saw no evidence of any harm, but this was in part due to the fact staff knew the person using the service well and had supported them for many years.

The lack effective systems and processes to monitor and assess the safety and quality of the service and drive improvement was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- In line with their legal requirement the providers website had a link to the most recent inspection report.

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

- Staff spoke positively about the director and the support they have provided. Comments included, "The support has improved massively. [The director] has really stepped up since the [registered manager] has been absent." And "It feels so much better now everything feels fair and nice. [The director] has really proved himself." And, "The director makes sure we are all up to scratch. [They] are a good leader."
- Due to the restrictions in place from the COVID-19 pandemic there had been no staff meetings. During this time the director had been in regular contact with staff via email. Staff member said, "The communication is very good. We all have [the directors] phone number and they email us any of the important stuff."

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

- At the time of the inspection the service had only one service user. This meant there was limited scope to for them to work alongside other organisations and professionals.
- The director had regular contact with staff and the relative of the person using the service via telephone and email and discussed and necessary changes, concerns and updates.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to monitor the quality and safety of the service.