

Allcare Shropshire Limited

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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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 11, 12 and 13 July 2016 and was announced.

Allcare Shropshire provides personal care for people in their own homes. At this inspection they were providing care and support for 97 people.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe from abuse as staff had been trained and knew how to recognise and respond to signs of abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from risks of harm associated with their care. Any incidents and accidents were investigated to identify any learning and to minimise the risk of reoccurrence. Staff members knew the recommendations from investigations in order to improve their practice.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. Staff followed safe practice when assisting people with their medicines.

People received care from staff that had the skills and knowledge to meet their needs. People had positive relationships with the staff members who supported them. Staff knew the people's individual histories, likes and dislikes and things that were important to them.

Staff attended training that was relevant to the people they supported. Staff received support and guidance from a management team who they found approachable. Staff members felt valued by the provider and that their suggestions and experiences mattered to them.

People were involved in decisions about their care and had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People felt able to raise any concerns they needed and were confident they would be investigated. People received feedback after any concerns were raised.

People had their privacy and dignity respected and information personal to them was treated with confidence. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently. People were supported to maintain a diet which promoted well-being.

People and staff felt able to express their views and felt their opinions mattered. The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People were kept informed about any development within the provider's organisation and received regular newsletters or memos.

The registered manager engaged the local community in raising awareness of dementia and provided training to anyone who wished to increase their knowledge. The provider assisted people to remain as independent as possible in their own homes and their community.

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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. People were supported to take their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and supported to provide care. People were supported to make decisions and had their rights protected by staff who were aware of current legislation related to their role. People had access to healthcare when they needed it. People received support to maintain a healthy and balanced diet.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were able to raise any concerns or comments with the provider and were confident their opinions were valued. People were supported by staff who knew them well.

Is the service well-led?

Outstanding ☆

The service was very well led.

People were positive about the culture and management of the

service. Staff members were valued and their achievements recognised by the provider. The registered manager was committed to delivering a quality service. The registered manager engaged the local community to improve the lives of those living with dementia and provided a very strong role model. Staff members and the registered manager had shared values for the delivery of care and support. The registered manager sought innovative methods for gathering feedback from people.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11, 12 and 13 July 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection. We also sent out questionnaires to people to gain their views about the service provided. We received questionnaires from 16 people who used the service, one staff member, three relatives/friends and one community based professional.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people receiving support, eight relatives, one housing scheme manager, one GP practice manager, six care workers, two administration staff members, the registered manager, the finance manager, two community volunteers and one community based dementia coordinator.

We saw the care and support plans for two people which included assessments of risk associated with care. We looked at quality checks completed by the provider, incident and accident records and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People told us they felt safe and protected when assisted by staff members from Allcare Shropshire. One person said, "They (staff) look after me really well. I am very safe with them. One relative told us, "[Relative's name] is very safe with all the care workers". Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "If I had any concerns about people being mistreated I would report this straight away to [registered manager's name]". Another staff member told us, "I can go straight to the office to report concerns or social services to make sure people are protected". Staff members told us they have a pack of information that contained contact details of where to report concerns. This included details of the local authority and the Care Quality Commission. We saw the registered manager had made appropriate referrals to the local authority to ensure people were kept safe from abuse.

People told us they felt safe receiving services from Allcare Shropshire. One person said, "They (staff members) help me and have to use some special equipment. They are very careful not to hurt me when they use it". Another person told us, "I can be a bit quick on my feet. They (staff) get me to slow down a bit. I always feel safe when they (staff) are around". People told us they were involved in assessments of risks which were personal to their individual circumstances. Assessments included moving, skin integrity, nutrition and hydration. These assessments detailed what the person could do to keep themselves safe and also what the staff members had to be aware of in order to prevent harm to people. The provider also completed assessments of the physical environment in which people lived. For example, the provider had completed risk assessments and trained staff in the use of stair lifts. One staff member told us, "Although [person's name] doesn't need or use the stair lift at the moment we are all aware of how to use it safely for when they do".

Staff were aware of how to report incidents or accidents. We saw details of accident reporting which included assessment of the incident by the registered manager. For example, following the identification of an error with the recording of medicines the registered manager undertook an investigation to identify what had happened. As a result they increased staff member's awareness, changed the recording methods and increased quality checks to minimise the possibility of reoccurrence in the future.

Staff members told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff members described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw records where these checks had been completed and recorded.

The provider had procedures in place to address unsafe practice of staff members including disciplinary action if needed. We saw records where action had been taken to increase staff member's knowledge and skills to minimise the risk of harm to others.

People told us they thought there were enough staff available to meet their needs. One person said, "I have the same group of staff come out to see me. They are always on time and are very flexible if I want to go out and move times around". One relative told us, "There is a core staff group who understand [relative's name] and respond to them really well". The provider had systems in place for responding to any potential late calls. People and relatives told us if for any reason a care worker was going to be late they were phoned by someone from the office and informed. People told us they received rotas each week telling them who would be supporting them. They said these were adhered to but if for any reason there was a deviation, for example sickness, they were always informed.

The registered manager had systems in place to respond to peoples changing needs to ensure they received the right amount of support. One relative told us, "[Relative's name] needed extra help after they left hospital. [Registered manager's name] spoke with us about the extra support and this was arranged until [relative's name] was able to manage as they did before".

We looked at how people were supported to take their medicines. People told us they were prompted by staff members to take their medicines when they needed. One person said, "They (staff) always ask if I have taken my tablets and then check to make sure I have got it right". Staff members told us they received training on how to support people safely with their medicines. One staff member said, "We were then checked by a senior staff member to make sure we follow safe practice". The registered manager told us they completed such checks to ensure staff followed safe procedures when supporting people.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "The care workers are always doing training which is a good thing". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "When I first started I did a number of basic training courses including food hygiene and moving and handling". Another staff member told us, "For the first two weeks after starting I went out with a more experienced care worker. I was able to use this time getting to know people and also the area within which I would be working". Staff attended a three month review after starting their employment with the provider. At this review they were able to discuss what had gone well and if there was any additional support or training that they required. Staff felt they had a good introduction to their work and received training which equipped them with the necessary knowledge to perform their role.

Staff had access to training appropriate to the people they supported. One staff member said, "I have completed training in dementia awareness and I am now a dementia friend. This has helped me to understand dementia and how to support people who are living with dementia". Staff members told us the training provided was adapted to their individual learning preferences. One staff member told us, "I struggled with certain aspects of learning. They [registered manager's name] set it up so that I had assistance and I achieved my certificates. You never feel stupid asking for help and you are fully supported".

People received care from a staff team who felt supported to carry out their role. Staff told us they had regular one on one sessions with senior staff members. They used these sessions to talk about what was going well and what could be improved. One staff member told us, "I take the opportunity at these sessions to talk about any concerns I have about those I support. Once we spoke about someone we thought was losing weight. We looked at what to do and how we could help this person". Staff told us they felt supported at all times by the provider. One staff member told us, "We can pop into the office at any time and discuss anything we needed. Throughout this inspection we saw staff members coming into the office and talking with senior staff and the registered manager.

Staff members shared information between themselves and, where appropriate, with any visiting health professionals or family members. One person told us, "I have a file here (own home) that the care workers fill out as well as the district nurses. I do look in it from time to time but I trust what they are saying about me so everyone knows what to do". Staff members told us they used people's individual files to communicate between themselves any changes in need or preference. This was so they were consistent in the support they provided. One staff member told us, "If there is a significant change we need to be aware of the care plan will be reviewed and we will receive a text message from the office telling us about the change".

People told us they were supported to make their own decisions and were given choice. One person said, "They (staff) always ask me what I want and how they can help me every time they come in". A staff member told us, "When supporting someone with their lunch I will always show a few choices of meals for the person to choose from. Sometimes if you present too many options it can become confusing and overwhelming". The registered manager and senior care workers understood when to assess someone's capacity and the

process to follow to ensure their rights were protected. Staff we spoke with had an understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "You always assume that someone has the capacity to make a decision for themselves. If I am ever unsure I will refer them to the office for a formal assessment".

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager talked us through the processes they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA. We saw records where the registered manager was involved in, and followed, the best interest decision making process for someone who could not make specific decisions regarding medicines. The least restrictive decision was made and the person received support to maintain their health.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "I have diabetes and they (staff) prepare my meals. They are really good about making sure food is right for my condition". Another person said, "I like fresh food not processed stuff and they prepare vegetables for me because I'm a bit wonky if I try to cut potatoes". Staff were aware of people's changing diets and knew what action to take if they had concerns about people's nutrition. One staff member told us, "I noticed [person's name] clothing was becoming a little loose. We spoke with them, the district nurses and a close friend. It was arranged for the friend to dine with them to encourage them to eat and to make it a social occasion. Their weight has stabilised".

People had access to healthcare services and were supported to maintain good health. One person told us, "They (staff) notice straight away if I'm not well and always get me the help I need". Staff understood the health needs of those they supported and encouraged contact with health care professionals if required. One staff member told us, "If I ever notice a change I will talk to the person about what they want. If needed I will help the person to phone the GP or with their agreement do it myself". One GP practice we spoke with told us they believed the contact they received from staff regarding people's health were appropriate.

Is the service caring?

Our findings

People we spoke with used many positive words to describe the staff supporting them including, lovely, fantastic and great. One person said, "They (staff) are superb. I just can't sing their praises enough". These comments were not limited to the care workers but were also directed at the office staff and administrative support as well. One relative said, "The Office staff are great. I wouldn't hear a word said against them". One person summed up their feelings by saying to us, "Their (staff member's) hearts are in this job. It's not just a job and a way of earning a living. They really do care about people".

Staff we spoke with described those they supported with fondness and warmth. Staff members could tell us about people's individual life histories, families and things that mattered to them. People felt as if they mattered to those who provided care and support. One person said, "I look forward to their every visit. It's just like having a friend pop round". A relative told us, "[Relative's name] has a much better life since Allcare Shropshire have been coming to them. They really care about them".

Staff took the time and opportunity to reassure people in times of upset and worry. One person told us, "I had a fall once. They [staff member's name] stayed with me until I settled myself. I felt silly and foolish about what happened. They reassured me and I felt better by the time they left. We even had a bit of a laugh about it afterwards".

People felt that staff communicated with them appropriately and adapted how they spoke with them depending on their needs. One relative told us, "They (staff) are very good about allowing time for [relative's name] to understand what has been said. They will rephrase things and keep the information nice and simple so not to confuse. That is the best way to talk with [relative's name]. One staff member told us how they adapted the way they communicated with someone. This staff member said, "We knew they were very hard of hearing. They could still talk and tell us what they thought but just couldn't hear what we were saying. We used a wipe board to write down things and they would always respond to this".

People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "I tell them what I need and they are always obliging". One staff member said, "We are there to support people how they want to be supported. Not how we think they should be. If someone wants to do something a little differently then we will support them how they wish".

People told us their privacy and dignity was respected by staff providing support. One person said, "I have never felt compromised by anything they (staff) do. They are very professional and friendly with it". One staff member said, "We know about the simple things like shutting curtains and closing the door when assisting with personal care. But it is also about ensuring people have the opportunity to do things for themselves". People were encouraged to be as independent as they could. One person told us, "They (staff) let me do as much as I can for myself which I appreciate but they are there if I need a hand". One relative said, "[Relative's name] is very independent and the carers encourage them to do things for themselves but are really mindful that they don't hurt themselves".

People and relatives we spoke with told us they believed staff maintained confidentiality when supporting them and family members. One staff member told us, "We work in a very close knit community and are often asked how someone we support is. When asked such a question we encourage the person to go and visit them and never divulge any information to someone not entitled to it".

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "I went through everything when they [provider] became involved. They asked all about me, what I can do and what I need some help with". A senior carer told us they assess people's needs at the start of their involvement with them. They will involve the person in as much of the planning of their care that they want. A senior carer said, "During the assessments we focus on the positives about what someone can do for themselves. We then use what they can do as a foundation for what they need assistance with. For example if someone is able to sit and still do things we will move furniture around so they can do different things whilst remaining seated". At this inspection we saw one care plan which had been written completely by the person concerned. The registered manager had oversight of this care plan to ensure the contents were safe for staff to deliver but the care itself was completely directed by the person. One relative said, "[Relative's name] was quite depressed and withdrawn and not looking after themselves properly. The support and care they received from Allcare Shropshire has really turned their life around". We saw care and support plans were personal to people and reflected people's needs and preferences.

One senior carer told us, "If someone wanted we would also involve families in order to get a more detailed assessment of the person and their needs". A relative said, "We've had some meetings where we've been able to discuss everything and (my relative's) needs are taken into consideration". People and relatives we spoke with told us they were informed of any changes in needs and were involved in any subsequent reviews. One staff member told us, "After the care started we were told by the person that they preferred a shower and not a bath. This was changed straight away. We informed the office who changed the care plan and all staff involved received a message informing them of the person's wishes".

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. One person told us, "[Staff member's name] cooked me steak, chips and onions. They know I love this and it cheers me up if I am feeling down". One staff member said, "People all have different tastes what one person likes is not the same for another. We get to know people and they open up more and more to us as the relationship develops".

People told us that they had information about the complaints procedure and what to do but also stressed that they were totally happy and felt that the service is excellent. People and relatives we spoke with knew how to raise a concern if they needed to and were confident they would be responded to appropriately and promptly. The registered manager had processes in place to respond to any concerns raised. We saw records of complaints and the subsequent investigation completed by the registered manager or senior staff members. These records included a response to the person raising the concerns.

Is the service well-led?

Our findings

People told us they felt involved and informed about the service that was provided. People knew who the management team were. People told us they felt able to approach the registered manager or anyone from the office at any time. One person said, "We greatly appreciate the care staff but also the contact we have from the office and managers". One staff member told us, "Often [registered manager's name] comes out with us and works alongside. This is not to keep an eye on us but to work with people and maintain contact with them".

People felt able to contact the office and talk to the administration support staff if they ever needed clarity on anything they were concerned about. At this inspection we saw a member of the office staff talking with someone who wished to rearrange one of their visits. The staff member paid attention to the request and clarified what the person wanted ensuring they had got the right information. The staff member then asked if the person wanted a revised rota making allowances for the changes. One relative said, "They (office staff) always answer the phone really quickly and listen to any worries we have about [relative's name]. They are totally reliable and I would challenge anybody to fault them".

People told us they were kept aware of developments not just within the provider's organisation but also in local activities or changes which they would find interesting. One person said, "I get a rota every week and included in this rota are little notes letting me know what is happening and if there are any changes I should be aware of".

People and staff told us they believed the provider created a culture that was open and transparent. Staff we spoke with told us about changes to the recording of medicines and how to avoid errors. All the staff we spoke with were aware of these changes and why they were necessary to ensure people remained safe. One staff member said, "If something ever happens we all know about it so we can ensure it doesn't happen again". All the staff that we spoke with understood the whistleblowing procedures. They were provided with information and guidance by the provider and felt supported should they ever need to use it. The registered manager told us, "Sometimes things do go wrong. When that happens the important thing is to be open and transparent and to observe our duty of candour. We will always contact the person concerned in the first instance and keep them informed throughout. Any learning is then cascaded to all staff members to prevent reoccurrence".

Staff members felt included in the provider's organisation and felt confident and supported to make suggestions. One person told us, "The paperwork we used was changed following the suggestion of one staff member. This enabled us to ensure we accurately record key information for people". Staff members told us as they often worked on their own and being part of a wider organisation and feeling involved felt important to them. As well as attending regular staff meetings staff members told us they could pop into the office at any time for advice and support or just a cup of tea and a chat. At this inspection we saw a number of staff members visiting office and chatting to the office staff and the registered manager.

Staff told us about the values of the provider and how these were reinforced by the registered manager. One

staff member said, "Our aim is to give the best possible care which is focused on the person. [Registered manager's name] ensures this by valuing the staff members to get the very best out of them which is then passed onto people receiving care".

The registered manager told us, "Staff recognition is so important. Over the years people have nominated a number of staff members for awards in care". One staff member told us, "I received an award for working in care. It felt good just to be recognised and I felt overwhelmed when I won. It feels wonderful to get a thank you for a job you love. I wouldn't work anywhere else". Within the last 12 months Allcare Shropshire staff members have been recognised for their achievements in care. One staff member received a regional award for carer of the year 2015 and another for best new comer of the year 2015. Allcare Shropshire itself received a provider representative award for supporting and engaging with your local community 2016.

The registered manager told us, "It is our desire to create a dementia friendly village. One where people are still included and valued in the society within which they live". Allcare Shropshire have provided a number of dementia training sessions for staff members which are also open to members of the community. One community volunteer told us, "I am so impressed with what they [Allcare Shropshire] are doing and fully support them. They are making the village more accessible to people who are living with dementia. They have worked with local shops and services not only to make the physical buildings more accessible but also to educate those working and living in the community". The registered manager told us, "The people we support are at risk of social isolation. This can be as simple as forgetting what you went to the shops for. This impacts on someone's confidence to leave the home. For example, by working with shop keepers on their understanding and how to support people they still feel able to be involved as they always have been". We spoke with a dementia action alliance coordinator who told us the registered manager has developed and implemented an action plan for working with those in the local community. This coordinator told us, "[Registered manager's name] is enthusiastic, passionate and knowledgeable about supporting people living with dementia and the community. They have created a number of training sessions which members of the public access". At this inspection we saw that 122 staff members and people living locally had become dementia friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

The registered manager has created a drop in support session for those supporting people living with dementia. These sessions provided advice and guidance and signposts people to additional services to support them. The registered manager told us, "I have the assistance of one of our senior support staff at these drop in sessions. This is to support the person whilst their family member seeks any guidance they need". The registered manager told us these sessions were another way of supporting people to remain in their own homes and to live the lives they desired as they received support to enable them to do so.

People were kept informed about changes with the provider and with news they might find interesting. We saw newsletters created and circulated by Allcare Shropshire which included information about coffee mornings, day trips and support groups. One person told us, "I can go to the coffee morning at (office location) whenever I want to have a chat and a piece of cake". The registered manager told us they created the coffee morning as they wished to encourage people to participate more in the local community and avoid social isolation.

People were regularly asked for their feedback on how their care and support was provided including any recommendations for change. One person said, "I receive a regular questionnaire asking me about the service I receive. It is excellent and I can never think of how they can improve". The registered manager previously had a service user group meeting where people could discuss the support they received and provide feedback. The registered manager said these meeting didn't run as they expected so adapted how

they received feedback from people. As a result they created afternoon teas and coffee mornings. During a chat over a piece of cake they were able to and talk to others and share their experiences of the care provided. This also created a social occasion which encouraged people to meet and maintain a circle of friends. This supported the information gained from the providers questionnaire's. As a result of feedback from people they adapted how they gathered people's thoughts. New questions were developed following peoples suggestions and these formed the revised quality questionnaires they now used.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice were cascaded to staff members through regular team meetings or one to one sessions. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. As an example of this, following an incident with a family pet and staff members, agreement was reached with the family to remove the pet during visits in order that care and support could be provided safely.