

## All Age Development Trust

# All Age Development Trust

### Inspection report

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Tel: 01948871371

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

All Age Development Trust is a domiciliary care agency providing personal care to 5 people aged 65 and over at the time of the inspection.

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

Quality monitoring systems were not robust or effective to ensure improvement actions were taken promptly. There were no records to confirm that any audits had been completed. Notifiable incidents and concerns were not always shared with CQC as required by law

Whilst people told us they received their medicines as necessary, records did not support this. This meant that we could not be assured that the management of medicines was safe. Risk assessments were not always in place to ensure that staff were aware of measures to safeguard people from risks.

Staff were always respectful in the language they used to describe people. People, their families and professionals described the staff as caring, kind and friendly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us they were happy with the service, and that staff had an exceptional understanding of their needs and preferences. Staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work in the care sector.

The service had an open and positive culture that encouraged involvement of people, their families, staff. The registered manager had a 'hands on' approach and promoted teamwork amongst the small staff group. People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (published 16 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: safe care and treatment and governance.

For requirement actions of enforcement which we are able to publish at the time of the report being published:

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 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?

**Requires Improvement** ●

The service was not always 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?

**Requires Improvement** ●

The service was always not well led.

Details are in our well led findings below.

# All Age Development Trust

## 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 undertaken by an inspector.

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. The manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 25 July 2019 and ended on 31 July 2019. We visited the office location on 26 July 2019.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and two relatives during the course of the inspection. We also spoke with the registered manager/ provider and three of the care staff, one of whom was the deputy manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines management was not based on current best practice and there was a risk that medicines may not be given safely
- Medication Administration records ( MARs) failed to record all the required information such as the exact name and dose of medication or key information relating to its administration.
- Information was not available to staff to help them apply topical medications effectively. Staff did not complete records to show when these medicines were applied, where and by whom.
- People were supported with ' over the counter' medicinal preparations ( homely remedies) Although staff were responsible for administration they were not all recorded on a MAR chart. Advice had not been taken and recorded from a healthcare professional, such as a GP or pharmacist as to whether they were safe or appropriate to use.
- Where people had medications ' as required' there was insufficient information available for staff as to what the medication was for and when or how it was to be offered. Where a variable dose was prescribed, there was no guidance as to how much medication should be given and staff did not always record the dose administered
- Care plans did not accurately reflect the support a person required and failed to address a person's mental capacity or consent in regard to their medication being given by care staff.
- Insufficient risk assessments were in place for key medical conditions or specific interventions. For example: where people were prescribed medicines to 'thin' their blood and were therefore at a higher risk of bleeding should any injury occur, risk assessments and management plans were not in place. Bed rails were in place but no risk assessment available for staff to ensure they were safe and suitable for ongoing use.
- Environmental risk assessments were undertaken to ensure staff worked within a safe environment. However, steps had not been taken to ensure that equipment used by staff had been checked and deemed safe by the people responsible for it.

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

- Staff had received training and competency checks in regard to the safe administration of medicines.
- People told us that they were supported effectively with their medicines.
- An on-call system was in place and people were provided with the name and telephone number of staff to contact in the event of an emergency. People confirmed that they were aware of this and had used it with

good effect.

- Other aspects of a person's support were risk assessed such as moving and handling and nutrition.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the service kept them safe. Comments included " I am so reassured by the service I have as it keeps me very safe" and " My relative is so reliant on the staff but I never worry as they keep them so safe at all times".
- Staff had an understanding of safeguarding adults and had received training in respect of this.
- Policies/ procedures were in place to support staff in addressing and reporting any concerns appropriately.

Staffing and recruitment

- People told us that they had a very reliable and consistent team of carers that supported them well and gave them continuity of care.
- Staff were prompt and people received support at the time they expected it. No one had ever gone without care and support.
- People told us that the staff arrived on time but if they were going to be more than 10 minutes late then they were made aware of this.
- The registered manager ensured that the correct recruitment checks were made to ensure staff were suitable in both character and skill.

Preventing and controlling infection

- Staff had access to personal protective equipment and were aware of why this was required.
- Staff followed strict cleaning regimes when using equipment such as commodes to minimise the risk of infection.

Learning lessons when things go wrong

- The registered manager informed us that there had been no accidents or incidents to report.
- The registered manager spoke to us about changes made following reflection of events leading to, for example, improved arrangements in their absence or more robust cleaning schedules for specific pieces of equipment.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager undertook an assessment of people's needs prior to them receiving a service. This ensured that their needs could be met effectively.
- People confirmed that staff met their physical needs but also acknowledged and supported their emotional and social needs.
- Examples were shared with us of occasions where the registered manager had ensured a timely, safe and effective transfer from another service back to the person's own home.
- There was evidence of partnership working with other health professionals in order to enable people to remain at home with co-ordinated and holistic support.

Staff support: induction, training, skills and experience

- Staff had an induction that comprised of 'theory and teaching' at the office followed by a period of shadowing an experienced member of staff. This followed the principles of the care certificate but was not formally assessed and accredited.
- Staff did not work independently until both they, and the person supported, were confident in their ability to provide safe care.
- Ongoing training was available to staff to ensure that they remained competent in their roles. This included direct observations and assessments of their work on a regular basis.

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

- People confirmed that staff assisted them in many ways such as shopping, food preparation as well as physical assistance to eat and drink.
- Staff encouraged people to adopt a healthy eating regime whilst taking into account people's own choices and preferences. One person told us "Staff are great as they cook me something nutritious from scratch to tempt me. They have the time to do it, so I am not reliant on microwave foods".
- Records were kept to enable a review of people's food and fluid intake. Staff had been making extra visits during the hot weather to ensure that people did not become dehydrated.

Adapting service, design, decoration to meet people's needs

- People told us one of the best things about the service was its flexibility in the time and duration of calls. The service was therefore adaptable to people's daily needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had a good understanding of the MCA and how this was applicable to their day to day work.
- Records evidenced that staff had offered people choice and had recognised the right of a person to make unwise decisions around aspects of their daily lives where they had the mental capacity to do so.
- Relatives confirmed that staff had the knowledge and understanding to support people living with dementia and always worked in a persons' best interest.
- Staff described how they had supported some people for many years. This meant that when they could no longer make some simple decisions, staff had the knowledge to anticipate their needs.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- Without exception, every persons we spoke to said that the staff treated them with complete kindness and compassion.
- People described the staff as " Superb", " Exceptional" and " A cut above anything else I have had!" Relatives said "They take all the worry away" and they are " Like extended family that we can always rely on".
- Staff supported people who held a variety of different religious, political or personal values. Staff recognised this diversity and respected this in their day to day encounters.
- Staff spoke about the importance that spirituality played in some people's lives. They took time to read the bible daily to a person who was no longer able to do this for themselves.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- A number of people had moved out of alternative care settings with the support of the staff. One person commented "They make all the difference to my life. I feel safe and now able to remain at home which is what I want.
- A relative confirmed this also and commented "Without them I don't where they would be... Probably in a care home which they would have hated" and " Without their support they would be lost and probably unhappy".
- People told us their privacy was important and that staff respected this. One person commented that staff always asked if they could go into a cupboard or a drawer to look for something despite having been in the property many times.
- Everyone told us that what they loved most was having a small group of care staff who knew them extremely well. One relative also said " [ Name] is a really private person and so having a small team of care staff is great for them".
- People had choice in when they received their support. One person liked an occasional lie in and so if staff called and they were still in bed, the staff went away and came back later.
- Staff gave us good examples of how they maintained people's dignity whilst carrying out support tasks such as ensuring body parts were covered during personal care.
- People told us how staff had enabled them to do things for themselves. One said "They have patience, I am not rushed and I have every confidence in what they do.. this means I am better able to do things for myself".

# 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 Good. At this inspection this key question has remained the same. 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

- A comment that best summarised people's view was "The care is extremely personalised : it's not one of those 'in/out' agencies. The staff are here for as long as they need to be and they will come back again if that's what is required to keep me well and safe".
- Relatives confirmed that staff had established relationships with their loved ones and were able to "Get [name] to do things that no one else can".
- Due to the size of the agency all staff were aware of each person's needs, likes and dislikes, people using the service told us that they never received support from anybody who they didn't know or that that didn't know them.
- Improvements were required to some of the care records to ensure that they fully reflected the individualised support that staff provided and that people required.

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 addressed in their assessment and care planning process.
- The registered manager was aware of what was required to meet this standard should anyone require information to be provided in an alternative format.

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

- The staff provided support to enable people to carry on with activities, hobbies, and to attend community events. They enabled and supported contact with families, friends and others in the community as well as personal care.
- Staff were aware of the large factor that loneliness can play in a person's life and how this was further compounded in a rural setting. 'Social time' was built into support plans and staff also took people into the community to maintain vital links.
- On the day of the inspection a person had not been well enough to get up early to attend a social club. Staff had ensured they went back later in the day to take them in time for lunch as this was a vital part of their social contact.

Improving care quality in response to complaints or concerns

- People and relatives told us they had never had any reason to complain about the service that they received as it was ' exceptional'. However, they knew how to raise concern should this ever be necessary
- The registered manager told us that they had such a ' hands on' approach that they visited people who used the service each week and so any concerns were resolved before they escalated resulting in a complaint.

#### End of life care and support

- At the time of the inspection, no one was being supported with ' end of life' care. However, the service had explored and was aware of people's preferences and choices for that time in their life.
- The service had liaised, where appropriate, with GP's and hospitals to ensure that peoples preferences in regards to resuscitation had been acknowledged and recorded.

# 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 was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had not always notified CQC as required about key events within the service.
- The registered manager was also the registered provider. They told us how they monitored the service through a review of records and discussions with people using the service.
- There was no written record of these 'audits' or 'checks' and therefore no evidence of this process having taken place.
- Medicine records were not effectively audited to ensure medicines were administered safely and in line with current guidance.
- The registered manager had not implemented nationally recognised guidance and was not aware of changes to quality and safety standards. Not all policies, and processes had been updated to reflect current policy, legislation and guidance. They had not been updated to reflect current regulated activities regulations brought into force in 2014.
- The medicines policy made no reference to the NICE guidance from 2016 which had specific information for care at home agencies. They were unaware of safety alerts in regard to the fire risks associated with emollient creams.

There was a lack of effective governance to assess, monitor and evaluate the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving 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

- The registered manager was aware of the duty of candour but told us that there had not been any concerns in regard to the service where this had needed to be considered.
- The registered manager also provided day to day support to people who used the service. They, therefore, were in daily dialogue with people about the service that was being provided and how it could be improved upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was highly flexible and involved people in the service delivery.
- Staff said that they worked together as a team and were supported well by the registered manager.
- People said that their needs met in a very individual way that enabled them to live the life they wanted.

#### Working in partnership with others

- The registered manager had good links with the local community and so was able to 'sign post' people to appropriate services and facilities.
- There were positive working relationships with health care professionals which ensured that people had holistic and co-ordinated care.

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 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not operate effective systems and processes to make sure they assessed and monitored their service.