

Mrs Phyllis Robertson

Care For All

Inspection report

The Heights
Filey Road
Scarborough
North Yorkshire
YO11 3NH
Tel: 01723 584647

Date of inspection visit: 3 July 2015
Date of publication: 23/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This service was inspected on 3 July 2015 and was announced.

Care For All is a privately run domiciliary care agency providing care and support to 82 people of all ages in their own homes. The service was registered with Care Quality Commission (CQC) to provide care for younger adults and older people who may be living with dementia, have a mental health condition, have a sensory impairment or a physical disability. The service covers Scarborough, Filey and the surrounding villages.

There was no registered manager at this service because the provider managed the service. This is because the provider is an individual and meets the relevant criteria to be fit to manage a service. 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.

Summary of findings

We saw that staff had received training in safeguarding adults and children. Staff were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for.

Staff had been recruited safely and there were sufficient staff to meet people's needs. Staff worked in small core teams so that people who used the service received a consistent service. .

People were provided with care by staff that were well trained in areas that were relevant to people's day to day care such as medicines training and moving and handling of people as well as more specialist subjects such as diabetes.

Where risks had been identified there were clear management plans in place for staff to follow.

Everyone we spoke with described staff as caring and kind and made positive comments about the management of the service. The service was well managed.

Staff were supported by senior staff from the agency and received supervision. They were encouraged to share ideas at meetings and the manager regularly worked with staff and supervised their practice.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. We could see that consent had been sought from people who used the service and from relatives for those people who may lack capacity.

People who used the service told us that they would know how to complain about the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

The staff identified and managed risks to people who used the service. Staff had rotas in advance and people told us that they always arrived when they were due to do so.

Staff were aware of abuse and knew what to do if they identified that a person using the service was in a vulnerable situation.

Staff were recruited safely and there were sufficient staff on duty to meet the needs of people who used the service.

Good



Is the service effective?

This service was effective.

Staff had the skills and knowledge required to meet people's needs.

Staff were well supported through supervision and appraisal.

The service was working within the principles of the Mental Capacity Act 2005

Good



Is the service caring?

This service was caring.

People who used the service consistently described staff as being caring and kind and staff told us of their commitment to the people they cared for.

People who used the service were treated with dignity and respect by staff.

The service displayed a strong person centred approach and involved people.

Outstanding



Is the service responsive?

This service was responsive.

Care plans were person centred with associated risk assessments.

People who used the service and their relatives were able to tell us how the service worked with them to ensure that their needs were met.

People knew how to make a complaint and we saw that complaints had been responded to in line with service policies and procedures.

Good



Is the service well-led?

This service was well led.

Every person that we spoke with told us the service was well managed by a committed and responsive manager.

The manager acted as a positive role model to staff which encouraged the positive culture we found at this service.

Good



Summary of findings

Staff had confidence in their manager and said they would be able to report any concerns and they would be acted upon.	
--	--

Care For All

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 3 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the provider is often out during the day; we needed to be sure that someone would be in.

The inspection team comprised 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. Their expertise was in social care and hospital services.

Prior to the inspection we spoke with local commissioners who told us they had no concerns about the service. We looked at information we held about the service such as notifications that had been made to CQC. We sent out

questionnaires to people who used this service and their relatives prior to this inspection and we had a 56% response rate from people who used the service against the national average of 38.4%.

During the inspection we examined care and support plans for four people, reviewed four staff recruitment and training records and interviewed three care workers. The manager, who was also the provider, was available throughout the inspection to answer our questions. We inspected documents relating to the running of the service such as policies and procedures, records of complaints and health and safety checks.

Following the inspection the expert by experience spoke by telephone to six people who used the service and six relatives of people who used the service. We were given letters from two relatives giving positive feedback about the service during the inspection and we received telephone calls from a further two relatives who also gave positive feedback.

We contacted one health professional and two social care professionals following the inspection to ask about their experiences of this service. They all gave positive responses.

Is the service safe?

Our findings

Everyone who completed the questionnaires we sent out told us that they felt safe with their care worker and people we spoke with confirmed this. One person said, “I feel safe with the carers using my key safe, they help to support my independence.” Where people were unable to get to the door in order to give care workers access to their home they had a safe where the door key was held and care workers had the code. The service had provided staff with torches for when it was dark so that they were able to see the key safe to gain access.

Several relatives told us that they felt very safe with the carer workers coming into their relatives home. They said the staff helped to support their relative’s independence. One relative said, “I feel that we are very safe with the carers that come into our home, even the boss (manager) comes to help at times.” Another relative told us, “We have 24/7 care for my mother and we are totally satisfied that my [relative] is safe with them (care workers) coming into her home; they make my [relatives] quality of life very good.”

The rotas identified that there were sufficient staff on duty to meet the care needs of people who used the service. People who used the service confirmed this saying, “There are sufficient staff to meet our needs and we have a core team of four. They are well trained in their work” and “There are sufficient carers on duty.”

We looked at staff recruitment records and could see that staff had been recruited appropriately and had a check in place carried out by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. Staff we interviewed confirmed that they only started work after the relevant checks had been completed. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes, which in turn helped to protect people who used the service.

We could see from care workers induction records that they had been instructed in safeguarding adults during their induction. Further training in safeguarding adults and children was carried out in June 2015 ensuring that staff knowledge was up to date. When we asked staff what they

would do if they suspected abuse they told us, “I would report straight back to [manager]. If I thought it was more serious I would call the police.” There was a policy and procedure for staff to follow in the main office which was available for staff. No safeguarding alerts had been made by or about this service since the last inspection. People who used the service could be assured that staff knew what to do if a person living in their own home was in a vulnerable situation.

When we interviewed care workers they told us that before they started to work with people who used the service the manager introduced them over a number of visits so that people felt confident and safe with new staff. One person told us, “The same core carers turn up on time and will ring if they are going to be late.” Staff told us that they received their rotas in advance either by hand or in an email and any updates were communicated via mobile telephones. People were confident that they would receive a service at the allotted time.

We looked at the care records, risk assessments and medicine administration records for four people who received care and support. The care and support plans highlighted the areas of support people needed and identified any risks for people. These were managed safely with clear instructions for staff. Risks within people’s homes had also been identified through the use of a health and safety checklist. This meant that staff could reduce the risk to people by identifying hazards and putting plans in place to minimise any dangers.

Medication was managed safely. They were kept in people’s homes and there was clear information about this in their records. The service encouraged people to use a medicine delivery service organised by the dispensing chemist but staff would collect medicines for people if necessary. When staff completed medication administration records (MAR) they also kept a record which identified if they had watched the person take the medicine or whether it had been left ready for them to take with their food or drink. Policies and procedures were in place and records showed that staff followed them. We looked at MAR’s and saw that there were no gaps in recording when medicines had been given by staff in most cases. Where there were gaps these had been identified in the audit carried out by the manager and it had been discussed with the care worker in their supervision. This meant that staff were clear about good

Is the service safe?

practice and their role in administering medication. Staff had been trained in administration of medicines, and competency checks were carried out by the manager. This was confirmed by staff but the checks were not recorded.

Accidents and incidents were recorded appropriately in people's care and support plans and in a separate accident book. There was evidence within daily records of any actions taken. For example when one person did not receive their medication the pharmacist was consulted to determine the impact on the person and whether or not there was a need for further medical assistance.

Personal protective equipment such as gloves and plastic aprons were supplied to staff by the employer. We saw that one person had complained about staff using their soap to wash their hands. The manager had arranged for soap and paper towels to be provided at this person's home to ensure that staff could make sure they washed their hands before and after providing personal care. Staff were also provided with tunics, cardigans, waterproof jackets and fleeces so that staff had specific clothing for work. Staff had been trained in infection control procedures and were following them.

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences from staff employed by Care for All. They told us that they received care from staff that were well trained in areas which were relevant to their day to day care such as medicines training and moving and handling of people. One person said, “They are well trained. “We saw that there was evidence of specialist training being carried out such as training about dementia, diabetes and Parkinson’s. We saw that the manager made sure that staff had knowledge of people’s conditions and there was written information in care and support files. A relative told us, “They are partners in [relatives] care.”

The manager made sure that staff worked closely with families to get to know people’s needs well by introducing the care workers over two weeks during their induction before they provided support without supervision. The manager made sure, as far as was possible, that the same member of staff visited the person so they had continuity. This was confirmed by people who used the service. One person told us, “There are sufficient staff to meet our needs and we have a core team of 4 and they are well trained in their work” and a second person said, “We have the same core carers who turn up on time and will ring if they are going to be late. They do not rush my [relative] in the tasks they carry out for her and stay the correct amount of time. Everything is completed.”

We saw that staff had completed an induction period when they started working for this service which ensured that they were well prepared to carry out their roles. One care worker told us, “I had a three week induction with some shadowing and some training. It helps you see how things fit together.” The manager told us that staff would not work with people who used the service until that person felt comfortable with the staff member. They took the staff to meet people several times before they worked with them. This was confirmed by a member of staff who told us, “[The manager] takes us to meet people a few times before we start working with them until (the manager) and the person is confident. It has to be a match that’s right.” Questionnaire responses told us that 92% of people were introduced to their care worker and a person who used the service told us, “When a new [member of staff] comes the manager introduces her to me which makes me feel safe.”

Staff told us that they worked with the manager regularly so that their work was supervised. We also saw records of supervision meetings which had been carried out monthly which indicated that staff were supported in their roles. Supervision is a meeting where staff can discuss their work and continuing training and development and highlight any concerns they may have. One member of staff told us, “I have one to one meetings arranged on training days or at people’s homes, whichever is most appropriate, approximately once a month.” They went on to say, “We all double up with [the manager] at some point during the week.” Staff told us that they could access support at any time as there was always a senior member of staff on call. The staff were not rushed and time was allotted between calls for travelling. One member of staff said, “Travel time between calls is allowed which is unheard of.” Staff were well supported by senior staff.

A relative we spoke with told us that support was being provided for their relative. They said, “We are satisfied and have no qualms with the carers; they meet all my mother’s needs and beyond, nothing is too much trouble for them. They stay the correct amount of time and do everything we need; if times are going to be changed they will ring and let us know so that mother does not get upset.”

We saw that the service was working within the principles of the Mental Capacity Act (MCA) 2005 as we could see that consent had been sought from people who used the service and from relatives for those people who may lack capacity. Staff had received training in MCA and DoLS and were able to give us examples of how they sought people’s consent using different methods. One care worker told us, “I ask permission before doing anything after explaining what I want to do.” The MCA sets out the legal requirements and guidance around how staff should ascertain people’s capacity to make decisions.

People who used the service accessed and were involved with health and social care professionals where appropriate. We saw from people’s care plans that they had involvement with doctors, district nurses as well as specialist services such as the dietician or community mental health team. Staff told us that they would accompany people to appointments if necessary. One person who used the service told us, “The service liaises with other professionals for me they call the doctor when necessary” and a relative said, “The carers and agency

Is the service effective?

liaise with other professionals involved in my [relatives] care; just recently they took her to the opticians." We spoke to a social care professional who told us that the service was,"Absolutely spot on."



Is the service caring?

Our findings

People described staff at Care for All as, “Lovely, friendly and nice girls”. Everyone who used the service and completed a questionnaire described care workers as, “caring and kind” which was higher than the overall response received for this type of service. When we spoke with staff we could see that the people who used the service really mattered to them. One care worker told us, “This work is so rewarding” and another said, “This is not just a job because the clients are also friends.”

A person who used the service told us, “The carers are very kind and caring and treat me with dignity and respect; there is no one that I do not like. They know my likes and dislikes and we exchange cards at Christmas and birthdays.” A second person said, “The carer who comes to my home is very kind and caring towards me and she sees things that need doing before being asked to carry out tasks.” People felt that they mattered.

A person whose relative received care from this service told us, “The consistency of staff is good and they take mother out for the day. They treat her with dignity and respect at all times. The staff are very friendly with us all and it is a real pleasure to work with them.” Questionnaires revealed that most people felt that they were treated with dignity and respect and people we spoke with told us that was so. One said, “I am treated with dignity and respect when they are with me. They provide me with companionship and are very friendly” and another said, “I am treated with dignity and respect when personal care is carried out; the carers are friendly and talk to me as a friend.

When we spoke with staff they described the relationships they had with people who used the service. One care worker told us, “I do social calls for one person. We went for a walk and were eating ice cream last week. It seems to make them happy to be out. We have a bond now.” A second care worker said, “We do a lot of things over and above what we have to do because we want to.” A third described the night someone’s alarm went off. They told us that the manager went out late at night to switch it off for them because they could not silence it. A person who used the service told us, “The manager picked my husband up from the hospital at night for me and then bathed him and put him to bed which is way beyond the care plan; she is

very good.” A relative said, “It is a remarkable agency and they go the extra mile.” The service displayed a strong person centred approach when providing care and support for people and those people who used the service valued the relationships that had developed.

The service worked with people who used the service, their families, health and social care professionals to meet people’s needs. People told us that they were involved in their care planning and when we spoke with people who used the service they said things like, “It is a pleasure working with them” and “They have got used to my ways now.” One person whose relative used the service told us, “They talk to us both and we have developed a good relationship with them” demonstrating that the service worked with people sharing information and planning care. We spoke with a social care professional who told us that they found the service to be accommodating and understanding.

Staff showed creativity in overcoming obstacles for people. The social care professional told us that the care workers worked with them to find solutions to difficulties. One person who had some sight loss had difficulty accessing the time and so the person, the social care professional and care workers developed a simple solution which has made a difference to this person’s days. The social care professional told us, “These are little things that mean a major improvement in access for this person.” A second social care professional told us that staff at the service were able to advocate for people. They said about a meeting for one of the people who used the service, “The staff advocated for them in a very positive way.” They explained that staff knew people well and were able to describe where necessary the person’s current needs.

Although no one was receiving end of life care when we inspected this service we saw that people were trained in end of life and palliative care. There were two teams to provide end of life care in the areas the service covered who were supported by specialist nurses when it was appropriate. We were told of the care and support provided to the friend of a person who used the service who had died. A member of staff said, “We knew her friend would be upset so we went and sat with her for two hours.” This was in staff’s own time which displayed compassion for those who support the dying person.

Is the service responsive?

Our findings

We found that the service was responsive. Care plans were person centred and up to date. There were detailed descriptions about peoples' care needs and how staff should support those needs. When changes to peoples' care had been identified these had been recorded and acted upon. We saw that people received support that had been agreed with them. One person who used the service told us, "A care plan is in place and we were involved in putting it together" and another said, "The manager did my care plan with me."

There were risk assessments in place which were linked to peoples' care plans. The risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. For instance one person who was not mobile had a risk assessment in place with clear instructions for staff telling them how moving and handling should be managed for this person.

We saw that care plans had been reviewed to ensure that people were receiving the care and support they needed. 96% of the people who used the service who responded to our questionnaire told us that they had been involved in making decisions about their care and support. The remaining 4% did not know if they had been involved. There were no negative responses. When we spoke with people who used the service they told us, "We have a Care Plan but it has not been reviewed recently," "There is a Care Plan in place and it has been reviewed," and "The Care Plan had been reviewed and is now up to speed."

One relative described how staff had responded to their family's needs. They needed support with their relative and said, "We have 24/7 care for my [relative] and we are totally satisfied that my (relative) is safe with them coming into their home; they make my [relatives] quality of life very good." They went on to describe care workers as, 'partners' in their relatives care saying, "The staff do a lot for my [relative] and have learnt how to deal with [relatives] dementia. They care workers take [relative] out for the day. They (agency) are very responsive to our needs and we use Skype to communicate with them and [relative]. This demonstrates how the service worked with people to ensure person centred care involving the whole family.

Some people received what staff called 'social calls.' This was to enable people to access the local community with support. People told us, "They take my relative out for walks" and "They help to support [relatives] independence by taking (relative) shopping and out for lunch." This was confirmed by staff who told us that they took people shopping or out shopping and for walks." This enabled people to maintain their links with their local community and prevented them becoming isolated.

Most people who used the service told us that they knew how to complain about the service and told us that the service responded well to any concerns or complaints. We saw that effective systems were in place to deal with any complaints. There had been four complaints to the service since the last inspection of and these had all been dealt with in line with the service policy. We saw a record showing that one of the complaints had been dealt with imaginatively by the provider.

Is the service well-led?

Our findings

Every person we spoke with about this service told us that it was well managed. They said, “The agency is well led by the manager/owner” and “The service is well managed and very business-like but friendly at the same time.” A relative said, “The manager is very good and goes above and beyond the call of duty for her clients.” People we spoke with said they would recommend the service to their friends and family. One care worker told us, “This is a very professional, well run and very caring service.” A social care professional told us, “I have a lot of confidence in this service and feel that it is very well managed.”

There was a positive culture in this service with the manager acting as a positive role model to care workers. They had trained and worked as a registered nurse and it was clear that they instilled professional values when training staff. A dress code expecting staff cleanliness and tidiness was evident with all staff wearing the same uniform with no nail varnish or jewellery. The manager was clear about what they expected of staff with a clear code of conduct and staff fulfilled those expectations. The values the staff demonstrated and the way they presented themselves gave people who used the service confidence in them. One person said, “The carers are always on time” and were “All very efficient and well trained.”

The manager was present throughout the inspection and able to answer all our questions and provide us with the documents we requested. They explained that they had made a decision to keep their service local and had only increased the care they provided slowly. They told us they did not plan any further expansion at this time. They had a clear vision for the future of the service with a member of the providers family currently working alongside the provider to learn about the business to ensure continuity. Staff we spoke with were able to talk to us about the service and its values. One staff said, “This is a service that puts people first.”

Most people told us in a survey that they would know who to contact within the service. They also said they had completed a survey from the agency to see what they thought of the service they received. People who used the service and their families were very positive in their responses to the service saying, “The manager leads her team well, I know that she is on the end of a phone if I need her. Would recommend to friends,” and “They do a very

good job for (relative). I can say nothing bad about the agency.” Professionals told us that they found the service to be “open to suggestions.” This demonstrated that people had confidence in the service that was provided.

When we spoke with staff they told us that they enjoyed working at this service saying, “All the staff are singing from the same hymn sheet,” and “All carers work as a team and have the same standards.” They spoke about their respect and liking for their manager saying, “You just know that she is 100% out on calls, not just in the office; she cares for all” and “I look up to the manager and can go to her for anything. I have not experienced that before.” They told us that the manager promoted team work by organising staff social events. They had planned a summer barbeque the following week and the staff told us about the Christmas party. They felt that not only was it a very generous gesture on the part of the manager but it also helped build team spirit and helped staff get to know one another. Staff were well supported by a committed manager through her working closely with staff and been available to the team. This in turn meant that people who used the service were cared for by a cohesive team who had good leadership.

Staff told us that they would feel confident reporting any concerns or poor practice to the manager and felt that their views would be taken into account. They said, “I can go to (manager) for anything.” They confirmed that the manager gave them important information as soon as they needed it either in person, by telephone or in an email, which meant that the service was prompt when responding to any matters that arose which may affect staff working in people’s homes.

Staff meetings were held in conjunction with training events. In addition the manager saw all staff regularly when they worked together. This enabled them to discuss anything related to the service. Staff confirmed these arrangements were in place.

There were clear policies and procedures in place for staff to follow and audits of areas of the service had been carried out. Medicines had been audited and where there was a missing signature this had been dealt with during the care workers supervision. This was documented clearly. This meant that the service acted where there were failings and went on to make any improvements that were needed.

The service had clear links with other professionals, which was demonstrated in peoples’ care and support plans.

Is the service well-led?

There was clear evidence of the service working in partnership with district nurses, specialist social workers and the community mental health team. Community professionals told us that the service was well managed and quick to respond to any necessary changes. One social

care professional told us, “They are absolutely spot on. They pick up on things and I have found that the manager deals with any matters and would give an immediate response.”.