

All Care (GB) Limited

# All Care (GB) Ltd - Southampton Branch

## Inspection report

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23 August 2019

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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?

Good ●

# Summary of findings

## Overall summary

### About the service

All Care (GB) Southampton Branch is a domiciliary care service providing personal care and support to people with a range of physical and health conditions living in their own homes. At the time of the inspection 290 people were receiving care and support. 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

People were provided with safe care. Staff understood their responsibilities to safeguard people and had raised concerns where necessary. Risk to people's health and safety had been assessed and measures had been put in place to mitigate those identified. There were sufficient numbers of safely recruited staff deployed to meet people's collective needs. Staff managed people's medicines safely and ensured infection control policies and procedures were followed.

People were provided with effective care. People's physical, mental and social needs were assessed and understood. The agency had developed an electronic recording system which helped them to monitor the service more effectively and which helped staff to respond quickly to any changes in people's assessed needs.

Staff were well supported and training provided ensured staff understood health and safety protocols. More specific training also helped staff to care for people's particular health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The agency worked cooperatively with other agencies to ensure people's needs were met.

The service was caring. Staff knew about people's preferences and wishes and people were invited to express their views about how they wished to receive their care. Privacy and dignity were respected.

The service was responsive. Care planning was personalised and people's communication needs were assessed. Information could be provided in an accessible format. The agency worked hard to support charities and to include people, especially if they were socially isolated, in community events. Complaints were addressed in line with company policy. Staff worked alongside health care professionals to provide good support to people at the end of their lives.

The service was well managed and well led. There was an open and inclusive culture and the registered manager led by example. There was a clear management structure and staff were clear about their roles and responsibilities. Robust quality assurance processes helped to ensure the service provided a good standard of care and improvements were made when any shortfalls had been identified.

#### Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

we will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme . If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# All Care (GB) Ltd - Southampton Branch

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The service is a domiciliary care agency, which provides personal care to older people, young adults, people living with the experience of dementia, autism, learning disabilities and physical disabilities. The service also provides live in care although they were not accepting any more people who needed this service.

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

#### Notice of inspection:

We gave the service 48 hours notice of the inspection site visit because we needed to be sure arrangements could be made to meet with key staff.

#### What we did:

Before the inspection we looked at information we held about the service. We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

Inspection site visit activity was carried out on 14 and 23 August 2019. We visited the office location on these dates to see the provider and office staff; and to review care records and policies and procedures. We spoke with the registered manager, the provider's senior management team, including the nominated individual. A nominated individual has responsibility for supervising the way that regulated activity is managed by a service. We spoke with five staff covering every role within the service. We looked at the care records of ten people. We reviewed other records including complaints, staff recruitment and training records and a recent quality assurance survey.

After the inspection:

We contacted 22 people by e-mail and by phone. We received feedback from three people using the service, from three social care professionals and from nine staff.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The agency had effective safeguarding systems in place.
- People felt comfortable about raising concerns about safety.
- Staff had completed training in safeguarding people and were aware of their responsibilities if they needed to report any concerns. For example they had raised concerns where people were at risk of self neglect and they had liaised with health and social care professionals for assistance.
- Where any safeguarding concerns had been reported the agency had followed agreed protocols to help to ensure they kept people safe

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- There was an out of hours service provided by the agency to give staff and people who used the service guidance when the office was closed.
- Risk assessments were completed to guide staff in how to support people with their health and care needs. Risk assessments were in place for example for nutrition; to preserve people's skin integrity and to support people to move. Assessments were sufficiently detailed and updated where necessary.
- Staff said they were provided with a clear and accurate picture of any risk identified to people's safety.
- Any environmental risks were assessed and reviewed. Details of equipment provided by others for example hoists, were kept on record along with service history.
- Where people were unable to answer the door staff entered the premises via a keycode which was securely stored on the electronic system and only available to those who needed it.
- There were policies and procedures in place to address foreseeable emergencies, for example the service had a plan in place about how they would manage in extreme weather conditions.

Staffing and recruitment

- Staff were safely recruited. Required pre employment checks were completed to ensure staff employed met the conditions of the role they were applying for.
- Staff were deployed in sufficient numbers to meet people's needs and to provide safe care. For example where people needed two staff to support them to move safely.
- People had reported they were not always informed of any changes to their regular care staff but the registered manager had taken action to address this by changing office arrangements.
- Staff said that generally they were given sufficient time to meet people's needs. Sometimes when people were new to the agency the time allocated was not enough, but this was quickly increased.

### Using medicines safely

- Staff were trained in managing medicines and they were not allowed to administer prescribed medicines until their competencies had been checked.
- Some people needed assistance of staff to prompt or to administer prescribed medicines and this was recorded electronically as part of their plan of care.
- There were clear records about what the prescribed medicines were, what they were for and when they should be administered.
- Some people required medicines to be administered at specific times of the day and care visits were scheduled to accommodate this.
- There were body maps completed to guide staff where to apply any creams prescribed.

### Preventing and controlling infection

- Staff followed clear infection control policies and procedures on infection control
- Staff completed food hygiene training
- Staff used gloves and aprons when delivering personal care to reduce the risk of spread of infection. Staff confirmed they had access to a plentiful supply of gloves and aprons.

### Learning lessons when things go wrong

- A record was kept of any accidents or incidents which had occurred during the delivery of the service.
- Actions taken to reduce the risk of reoccurrence were recorded. For example, one person who was at risk of malnutrition had their visits increased to include one over lunchtime.

# 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

- People's physical mental and social needs were assessed and understood.
- Most people using the agency were referred through Hampshire County Council who had completed an assessment of people's needs. This information was shared with the agency who also completed their own assessment before the service started.
- The agency has adopted an electronic recording system which included an electronic recording of people's care plans, risk assessments and daily notes. At the time of the inspection this was in the process of being implemented.
- Staff praised the new system as it provided them with an immediate update in people's changing needs, such as when they had been prescribed a new medicine.

Staff support: induction, training, skills and experience

- The registered manager said "We do not see staff training as merely a compliance tick box". New staff were provided with a classroom based induction for a week. Staff agreed training provided was good.
- New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- New staff shadowed more experienced staff until they had the confidence to work alone.
- Established staff had additional training when they were supporting people with specific needs. For example staff who attended to a person with a PEG (Percutaneous Endoscopic Gastrostomy) had been given training on how to manage this by district nurses. A PEG is a way of introducing food, fluids and medicines directly into the stomach.
- Staff were supported as they progressed during their employment. All confirmed they had supervisions to discuss their progress and any training needs. They also had their competencies assessed, such as how they managed people's medicines during spot checks.

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

- People's nutritional needs were assessed.
- Where people were assessed as being at risk of malnutrition or dehydration staff kept a record of their food and fluid intake to help to ensure people had eaten and drunk sufficient amounts
- Staff followed advice from SLT (speech and language therapists) if people had particular dietary requirements such as to eat soft or pureed food.

Staff working with other agencies to provide consistent, effective, timely care  
Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were documented.
- The service liaised effectively with health care professionals when there were concerns about people's health. For example they had contacted GPs with people's permission and had followed advice provided.
- A health care professional had complimented staff on the way in which they had maintained a person's skin integrity by properly and consistently applying prescribed emollient creams.

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. We checked whether the service was working within the principles of the MCA.

- Records showed people had been asked for and had provided their consent to staff providing the care and support required to meet their assessed needs. People confirmed this was the case.
- Where people did not have capacity to consent to their care staff followed principles of the MCA. Where appropriate the agency involved their family and other people who could advocate in their best interest.

# 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 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

- The service wanted people to be treated with kindness. They respected this by gathering information about people's preferences and interests which was shared with staff to help them to understand what was important to people.
- Staff took time to get to know people and to learn about their interests and things that were important to them. This meant they could relate to them better in a more personalised way when they were caring for them.
- Staff called people by their preferred name or term of address.
- Although this was not the norm some staff had known clients for a number of years. One said "I have been with the agency nine and half years now and I still see clients regularly that I met on my very first day".
- Staff had supported a person living with dementia who was at risk because they did not eat and drink enough. They described how, through gentle encouragement staff supported this person to eat more.
- Staff described how they matched as far as possible care staff to clients. Where people had complex packages of care they had a team of regular staff who provided the majority of the support.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and to make decisions about their care.
- One staff said for example "I offer them choices, whether it's how they receive their personal care that day, what they'd like to wear or eat and drink. Also I encourage them to participate in their care needs and ask if they want to help wash themselves, prepare a meal or help with any chores like showing me how they like their bed made."
- People and their family (with permission) had access to their electronic records. This helped to reassure them planned visits had taken place and that staff had completed agreed care.
- Some recent training had focussed on people's experience of living with dementia and staff experienced what dementia might be like.
- The agency had further developed the service to increase community involvement, for example they had tea and cake parties which people could attend if they wanted to.

Respecting and promoting people's privacy, dignity and independence

- The service acknowledged important dates for example, every person using the agency received a

birthday card. Notable birthdays such as 100th were particularly acknowledged and celebrated.

- The agency supported a person to attend a family wedding The registered manager agreed to free up their regular carer to go with them to the wedding, also to stay overnight in order to help them with their personal care the day of the wedding.

- People had some choice about who supported them

- Staff had a clear understanding of the boundaries of confidentiality and worked within these.

- People were asked during reviews of their care package whether they felt valued and respected by staff.

They said that they did. One person said "(the care worker )has become like part of the family"

# 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

- The agency has adopted an electronic system for recording information about people's needs. The registered manager said "Since implementation we have reduced missed calls and missed medicine visits to almost zero"
- People were consulted in the development of their plan of care and preferred timings of visits were discussed.
- The number and timing of visits required each day were documented and records showed these were completed as required. Agreed timings were largely adhered to. Where staff stayed less than the allocated amount of time reasons for this were documented.
- Care planning focussed on the persons whole life and included people's skills and abilities as well as what they needed assistance with.

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.

- The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. Staff communicated with people, using ways best suited to their individual needs. The registered manager said written information could be provided in various accessible format if required.

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 registered manager said the service tried to involve the people they supported. For example staff were doing a walk to raise money for a charity relating to a particular health condition. One person who they supported who had this condition was joining them for part of this walk.
- Staff were involved in a number of charitable fundraising events for local and national charities such as for MIND, Macmillan care and help for homeless people.
- The agency held a Christmas party specifically aimed for people who would be without family during this time.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which was given to people when they started to use the service.
- People said they knew how to raise a complaint and were confident their concerns would be listened to
- A record was kept of complaints and concerns.
- We reviewed all complaints made since January 2018 and found they had been responded to in line with the complaints policy.
- There had been some concerns raised regarding the proposed timing of visits. The registered manager said the agency tried to accommodate people's wishes but had to prioritise timings for people whose needs were more critical, for example if they needed medicines to be administered at specific times or if they were unable to get out of bed without assistance.

#### End of life care and support

- Some people had an advance care plan in place. Advance care planning involves making a plan for future health and personal care should a person lose their decision-making capacity. Advance care planning captures peoples' values and wishes.
- The service worked with health care professionals, including palliative care professionals to provide a dignified death which was as comfortable as possible.
- Some staff had experience of supporting people when they approached the end of their lives. One staff said "It is an absolute honour to care for people at the end of their lives. I try to promote this to other staff."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service. Managers recognised good work by rewards and by written praise. Care staff also had the opportunity to compliment good work by their peers.
- Staff described the service as friendly and caring.
- People were informed about the vision and values of the service and what it could provide.
- Staff said the registered manager was approachable. A representative comment was "The manager is always understanding and listens. She also does care the same as us and pops in to chat with our clients".
- Each person was provided with a service user guide which provided information about the agency, what it could offer and what a person using the service could expect. People were also provided with a regular newsletter which kept people informed about developments and changes within the service.

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 provider and registered manager understood and acted upon their duty of candour responsibilities, by promoting a culture of openness and honesty. Apologies had been given when things had gone wrong.

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

- There was a registered manager in post. They were also registered to manage a branch of All care located at Basingstoke.
- There was good management infrastructure. As the service was large, it was sub divided within three cluster areas which meant areas of responsibility were clearly understood.
- There were regular audits of records to ensure care had been delivered in line with people's assessed needs. There were also regular audits of staff files to ensure documentation, supervisions and training was up to date.

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

- The agency conducted surveys of people who used the service and of staff. Both were largely positive
- People had regular reviews to ensure their plan of care remained appropriate.
- There were team meetings to keep staff informed of any changes to policies or procedures. Staff also had

opportunities to have an informal catch up at a local coffee shop. Staff confirmed no confidential information was discussed during these informal meetings.

#### Continuous learning and improving care

- Quality assurance arrangements were in place and where these had identified areas for improvement these were acted upon. For example, the registered manager had worked upon ways to improve communication with the office.

#### Working in partnership with others

- The registered manager described a good relationship with Hampshire County Council and with health care professionals
- The local authority confirmed there was regular dialogue with the agency to help to ensure they continued to meet agreed aims and objectives.