

All Care In One Limited

All Care In One Ltd

Inspection report

Radio House, Office 303
Aston Road North
Birmingham
West Midlands
B6 4DA

Tel: 01212967184

Date of inspection visit:
08 January 2020

Date of publication:
26 February 2020

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 In One Ltd is registered to provide personal care to people within their own homes and in a supported living setting. On the day of the inspection 61 people were being supported within their own homes.

Everyone who used the service received the regulated activity of '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

Systems and processes were in place to keep people safe, risks were assessed and managed with regular reviews to ensure they met people's needs. Staff were experienced and knowledgeable and the number of staff was sufficient to meet people's needs. Staff were aware of the infection control procedures the provider had in place. Incidents and accidents were monitored, and lessons were learned when things went wrong.

People's needs and choices were assessed and care was reviewed regularly. Care plans identified the involvement of people in the care they received. Staff received regular training in relation to the needs of the people they supported and were able to request refresher training and additional training as needed. People were also supported to attend regular appointments and access therapeutic activities to promote healthier lives. Where required people were supported to eat healthy and maintain fluids.

Care was person-centred with people's privacy, dignity and equality maintained. People were involved in their care and supported to express their views and maintain their identity. The staff made every effort to get to know people and understand what was important to them.

Care was personalised, and people were supported to effectively communicate their needs and preferences. Complaints were recorded and effectively managed in line with the providers policy and procedures. While no-one was receiving end of life care there were end of life care plans in place.

Quality assurance systems were robust with spot checks and staff competency checks completed regularly. The registered manager understood their legal responsibilities in regard to safeguarding and notifications. The provider worked with other professionals such as district nurses and GP's to ensure care needs were met.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

All Care In One Ltd

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with nine members of staff including the registered manager who is also the nominated individual for the service, a care coordinator, two risk assessment officers and five care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with one professional the service worked with, three people receiving the service and one family member.

We reviewed a range of records. This included six 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 audits, complaints, people's feedback policies and procedures were reviewed.

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 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 provider had robust systems and processes in place; staff knew how to use these systems to keep people safe.
- People receiving the service told us they felt safe with the care staff. One person told us, "I feel safe with the carers, I have gotten to know them well." A relative told us, "[Family member] could not be more safe, they [care staff] are more like family than carers."
- Staff told us they received regular safeguarding and whistleblowing training. One staff member told us, "We get regular refresher training and we can request additional training if we feel we need to."
- A professional told us, "I would be very happy for them to look after my [family member] if [family member] needed it." A staff member told us, "My [family member] has support from this agency and will never change companies [family member] is so happy."

Using medicines safely

- There were robust procedures to ensure people received their medicines as prescribed. All staff trained in medicines were aware of, and demonstrated, they understood the procedures in place.
- We found medicines were administered and managed safely. Staff told us they received training before they could administer medicines and we found competency checks were completed to ensure staff were administering medication safely.
- We found the application of topical creams were recorded in daily care records but not on medication administration records (MAR). The registered manager ensured MARs were in place for creams immediately following the inspection.

Assessing risk, safety monitoring and management

- The provider ensured risk was assessed and plans were effective to the individual needs of people to keep them safe. For example, we saw assessments to manage the risk of using hoists, providing catheter care and falls.
- Care staff confirmed they followed the risk assessments for each person they supported and were able to effectively reduce the risks to people.
- One member of staff told us, "When service users come out of hospital we complete another assessment to ensure their needs are met."

Staffing and recruitment

- We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess

a staff member's criminal history to ensure they are suitable for employment.

- There were sufficient numbers of care staff to attend the calls of people receiving the service.
- A person we spoke with told us, "They [care staff] are always on time and they do well."

Preventing and controlling infection

- Staff had received regular training in infection control and prevention and had access to personal protective equipment (PPE) to help them reduce risk of infection.
- We saw the use of PPE was detailed as a requirement in people's care plans and staff were confirmed to be using it in the spot check records.
- The registered manager told us a senior carer completed checks to ensure the staff are using PPE and ensures there is sufficient PPE available in people's homes for care staff to use.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the amount of accidents and incidents. We saw care plans and risk assessments had been updated as a result.

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 now 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

- A detailed initial assessment was completed to identify the needs and choices of an individual to ensure the service could meet the identified needs before services were delivered.
- Regular care reviews were completed with people to ensure they accurately detailed the needs of people using the service. Regular reviews enabled staff to provide care in line with people's developing needs and choices.
- Staff told us the needs of people receiving the service are clear in care plans and updated when needs change.
- A professional told us, "They [the provider] are so good at accommodating anything needed by the client."

Staff support: induction, training, skills and experience

- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge.
- Staff training was up to date. A number of staff had completed NVQ Health and Social Care levels three, four, and five.
- Staff received support through regular meetings and supervisions. One staff member told us, "We are supported practically and emotionally, the support we have had from management is astonishing. They are very supportive and are literally on the other end of the phone."

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

- We saw some people required support to prepare healthy nutritious meals they had chosen.
- Staff received training in food hygiene and nutrition. Where people were at risk of choking staff had the correct skills and knowledge to support people to safely eat and drink.
- Care plans detailed the amount of support people required when eating and drinking and how they preferred the support to be delivered.

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

- Staff worked alongside other professionals to ensure people receive person-centred care which is consistent to their needs. For example, district nurses and social workers.
- A professional we spoke with told us, "We always request All Care In One with new packages because they are so good and they build the rapport with the client."

- The registered manager told us they supported a client to attend hydrotherapy sessions regularly as part of the person's care.
- People were supported to access healthcare services. One person said, "If I need to go to the doctor they [care staff] will go with me."

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.

- People told us staff asked for consent before providing support; records confirmed people's written consent was sought.
- Staff had received training in MCA and understood how to support people in line with the Act. One staff member told us, "If I felt someone was unable to make decisions I would report this to the manager who would complete a capacity assessment."
- The registered manager understood their responsibilities under the Act, however no-one currently required Court of Protection authorisation.
- The registered manager told us they completed capacity assessments when required. For example, where people presented signs they lacked capacity to make a decision.

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

- Staff received equality and diversity training. Staff told us this training helped them understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.
- The registered manager understood their responsibilities relating to the Equality Act 2010 and could demonstrate how people were supported in line with the Act. For example, people's culture and preferences were promoted and respected in the way people were supported.
- A staff member told us, "We don't do it [provide care and support] for money; we do it because we care and do it from our own hearts."

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

- People were involved in making decisions about their care and were able to express their views to staff and managers. One person told us, "I make the decisions about my care and the staff respect this."
- The registered manager told us reviews of care were held regularly with people and they were always involved in all decisions about their care.
-

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff promoted their privacy, dignity and independence. One person said, "Yeah, they [care staff] promote my privacy and dignity and encourage me to be as independent as I can." A relative told us "We are very lucky, they respect my [family member's] privacy and dignity."
- Staff received training in promoting privacy, dignity and independence for people and care staff could explain how they promoted this when delivering the service.
- One staff member told us "We speak conservatively with the person and ask for consent; we support people to feel comfortable and we have everything ready so the person is not waiting unnecessarily." They also told us, "We close doors and curtains and ensure the client is comfortable."

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

- People told us they were involved in planning their care and their choices and preferences were included in care plans.
- People's care plans were reviewed regularly which ensured care plans remained person-centred and people's preferences were remained current. Changes to care plans were communicated to staff immediately.
- One professional told us, "We have reviews together often and they make sure they meet the person needs."

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 registered manager had a good understanding of AIS.
- People received communication in a format they could understand. We found the provider communicated information in a range of formats, including picture formats and other languages. This enabled people to clearly understand it. This was in line with their assessed needs and the Equality Act 2010.

Improving care quality in response to complaints or concerns

- One person told us, "I made a complaint a while back; the manager called me and apologised and resolved it."
- A staff member told us, "If there is a problem raised they [registered manager] will sort it immediately."
- The provider had a clear complaints process in place to encourage people to raise concerns when needed. We found where concerns had been raised they were dealt with in line with the provider's policy and an agreed conclusion was reached with the complainant.

End of life care and support

- While no-one was currently receiving end of life care the provider had a policy in place and the registered manager said they work with the family to gather information on people's end of life wishes as part of the assessment process of people's preferences.

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

- Individualised care plans were in place for all people using the service and people were very happy with the service they received. One person told us, "All carers discharge their duties with extra diligence, respect and happiness."
- Staff told us the service included and empowered people. One staff member told us, "The company is friendly, and everyone is approachable; it has a family feel." Another told us, "We would find it difficult to want another job because the management is so good, and they genuinely 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 understood their legal obligation to submit statutory notifications relating to key events as and when they occurred at the service. We saw examples where the registered manager kept people informed about complaints and other actions taken. People and their relatives were kept informed in an honest and open way.

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

- The provider had systems in place to monitor and review the quality of service. We found the registered manager placed importance on the use of spot checks and audits to ensure the service was meeting people's needs and delivered to a good standard.
- The registered manager ensured every staff member was spot checked regularly and where concerns were identified they received additional support through increased supervisions, training and more frequent spot checks. A staff member told us, "If anyone makes a mistake they have to retrain."
- We found the registered manager had a clear hierarchy in place to support people and care staff and communicated with them in a way they could understand.
- The registered manager understood the legal requirements of the law to notify us of all incidents of concern, including safeguarding alerts, serious incidents and deaths.

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

- People and staff told us they completed questionnaires and points they raised were actioned. For example, one outcome from the questionnaires was a request for additional training; this was actioned

and additional training was made available.

- A professional told us, "I have been working with them for a couple of years now; they are really good because they treat people equally and yet as individuals."

Continuous learning and improving care

- The provider had invested in the development of their staff to continually improve care. This included creating new staff roles and offering more face to face training.

Working in partnership with others

- The registered manager had ensured the service met people's needs by working closely with other professionals for example, district nurses, occupational therapists and doctors.