

All For You Home Care Limited

# All For You Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: All For You Home Care is registered to provide personal care to people living in their own homes, including older people and people living with dementia. At the time of our inspection visit, the service supported two people.

People's experience of using this service:

Calls were made by consistent staff, at the times arranged and those staff stayed for the right amount of time to provide the support they required.

Staff knew people well, especially their individual routines and preferences.

Staff were knowledgeable about the risks associated with people's care and people's individual risk management plans provided staff with the information needed to manage those risks safely.

Recruitment processes were thorough to ensure staff were recruited safely. There were enough staff to provide the care and support people needed.

Both people receiving support were able to self-medicate so were not supported by staff, however staff were trained to administer medicines and regular checks and processes were in place to ensure when needed, they would be given safely.

People and their relatives made decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005. Where family members had authority to act on their behalf, records supported this. Staff understood the importance of seeking consent to support and staff provide people with choice where possible, and respected people's decisions.

Staff were caring and respected their right to privacy and dignified care. Staff protected people's privacy and dignity and continually involved people to make sure they felt comfortable, or if they wanted to do things for themselves.

Care plans were personalised and provided staff with the information needed for each care call. Records showed additional information and guidance was provided, such as how to use certain equipment or to inform staff about different health conditions. Where needs changed, staff said communication was effective, so they knew what was required to provide effective and safe care.

Staff knew how to keep people protected from poor practice or abuse. The registered manager was confident as they increased their number of care packages, this could be maintained.

The provider's governance systems were operated and managed effectively to ensure people received good outcomes that continued to meet their needs. The quality assurance systems were reviewed and robust enough to ensure good outcomes continued to be provided as the service grew.

The provider utilised electronic call monitoring and call scheduling to ensure care calls were completed on time. They were confident as care calls increased, this system would provide tight controls over care calls to ensure they continued to be when people required them. Records showed care calls were made when people wanted them.

The registered manager adopted effective security measures so people's personal and important information remained as secure and confidential as possible.

Although this was the first inspection since their registration with us and they only supported two people, we found the service met the characteristics of a "Good" rating in five areas.

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: This is the first rating inspection since the provider registered with us on 26 April 2018.

Why we inspected: This was a planned and announced inspection based on date the provider registered with us. We aim to inspect newly registered services within 12 months of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our 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?

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 For You Home Care Limited

## **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:

One inspector carried out this inspection.

#### Service and service type:

All For You Home Care Limited provides a domiciliary care service to people in their own homes. CQC only regulates the personal care provided.

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. The registered manager was also the owner of the service.

#### Notice of inspection:

The inspection was announced. The registered manager, who was also the provider, was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

#### What we did:

We reviewed information we had received about the service since the last inspection. This can include details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by

local commissioners (who commission services of care). Providers are required to complete a Provider Information Return. A PIR is information providers send us to give us key information about the service, what it does well and improvements they plan to make. Due to technical reasons, we were unable to review this information prior to our visit, however we gave the provider an opportunity to share with us what they had put in place since registration, and key achievements. We took this into account in making our judgements in this report.

Inspection site visit activity started on 03 May 2019 and was concluded on 15 May 2019. On 3 May 2019 we visited the office location to speak with the registered manager and business administrator to review care records, policies and procedures and how they supported people who used the service. On 15 May 2019 we spoke with one person and a relative of those who received support with personal care. We spoke with one care staff member who along with the registered manager and a business administrator, provided that support.

During our inspection office visit we reviewed a range of records including staff recruitment files, two people's care records, and records relating to the management of the service. These included systems for managing additional recruitment of staff, staff practice, complaints, call schedules and the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Following our inspection office visit we contacted one person, one relative and another care staff member by telephone to get their experiences of what the service was like from their perspective.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management;

- People's individual risks were assessed prior to using the service and care plans described the actions staff should take to minimise these risks. For example, risks relating to depression, breathing difficulties (COPD), equipment or specific health conditions were recorded, and staff knew how to support people to help minimise known risk, or if risk levels changed. One staff member said, "It's in the care plan – they tell me what I need to do and if things change, we are told."
- However, we recommended for one person who the registered manager said posed a low risk of falling, they completed a risk assessment, and to risk assessment the environment to ensure trips, slips, hazards continued to be minimised where possible. The registered manager agreed to complete this without delay, although staff knew how to keep people safe from any potential risks within the environment.

Staffing and recruitment;

- There was sufficient staff to ensure people received their care calls when required. One person and a relative said staff arrived on time and stayed for the right amount of time, or on occasions longer, to ensure their needs were met.
- Rota's were prepared in advance and showed staff were scheduled to complete regular care calls which meant they knew people well. People and relatives confirmed this.
- The provider used an electronic call planning system which monitored the time staff arrived and left people's homes. The system alerted the office if staff had not 'logged in' so the office staff could find out why. The registered manager was confident as more care calls were allocated, their system would help them keep control over calls to make sure they were not late or missed.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks.

Using medicines safely;

- Both people using the service self-medicated and were supported by family to take their medicines. However, the registered manager said staff were trained and if needed, could help people with medicines. Where people self-medicated, this was risk assessed and recorded in their care plan.
- The registered manager told us staff continued to have refresher training to administer medicines and their competency to give medicines safely was regularly assessed. The registered manager had audits and checks in place to ensure when medicines were given, no errors had been made. They explained to us what they would do, if errors or poor practice was identified.

Preventing and controlling infection;

- Staff told us they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. Staff completed training and understood their responsibilities in relation to infection control and hygiene.

The registered manager and staff had supplies of gloves, aprons and 'overshoes' (to keep people's floor clean). One staff member said they wore overshoes if people asked them to, or if it had been raining. They said, "We need to keep their house clean."

Learning lessons when things go wrong;

- There were no examples of this at the time of our visit, however the registered manager knew what to do to investigate any issues and to learn from them. For example, they recorded and monitored incidents and accidents. Although there was none, the registered manager said they would use this approach to see what could be done, to prevent further reoccurrence if a poor outcome was found.

Systems and processes to safeguard people from the risk of abuse;

- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC). Staff understood the importance of reporting to us and the local authority if they had any safeguarding concerns. One staff member said, "Just because it is family led, I have a duty to report it if it is serious."

# 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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience;

- People received effective support from a small and consistent team of trained staff who knew them well.
- Staff felt supported in their role; they received an induction when they first started to work for the provider, which for staff new to care included the Care Certificate. The Care Certificate is the nationally recognised induction standard.
- Training schedules showed planned refresher training would keep staff's knowledge updated. • Staff received one to one meetings and observational practice to support and guide them with their work and for the registered manager to have confidence, staff put their learning into practice. Training courses included specific training to meet people's individual needs.
- Staff spoke positively about the training they completed. One staff member told us, "It was face to face...I learn better that way and we are tested."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Assessments took place to ensure people's care needs were reviewed and remained relevant to their needs. Staff told us they knew people well and got to know people's changing health needs through good communication, clear daily records and through providing support to the same people.
- Where necessary, relatives were included in decisions about how people's care was provided.
- Consent was always sought by staff who recognised people's individual ways of expressing their choices. One staff member said, "We always give choices like what to wear, what to eat and how they want us to do something."

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 with appropriate legal authority. For people living in their own home, this would be authorised via an application to the Court of Protection.

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

- The registered manager and staff understood their responsibilities under the Act and knew to contact the family and local authority if they had concerns about a person's capacity.
- Both people using the service made daily decisions for themselves, or with the support from relatives and

prompts from staff.

- Staff sought consent before any care interventions were given. Staff said if people lacked capacity, decisions would be made in the person's best interest and with family members involvement. Staff's knowledge in when to make decisions and to consider restrictions was gained through training, clear communication and understanding legislation around consent and choice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Both people had family members who prepared their meals and drinks. However, staff occasionally supported people at lunchtimes and prepared meals as directed. Staff made sure people had enough drinks available before they returned.

- Staff monitored people's general wellbeing at each care call. Where concerns were found, staff informed the registered manager who contacted families or who referred people to health care professionals. One relative said, "The staff called me yesterday to say they were not happy with (person). They arranged for a GP to visit. They always tell me which is a comfort."

# 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

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity;

- People received care in line with their preferences and wishes. For example, The registered manager ensured people received care from the gender of care staff they preferred, which helped to reduce people's anxieties. One person and a relative were pleased with those staff who supported them, especially with the sensitivities around personal care.
- A relative spoke positively about the care provided and described staff as "Giving me confidence they know what to do."
- Staff were respectful about people's different and diverse and cultural beliefs that could be different to their own. One staff member described how something that was not preferred in their religion, would not prevent them from supporting those in their care if they wanted something, such as a particular food, "It is their choice and I would not stop them."
- A relative said staff could be trusted and they knew what to do, often being proactive in seeking healthcare support when needed. This relative also said the registered manager was in regular contact to keep them informed which showed them, staff cared.
- Staff told us they had time to sit and talk with people and it was not an issue on occasions to stay longer than needed, without it affecting other calls.

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

- Care records included people's individual preferences which helped ensure care was delivered in a way that continued to meet people's needs. Regular feedback was sought to continue to make sure, care provided met people's needs.

Respecting and promoting people's privacy, dignity and independence;

- Staff described how they respected people's privacy and dignity. For example, one staff member told us, "We close doors, curtains and blinds...we cover them as much as possible and include them in what we are doing. We ask them if they want to do something themselves like wash their face or I give them flannel, so they can do what they want."
- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People's care and support was planned with them and those who were important to them to form a personalised plan of care.
- Care plans provided staff with information about how to support people in a way that met their needs and preferences. One staff member described how they followed the care plan to ensure equipment and personal aids were used correctly. Staff's knowledge of people was consistent with their care plans.
- People received care from staff who knew them well at the times they wanted. One person told us how staff completed everything they needed to before they left. .
- The registered manager told us they visited people to provide and discuss their care to ensure it remained responsive to their individual needs. Where changes had occurred, information had been shared with staff.

Improving care quality in response to complaints or concerns;

- Systems were in place to manage and respond to any complaints or concerns, however none had been made. People and relatives knew how to raise complaints by speaking with the registered manager.

End of life care and support;

- At the time of our visit there was no one receiving end of life care, however one staff member said they had received bereavement training and felt equipped to support people and families. The registered manager said they could support people at home and would work with families to provide the support people needed, such as working with other health care professionals.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The registered manager and staff team had a good understanding of their responsibilities. The registered manager understood their regulatory responsibilities, such as when to submit a statutory notification.
- Providing person centred care was rated as the prime objective by the registered manager. They worked together with the person, their families and other health professionals to ensure good care outcomes were achieved.
- The registered manager completed reviews and updates to care plans and risk assessments to ensure the service remained responsive to people's changing needs.
- Quality assurance audits appropriate for the size of the service were completed, with provider oversight., The registered manager was confident their systems would remain effective as the service grew.
- The registered manager explained they were continually reviewing and making changes to their systems and processes so they became more embedded in day to day practice. Examples of checks included staff training, observational staff 'spot checks', supervisions, care records, weights, skin integrity, daily records and accident and incident recording. Although some audits did not have enough information to establish patterns and trends, the registered manager knew what to review and investigate to establish any potential underlying concerns. All audits had been completed at the providers expected timescales and those results shaped how the service was delivered and improved.

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

- People's feedback about their care and the service was sought through day to day support from care staff and observational spot checks on staff practice by the registered manager. People also shared feedback in an annual survey.
- Staff said they had opportunity at regular one to one supervision meetings to share any feedback or concerns. Staff were confident they would be heard because, "The manager is approachable and passionate about care."

Working in partnership with others;

- External links with GPs, commissioners and the local authority had developed so they could be responsive to people's support needs. For example, the service had registered with the NHS 'Every contact matters' scheme which focusses on improvements to people's overall health, such as smoking cessation. The registered manager encouraged staff to talk to people about different health related topics and said, "We

can signpost more easily if we know."

- The registered manager attended quarterly provider meetings with the local authority. They said this helped them keep in touch with any changes. They also registered for CQC alerts so they were made aware of new and upcoming changes that may affect them.
- The registered manager welcomed our inspection visit and viewed the inspection as a positive experience, one to learn from.

Continuous learning and improving care;

- The registered manager was also the provider and responsible for the day to day management of the service, as well as providing care themselves. The registered manager spent time observing staff practice and where a need was identified; staff received extra monitoring, supervision or training to support them in their role.