Allcare Agency Limited

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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

Overall summary

This inspection took place on 26 June 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we required for the inspection. At our previous inspection of this service on 21 February 2014 we found they were not meeting the legal requirement relating to care and welfare of people who used the service. During this inspection, we found they were now meeting the required standard.

All Care provides personal care for over 20 people in the London borough of Havering. They also provide care for people with complex healthcare needs.

The service had a registered manager. 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

People told us that they were treated with dignity and respect and that their wishes were respected. They were aware of how to make a complaint and thought that their complaint would be listened to and resolved.

People told us they felt safe and secure and that they trusted staff who provided their care. We found that there were robust recruitment checks that included the necessary disclosure and barring checks to ensure that staff were suitable to work in the health and social care environment. The service ensured that there was enough staff available to cover for emergency absences and other leave in order to ensure that there were no missed visits.

Medicines were managed safely. Risks to people and the environment were regularly assessed in order to protect people from avoidable harm.

People were supported by staff who were aware of the procedures in place to protect people from abuse. Staff were enabled to support people effectively by means of training, appraisal, regular spot checks and supervision. Staff demonstrated an understanding of how they would obtain consent to care and an awareness of how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards applied in practice.

People told us that they were supported to eat and drink sufficient amounts according to their tastes and preferences. Staff were aware of the procedures in place to refer people to other healthcare professionals when required.

The service had a positive culture that was open and inclusive. People and staff thought the registered manager was approachable. There were systems to obtain and act on feedback raised by people and staff, and quality checks in place in order to monitor and improve the quality of care delivered.

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?

Good

The service was safe. People told us they felt safe and could trust regular staff. Staff understood how to recognise and report abuse.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Medicines were handled safely. Risk assessments were in place for management people and the environment. Staff were aware of the procedures for handling incidents and medical emergencies.

Is the service effective?

Good

The service was effective. Staff were supported by an effective induction, training and appraisal process.

Before care and support was delivered consent was sought. Staff had some knowledge about the Mental Capacity Act 2005 but were due refresher training in line with changes to legislation. This was booked for all staff.

People told us they were supported to eat and drink a balanced diet. Staff were aware of people on special diets and knew where to report any signs of malnutrition.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect. They said staff listened to them and were always kind and compassionate.

Staff knew the people they cared for, including their backgrounds and preferences.

Is the service responsive?

Good

The service was responsive. People told us they received personalised care that was responsive to their needs. Staff were aware of care plans and people's individual preferences.

There was a complaints system which people and staff were aware of.

Is the service well-led?

Good

The service was well led. People told us they could get through to the main office and confirmed they were sometimes asked to give verbal and written feedback.

Staff were aware of the vision and values of the service which were centred on maintaining people's choice, independence and dignity.

There were effective systems to monitor the quality of service provided.

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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 26 June 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we require for the inspection. It was undertaken by a single inspector and an expert by experience made calls to people who used the service prior to the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Health watch in order to get their perspective of the quality of care provided. We spoke to nine people who use the service and four relatives before the inspection.

During the inspection we visited one person's home with their consent. We spoke to them and their spouse. We observed how staff interacted with this person. We spoke with the registered manager, two supervisors, two care staff and the deputy manager. We looked at four people's care records, four staff files, three medicine administration records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and reassured by staff who came to care for them. One person told us, "Carers [staff] put me at ease and the occupational therapist recommended them. I couldn't fault them and am quite satisfied." Another person said, "I trust the girls [staff] that come." People were safeguarded because the staff demonstrated knowledge of how they would appropriately respond to allegations of abuse. There had been no safeguarding alerts at the service in the last year. Staff told us they would report abuse to the registered manager who would in turn refer to the local safeguarding team, the police where appropriate and to the Care Quality Commission (CQC). Staff received training on how to safeguard people as part of their induction. We saw evidence of this in the records we reviewed and found that staff were aware of the different types of abuse. There were procedures to protect people from abuse.

People, staff and relatives told us there were enough staff to meet people's needs. There were no missed visits in the last six months and only a few of the visits were outside of the visit times. However most of these were due to people requesting later or earlier visits due to other commitments. The service had a contingency plan to try and ensure that there were always enough staff to meet the needs of new people and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out so only staff deemed suitable for working with people in their homes were employed. These checks included proof of identity, work history, references, disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

The service followed clear staff disciplinary procedures when it identified staff were responsible for unsafe practice. When allegations against staff were made they were removed from the workplace to protect people, and themselves from further allegations. Investigations were completed and disciplinary action taken where necessary.

Medicines were appropriately managed. We spoke to staff and they said they received training on medicine administration and were aware of the need to know the potential side effects of medicines. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies. Medicine administration records in people's files located at the office were completed fully with no gaps and appropriate explanations and actions taken when people refused medicine was recorded.

Staff were aware of the procedures to follow in an emergency in order to get help for people. They told us that the supervisors would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incident and accident reports were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed and appropriate referrals were made where support from other professionals was identified in order to make the necessary adjustments required in order to deliver safe care.

We saw that risks to people's home environment were assessed and reassessed as and when people's conditions changed or deteriorated. Other risks such as reduced mobility, falls and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person.

Good

Is the service effective?

Our findings

People were positive about the care they received. They thought staff were knowledgeable about their job and had built a rapport with them. One person said, "I have four calls daily and the staff are quite on the ball, they have had on the job training." Another person said, "Staff know what I need and if in doubt they always ask." People thought they were cared for by staff who understood how to deliver their care needs.

We saw evidence that staff had completed an induction program followed by shadowing and had received mandatory training. In addition a staff handbook was issued to all staff which contained policies and procedures they needed to know. Training methods used were a mixture of online assessments and practical training. Staff who delivered training went on refresher courses to ensure that they were up to date with practice.

Staff had an awareness of the Mental Capacity Act 2005 and how it applied to their role. Junior staff had limited understanding of the systems in place to protect people who could not make decisions. However, the registered manager and senior staff said they would follow the legal requirements outlined in the Mental Capacity Act 2005 and seek advice from the local authority regarding Deprivation of Liberty Safeguards (DoLS). A day after the inspection we received confirmation that all staff had been booked onto refresher Mental Capacity Act training which included a section on DoLS.

Staff demonstrated an understanding of how they would obtain consent to care and support. They told us they would record and report any persistent refusal of care to the supervisors and try to come back at a later time. Staff gave examples of how they communicated effectively with people who were confused, hard of hearing and people with communication difficulties. We observed staff speaking to a person and ensuring they understood before delivering care. People told us that staff usually asked for permission before they delivered personal care.

People told us they were happy with the support they received during meal times. One person said, "Staff help me prepare my meals and always ensure I have drinks within reach." People who received support with meals had care plans with their preferences outlined. Staff were aware of the need to report any low appetite or when people were not following their recommended diets. People were supported to maintain a balanced diet by staff who were able to recognise and report any signs of malnutrition.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. People told us that staff were supportive and helped them contact relevant health care professionals where required. One-person said, "They are very good. I can't fault them at all as they do respond when I am not well and stay till help comes."

Good

Is the service caring?

Our findings

People told us that staff were kind and compassionate and had built a rapport with them. One person said, “My carers [staff] are wonderful.” A second person said, “The staff are good they do what I ask.” One relative told us “The staff are lovely, polite and attentive.” Another relative said,” “We are very happy, the staff are extremely caring, the agency is a good all round agency and my father gets treated with dignity.” Positive caring relationships were developed with people and their relatives.

People felt listened to and had their views in relation to care given on the day was acted upon. One person told us, “Staff are very patient with me. They respect my wishes.” Another person said, “I tell them what I want. They wash my hair or soak my feet when I request.” Staff demonstrated an understanding of people who may have communication needs due to conditions such as stroke and told us how they took time to listen. They also gave examples of how they understood the needs of people living with various stages of dementia. One staff member said, “I support people as best as I can based on their mood or state of mind.”

People told us that staff were polite and treated them with dignity and respect. One person said, “They do preserve my dignity.” Another person said “They try their best to make me comfortable when they help me with a wash. I never feel exposed.” Staff told us that they always tried to ensure people’s privacy and dignity by keeping them covered during personal care. We observed staff during a visit and they ensured that a person’s dignity was maintained during care.

People were encouraged to be as independent as they wanted to be. Staff told us how they encouraged people to do as much as they could for themselves such as shaving, brushing their teeth, choosing clothes, cutting up their food and washing their face. Staff told us that they also were flexible in getting people up at times that suited them in order to enable them to attend to their social engagements. People were supported to remain as independent as possible and enabled to maintain social contacts.

Staff demonstrated how they had supported people at the end of their life to have a comfortable and dignified death. They told us that they honoured people and their relatives’ last wishes and co-ordinated with other professionals such as GP’s and district nurses to ensure that people’s wish to pass away in their own home was respected and enabled. People were supported if they chose to have a peaceful death in their homes with the support of other health care professionals.

Good

Is the service responsive?

Our findings

People said staff listened to them and delivered care according to their personal preference. One person said, "My carer is excellent, comes once daily and I have no complaints." Another person said, "I've returned a questionnaire and have three main carers come I am very happy with them." A third person said, "They do stop and ask me how I want things to be done even though I have the same faces coming and don't usually deviate from my routine. It's nice of them to still ask." A relative said, "They [staff] are very flexible. My husband has a lot of hospital appointments. They try and adjust the visit times on days that we have to go out." Another relative said, "The same staff come most times. They all know her by now and make every effort to listen." People received consistent, personalised care and support.

At our previous inspection of this service on 21 February 2014 we found they were not meeting the legal requirement relating to care and welfare of people who used the service. This was because we did not find evidence of assessment of care needs. During this visit we found people received personalised care that was responsive to their needs. People's care and support needs were assessed when they began to use the service by supervisors. Care plans were developed after an assessment visit which involved the person and their relative. We reviewed care plans and found they addressed specific needs, such as allergies, any support required to make daily decisions and personal preferences such as preferred names. Care plans focussed on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. We saw evidence that care plans were updated and reviewed as and when people's conditions changed. People were involved in identifying their needs, choices and preferences and how they were met.

We reviewed care plans and found that referrals for extra support were made when people's condition deteriorated. Staff gave examples of cases where people had been referred to social services, the occupational therapist and physiotherapists when they needed more equipment to support them with their daily needs. There were systems to make sure that changes to care plans were communicated to all staff and other agencies. The service had clear systems and processes that were applied for referring people to external services. People's changing care needs were identified, reviewed with the involvement of the person and their family where applicable and put into practice.

Concerns and complaints were taken seriously, investigated and responded to in good time. Most people said they had no major complaints except one person complained about time keeping but told us this had improved. People said if they had any complaints they would call the office or speak to the staff looking after them if they thought it was within staff's control. Staff were aware of the complaints procedure and told us that they would call the registered manager or one of the supervisors if someone complained about any aspect of care delivered. People were able to make complaints and there was a system to ensure that complaints were resolved.

People told us that their family or friends were involved in their care if they wished. We spoke with several relatives who were in regular contact with the service in relation to care received. Staff told us how they made every effort to make sure people were empowered and included in making decisions about their care. We saw an example of how family had been involved in enabling a person to stay in their home with a bigger support package. People, and those that matter to them, were actively involved in developing their care and support plans and were supported by staff who were able to meet their needs.

People were given a service user guide when they began to use the service which gave them information and contact details for the service. This was kept within the care records at the person's home. Other information such as changes to fees were sent as letters to people. We saw that weekly schedules were sent every Tuesday in order to keep people informed of which staff were coming. We saw that any deviation from the schedule was communicated to people as soon as possible.

People could feed back their experience of the care they received and could raise any concerns they may have through a variety of ways. These included weekly feedback sheets, annual questionnaires, calling the office, verbal feedback to staff and during spot checks. One person said, "I can pick up the phone and call the office if I have any concerns." Another person said, "I have completed a questionnaire and also sometimes complete the feedback sheet at the end of the weekly schedule."

Good

Is the service well-led?

Our findings

People told us that they knew who to call if they needed assistance and that they thought the service was well run. One person said, “The staff are all good including the seniors who are also very hands on.” Another person said, “I have been with this agency for some time and I think they have a personal touch.”

The registered manager had a positive culture that was open and inclusive. Staff thought the registered manager was approachable and that there was an open and honest culture. Staff told us they could ring or go into the office at any time in order to discuss any concerns or issues. One staff member said, “They are a good firm to work for. I feel listened to and they have regular meetings if we can get to them, sometimes we are working under pressure but that’s the nature of the work. The clients are understanding mostly.” People told us they thought communication channels were open.

The registered manager told us that they were supportive of their staff by means of regular one-to-one chats, meetings, spot checks and supervisions. Staff told us that they were supported by the registered manager and that regular meetings were held. We reviewed minutes of staff meetings held and found that issues such as time keeping, record keeping and Christmas working requests were discussed. Staff felt that their opinions were valued and taken on board. We saw an example of how a staff member’s shift patterns were adjusted in order to enable them to cope with their religious fasting period.

Staff understood their roles and responsibilities and were aware of who to contact out of hours for support or advice. There was a clear leadership structure with two supervisors looking after staff, spot-checks and an on call rota. This ensured that staff had a named contact person they could get quickly in order to pass on information about people’s care. The registered manager ensured that CQC were notified of any concerns or notifiable incidents in a timely manner, as required.

Staff were aware of the vision and values of the service which were centred on maintaining people’s choice, independence and dignity. They told us how the service was able to provide a “bespoke service” because it was small. The registered manager told us that although staff looked after the same people most times, they tried to rotate different staff at times to ensure people got used to other staff members in case of leave or other absence. This also ensured that all staff would be able to cover at short notice, as they were familiar with all the people’s needs.

There were systems to monitor the quality of care delivered. These included weekly feedback sheets, annual feedback questionnaire, and regular spot checks. Feedback from people was sought, analysed and auctioned where necessary and used to change or improve the quality of care delivered. For example a person’s request to change the staff member that attended them was honoured by the registered manager who ensured that the person was happy with the new staff member allocated to deliver their care by carrying out another spot check. This showed that feedback from people and their relatives was used to improve practice.