

Allcare Services And Training Ltd

Allcare Services and Training Limited

Inspection report

1 Rowberry Street
Bromyard
Herefordshire
HR7 4DU

Tel: 0190520205

Date of inspection visit:
06 March 2019

Date of publication:
22 March 2019

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: Allcare Services and Training Limited is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection five people received personal care support from the service. The office is based in Bromyard Herefordshire. The service provides care and support varying from day visits to overnight support.

People's experience of using this service:

Relatives told us family members were made safe by the care they received. Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk and behaviours that challenge while respecting the person and supporting their dignity.

Relatives felt confident in the management, they told us there was a caring culture within the service and staffing levels were appropriate. Relatives said it was beneficial the registered manager worked alongside staff delivering care.

We looked at how the management team planned their rotas. Staff were given travelling time between visits. The company director told us because the service was small it was easy to have clear oversight of the care delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans had been developed with people and their relatives being involved throughout the process. These were reviewed to reflect people's current needs. The guidelines were comprehensive showing staff clearly what support was required. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

Staff files we looked at showed the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they received refresher training each year to update their knowledge.

There was a complaints procedure which was made available to people and their families. People we spoke with told us they had not made a formal complaint and were happy with the support they received. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires to seek their views about the service provided.

The service engaged with outside agencies, health and social care professionals to ensure people received

timely healthcare support.

Rating at last inspection: Good (Report published 25 August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service remained Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good

Details are in our Well-Led findings below.

Allcare Services and Training 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 adult social care inspector carried out this inspection.

Service and service type:

Allcare Services and Training Limited is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community.

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 five days' notice of the inspection site visit because we needed to be sure a member of the management team would be in. Inspection site visit activity started on 06 March 2019 we visited the office location on the same day to see the company director; and to review care records and policies and procedures. We telephoned staff and relatives on 08 March 2019. We made additional telephone calls on the 11 March 2019 when we spoke with the registered manager who was unavailable when we visited the office.

What we did:

Before our inspection, we checked the information we held about Allcare Services and Training Limited. This included notifications the registered manager sent us about incidents that affect the health, safety and

welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Herefordshire County Council. This helped us to gain a balanced overview of what people experienced when they received support from Allcare Services and Training Limited. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we spoke with two relatives, the registered manager, company director, one social care professional and three carers. We looked at the care records of two people, recruitment and training records of two staff members, records related to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the registered manager had. We reviewed how many visits a staff member had completed per day and if the registered manager ensured staff had enough time to travel between visits. We looked at the continuity of support people received and discussed how the management team monitored how long staff stayed on each visit.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Allcare Services and Training Limited.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had safe, effective safeguarding systems and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by the registered manager.
- Staff told us they had safeguarding training and this was repeated yearly.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They kept health and social care professionals updated on ongoing safeguarding concerns.
- All staff we spoke with told us everyone they supported had a care plan and risk assessments.
- We read information that guided staff on what to do to keep people safe should their health deteriorate or they displayed behaviours that could be harmful.
- Relatives we spoke with told us their family member had a care plan and staff followed the guidance held within.
- Staff told us they had enough time to complete all tasks required. One staff member told us, "[Registered manager] makes sure we have enough time. If it goes over it goes over."

Assessing risk, safety monitoring and management

- Care plans highlighted potential risks around confidentiality, moving and handling and managing ongoing medical interventions to manage health conditions. For example, guidance on how to manage a nutritional tube that was inserted in the stomach was comprehensive, included pictorial guidance and a telephone helpline number.
- Potential environmental hazards were documented within the care plan to ensure risks to staff and people being supported were reduced.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service checks were completed and references obtained from previous employers before staff worked alone supporting people.
- We found the service had appropriate staffing levels and deployment strategies to keep people safe.

Using medicines safely

- Medicines were managed in line with The National Institute for Health and Care Excellence national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- Staff received medicine training yearly. Staff told us the registered manager worked alongside staff and observed their work practices.

Preventing and controlling infection

- Staff told us they had access to gloves, hand gels and aprons as required. This helped prevent the spread of infections.
- The registered manager ensured infection control procedures were maintained with effective staff training.
- By working alongside staff, the registered manager could ensure staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care.

Learning lessons when things go wrong

- There was a procedure to record accidents and incidents. There had been no accidents and incidents however the registered manager commented that all people being supported had the appropriate paperwork in their homes so staff could record incidents immediately.

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

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

- We saw care plans had an emphasis on promoting independence for the people.
- The registered manager continued to remain in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights. They recognised people's rights to make unwise decisions and respected the decisions made.

Staff support: induction, training, skills and experience

- Staff records showed training was delivered that was relevant to their role and enhanced their skills. A staff member told us, "We get training updates as they come up on a regular basis."
- Allcare Services and Training Limited employed a designated training officer to oversee the training delivered. These included, safeguarding, moving and handling and infection control.
- The management team strengthened staff experience and support through supervision and individual informal meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly. One staff member told us, "We get them [supervision] quite regularly. We get to sort out any problems, they are quite good."

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

- People had a nutrition assessment to ensure they received appropriate support to eat and drink.
- When people had a feeding tube into their stomach we saw the registered manager had provided written and pictorial guidelines on how to ensure people received the correct amount of nutrients.

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

- We saw evidence the registered manager engaged with health professionals regularly to review the care delivered and ensure people received positive outcomes.
- One relative told us, "We commented a few times, [family member's] skin was perfect."
- We read the registered manager had attended multi-disciplinary meetings to ensure continuity of care was offered.
- The registered manager included people's ongoing health concerns and staff response within care plans should it be required to maintain people's wellbeing.

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.

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

- We looked at how the service gained people's consent to care and treatment in line with the MCA. Processes were in place for people to give their consent to care and support, three relatives confirmed consent was sought.
- Care plans we looked showed evidence people and their families had consented to the care and participated in regular reviews.
- The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. To deprive someone of their liberty in their own home, an application would have to be made to the Court of Protection, who could authorise a deprivation. Staff demonstrated a good awareness of related procedures.

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

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

- We saw evidence the registered manager and staff had maintained a positive relationship and offered continuity of support to people who at times displayed erratic behaviours.
- Staff told us compassionate care extended to family members as well as people identified as requiring support. One staff member told us, "It's emotional support to families we give. They need it as much as the person."

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

- We saw evidence in care plans people had been consulted to create a pen portrait. This shared with staff an insight into people's history, hobbies, character and health information.
- Relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and arranged meetings for people who were supported by the service.
- Relatives, we spoke with told us they were treated respectfully and were involved in every decision possible.
- One relative told us, "For two years staff came to see [family member] and we were always consulted about their care. We love them, they were ever so nice."

Respecting and promoting people's privacy, dignity and independence

- We read care plans which guided staff on how to offer people help while supporting their right to be independent. The care plans acknowledged people's deteriorating health and instructed staff that the level of support required may vary.
- Staff told us they had time to offer timely support. They stated the registered manager ensured rotas allowed enough time for the care and support to be appropriately and people were not rushed. One staff member told us, "It's [care and support] too delicate a matter to be rushed."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- We saw care plans identified unique considerations staff needed to be aware of, to ensure responsive support was delivered. For example, there was information on people's long-term health conditions that included signs, symptoms and appropriate responses.
- The registered manager delivered personalised flexible support. For example, to help people maintain relationships, care staff provided care and support to one person at different locations on different days.
- Staff told us care plans held comprehensive information on each person. We saw care plans had step by step guidance for staff to follow.
- We saw care plans documented how people could accessibly receive information. For example, when people needed to wear their glasses and if they were hard of hearing.

Improving care quality in response to complaints or concerns

- There were no current formal complaints. We saw evidence the registered manager had previously taken appropriate action when information of concern had been received.
- The relatives we spoke with knew how to make complaints. They felt confident these would be listened to and acted upon.
- The service had a complaints procedure which was made available to people they supported. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. End of life care was included within people's plans of care. Staff knew their role in providing compassionate care and support when people were at end of life.
- One relative told us, "They were brilliant. They gave us extra time with [family member] at home and not in hospital. They told us when we needed to call the ambulance."
- The registered manager told us staff received palliative care training. They explained, "The training goes into more detail about empathy and caring and supporting the family." One staff member commented on the training, "It was really valuable to see things from a different perspective."

Is the service well-led?

Our findings

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

People's needs were met through good organisation and delivery.

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

- We saw care plans identified unique considerations staff needed to be aware of, to ensure responsive support was delivered. For example, there was information on people's long-term health conditions that included signs, symptoms and appropriate responses.
- The registered manager delivered personalised flexible support. For example, to help people maintain relationships, care staff provided care and support to one person at different locations on different days.
- Staff told us care plans held comprehensive information on each person. We saw care plans had step by step guidance for staff to follow.
- We saw care plans documented how people could accessibly receive information. For example, when people needed to wear their glasses and if they were hard of hearing.

Improving care quality in response to complaints or concerns

- There were no current formal complaints. We saw evidence the registered manager had previously taken appropriate action when information of concern had been received.
- The relatives we spoke with knew how to make complaints. They felt confident these would be listened to and acted upon.
- The service had a complaints procedure which was made available to people they supported. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. End of life care was included within people's plans of care. Staff knew their role in providing compassionate care and support when people were at end of life.
- One relative told us, "They were brilliant. They gave us extra time with [family member] at home and not in hospital. They told us when we needed to call the ambulance."
- The registered manager told us staff received palliative care training. They explained, "The training goes into more detail about empathy and caring and supporting the family." One staff member commented on the training, "It was really valuable to see things from a different perspective."