

Mrs Phyllis Robertson

Care For All

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Care for All is a small domiciliary care service. It offers care and support to people in their own homes. The service covers Scarborough, Filey and the surrounding villages. The provider is registered to support younger adults and older people with a wide range of needs including, dementia, mental health, a physical disability or sensory impairment.

The provider is Mrs Phyllis Robertson. The provider is an individual 'registered person' and, as such, there is no requirement for them to have a registered manager for this service. 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. We will refer to the provider as the 'manager' throughout this report.

At the last inspection on 3 July 2015, the service was rated 'Good' overall.

We inspected this service on 12 and 13 September 2017. The manager was given 48 hours' notice of our inspection; because we needed to be sure someone would be in the location office when we visited. At the time of our inspection, there were 80, mainly older people, using the service who were receiving support with personal care. At this inspection, we found the service remained 'Good' with outstanding standards of care delivery.

People told us they felt safe and well cared for and staff were able to tell us what they would do to ensure people were safe.

Medicines were administered in the correct manner and handled safely to protect people.

Staff were recruited safely. The service had sufficient numbers of suitably qualified staff deployed to care for people who used the service. People were protected by the infection control procedures followed by staff.

Training was up to date across a range of relevant areas. Staff were knowledgeable and demonstrated they had the skills and aptitude required to provide care to people who used the service.

Staff had received up to date training on the Mental Capacity Act 2005 (MCA). Staff understood that people should be consulted about their care and understood the principles of the MCA. People were supported to make choices and best interest decisions were made when required. 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.

People's nutrition and hydration needs were met. People enjoyed the meals and had choices around their meals and drinks.

People were treated with kindness and compassion. Staff worked in a person-centred manner and treated people with dignity and respect. Staff had positive, genuine relationships with the people they supported and were passionate about their role. People told us staff were exceptionally kind and caring and always went the extra mile.

The manager and the staff worked in a proactive, person-centred manner, which put the person at the heart of the care provision. The manager and the staff were exceptionally flexible in responding to people's needs and demonstrated ingenuity and vision when devising packages of care. People consistently told us the manager and the staff went above and beyond their duties when providing care to them.

Staff worked well together as a team. They had good shared knowledge about people's needs and they used this knowledge to ensure the best outcomes for people were achieved.

Care plans contained detailed information which reflected people's individual requirements and detailed their preferences. Care plans were kept up to date when people's needs changed. People were involved in devising their care plan and they had active input into the reviews of their care. People's choices and preferences were respected and acted upon.

Records and observations provided evidence that people were treated in a way which encouraged them to feel valued and cared about. Staff were knowledgeable about the people they supported and demonstrated warmth and empathy.

People told us their complaints were responded to in a timely fashion and dealt with in a manner they approved of. People were confident their concerns would be listened to.

The provider supported the staff to be effective in their role. Staff told us the provider was approachable and empathetic.

Further information is in the detailed findings below.

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.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Outstanding ☆

The service remained Outstanding.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Notifications such as expected and unexpected deaths of people who used the service had not consistently been submitted to CQC as required.

People who used the service and the staff said that the manager was extremely supportive and caring.

Systems were in place to ensure that the care provided was safe and of good quality.

People who used the service and staff had confidence in management and were able to raise issues.

Care For All

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 12 and 13 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses, this type of care service. The Expert by Experience in this case, had experience of caring for older people. They supported our inspection by making telephone calls to people who used the service and their relatives to help us understand their experiences and views on the service provided.

Before our inspection, we reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During the inspection, we reviewed six people's care files, three staff files and medication administration records. We looked at a range of records relating to the management of the service. We spoke with 13 people who used the service, three by visiting them in their homes. We spoke with eight relatives of people who used the service. We spoke with four care staff, the deputy manager and the provider. We also asked for feedback from external professionals who were involved in supporting people who used the service.

Is the service safe?

Our findings

The agency continued to be safe. At the last inspection we found that staff maintained the safety of the people using the service. At this inspection we found this continued to be the case.

People told us they felt safe when being supported by the staff. Comments included, "I trust them completely. They have the run of my house. I leave my purse and jewellery about and never even think about it" and "I've had several accidents but never with them. I trust them completely."

The manager had a safeguarding policy in place and staff had completed safeguarding training to support them to recognise and respond to safeguarding concerns. There were no reports in the records held within the Care Quality Commission (CQC) relating to safeguarding issues within the last 12 months. When we spoke with the manager they demonstrated they understood their responsibilities about raising any safeguarding issues with the relevant authority and with CQC but no issues had occurred during this period.

Staff we spoke with understood their responsibilities in relation to safeguarding. They explained how they supported people to remain safe from potential harm and abuse. One staff member told us, "If I saw something I was worried about I would tell [manager's name] right away. I know they would do something about it."

A whistle-blowing policy was in place at the service. This policy detailed how staff could speak to people outside of the service about any issue they thought the service was not doing well. Staff understood their responsibilities around this and felt they would be supported if they needed to take such action.

We saw people's care files. Each file contained a care plan which detailed their specific needs. This plan contained details such as, information and assessment, medical conditions, tasks to be completed, preferred methods of care, times of visits and dietary needs. Where risks were identified the manager had ensured risk assessments were in place to support staff to manage those risks. The manager had completed risk assessments in areas such as, moving and handling, skin integrity, continence and nutrition and hydration. We saw care plans and risk assessments were reviewed every six months and alterations were made where required.

The manager had a business continuity plan in place. This plan detailed how the manager would continue to run the business in the event of an unforeseen incident or emergency occurring. The plan covered areas such as computer systems being out of action, significant staff numbers being unavailable to work and paper records being destroyed or damaged beyond use. The manager had systems in place to record and monitor accidents and incidents if they occurred. This record did have a number of entries but there were no significant accidents or incidents logged.

We looked at staff rotas and we saw that sufficient staff were deployed on each shift to cover the calls required. The manager had clear oversight of the rotas and where staff were unavailable for a shift, for example due to ill health, we saw the manager or the deputy stepped in to provide cover. One staff member

said, "I was worried I didn't have enough travelling time between calls, I was given extra as soon as I raised it. The manager really values what you say." The manager informed us staff were allocated travelling time in between calls so they were able to give people the full time they were allocated. This was confirmed by the care workers. The staff and the manager told us they all worked well together as a team and covered for each other in the case of staff absence owing to sickness or leave.

People we spoke with told us they had no issues with missed or late visits. Comments included, "Yes they are reliable, sometimes get stuck in traffic, but they always text me. Nothing is too much trouble and they always ask if there is anything more they can do before they go; they are fabulous" and "They're reliable, efficient and friendly."

The manager followed safe recruitment practices and recruitment records were detailed. We saw references were obtained for all staff before they started work. A robust recruitment policy was in place and staff were not allowed to work without a full Disclosure and Barring Service check in place.

People we spoke with who had needed assistance with their medication told us they had no issues with the support they were given. Records of medicine administration we examined were completed fully and there were no gaps or errors. We saw the manager completed audits of the medication administration record and they told us, "If there are errors or gaps in the recording I address this directly with the individual carer and offer further training."

We looked at how staff worked to reduce infections and cross contamination. We saw there were policies and procedures in place and staff had received suitable training. We asked staff about personal protective equipment (PPE). PPE is equipment, such as gloves and aprons, which is used to protect people from possible cross contamination. One staff member told us, "There are always loads of gloves and aprons available and we always carry spares. When we're running low we just go and pick more up."

During our observations of staff in the work place we saw they used aprons and gloves and hand cleaner where necessary. One person who used the service told us, "They have been coming for over five years and I have never had any infections which is extraordinary. They have done a perfect job."

Is the service effective?

Our findings

The agency continued to be effective. At the last inspection we found that the manager worked in a proactive manner to meet the needs of the people who used the service. At this inspection we found this continued to be the case.

People who used the service told us it was effective. One person said, "The staff are very well trained, the quality of care is excellent. [The manager] is extraordinarily good at recruiting and training the right staff and is clearly very good at supporting them. I have never heard any of them say a bad word about [the manager]." Another person said, "They [the staff] know what they're doing. They do a really good job of showering and dressing me. I have no complaints."

During the inspection, we looked at staff training records. Staff were well trained and they had the knowledge and skills they needed to carry out their roles and responsibilities. We saw people received effective care which was based upon best practice and staff supported people to make choices about the care they received.

The manager had a training matrix in place which listed the training staff had completed. We saw staff were trained in areas such as, dementia awareness, diabetes, fire training, medication administration, moving and handling, safeguarding, emergency first aid and stroke awareness, amongst others. A relative of a person who used the service told us, "All of the care workers are trained to a very high standard and have an excellent insight into [my relatives] needs. They are also able to give me advice, which I appreciate."

We saw evidence that staff completed induction training. The manager told us staff who were new to the service had a period of induction which lasted for up to two months. The induction covered areas such as policies and procedures, introduction to the role, and key areas of training such as safeguarding and medication administration. As part of the induction process, we saw that new staff shadowed the manager on community visits for two weeks. The third week of shadowing was spent with another member of staff. A relative of a person who used the service told us, "I think the carers are all handpicked. It doesn't matter who walks through the door, they are all very familiar with [my relatives] needs."

The manager told us they met new staff on a weekly basis for supervision. The supervisions took place when on calls in the community. The manager informed us that this enabled them to ensure new staff were meeting core objectives such as treating the person with dignity, using protective equipment such as gloves and aprons, and completing care tasks as directed within the care plan.

All staff received regular supervision and this was scheduled to take place at least every 12 weeks. We saw evidence all staff had spot checks completed on their practice by the manager. Staff we spoke with confirmed they had regular supervision and an annual appraisal. One care worker told us, "I have full support from the manager. We have regular supervision and if I have any problems support is there immediately. I just need to contact [manager's name]."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people who used the service were fully involved in the assessment, planning and review of their care. We saw consent to care and support was considered. There was evidence in each care file which demonstrated the individual's capacity to understand their support needs was considered before the person signed their care and support plan. Where it was assessed people lacked the capacity to consent, it was evident consultation had happened with the relevant people in that person's life and best interest decisions had been made.

People we spoke with confirmed they were fully involved and consulted about their care. One person told us, "When they are washing me on a morning they always ask my permission and ask if it's ok to do that."

Care plans contained information about people's health needs and the support required to meet those needs. People we spoke with told us they were supported to attend appointments where necessary. One relative said, "My [relative] has a visual impairment and had an appointment at the hospital. It is impossible for [my relative] to get there on hospital transport so the manager arranged for a care worker to take them. It's so much easier and such a big relief."

The manager demonstrated to us that people were supported to maintain good health and access healthcare services. We saw evidence that advice was sought from external healthcare professionals where people had particular support needs. People who used the service had the involvement of doctors, district nurses as well as home visiting opticians and chiropodists. One person told us, "[The manager] arranged an early visit for me at 07.00 at short notice to take me to an appointment. I also mentioned to one of the care workers about passing water more frequently. They thought I may have an infection and they took a water sample to my doctors to get it tested."

Where people were supported with meals, this information was contained in their care plans. We saw people's likes and dislikes were listed and daily notes contained details of food and fluids offered to people. People who were supported with meal preparation told us, food was hot and nicely presented and that drinks were made to their liking.

One person we visited told us they liked to bake and make their own bread. The person we spoke to told us, "I love to bake cakes and make bread and they help me as I just can't manage to do it on my own anymore."

Is the service caring?

Our findings

The agency continued to be outstandingly caring. At the last inspection we found that staff went over and above their job role to maintain people's comfort, well-being and happiness. At this inspection we found this continued to be the case.

People who used the service and their relative consistently told us the service was exceptionally caring. A relative of a person who used the service said, "They're very caring girls. They always ask [my relative] how they are and how they are feeling. They always ask me as well, which I don't expect". Other comments included, "The care workers are all very caring, pleasant, kind and polite", "They [the care workers] tell me all their news. It feels like your one of the family" and "They're more like friends. You feel comfortable with them."

The manager and staff demonstrated a caring, considerate and flexible approach when providing care, which was person centred, diverse, supported equality and met people's individual needs. The manager worked with people in a way that empowered them to make choices and maintain control of their lives, which in turn enhanced their wellbeing.

The manager explained how a person who had a deteriorating physical disability enjoyed taking frequent visits to a local spa hotel for rest and recuperation. They supported this person to continue to achieve this by arranging the relocation of their medical equipment to the hotel for an agreed time. Care workers then packed and unpacked the person's clothes and medication for the duration of their stay. The manager told us that this break was coordinated with the involvement of the person's spouse who also benefited from the break from their caring role.

The spouse and carer of the person explained how the manager had gone above and beyond to help and support them to reach their goal. They said, "The planning and delivery of [relative's names] heavy equipment was very helpful and unexpected. Similarly bringing things from our flat which we had forgotten was much appreciated. Care for All has set the gold standard for care and we are sure that other clients are treated with the same consideration and professionalism."

People and their relatives told us about the positive impact on their lives that staff made when working with people in an exceptionally compassionate, person centred way. One person said, "They're friendly and very caring. I think they're excellent. When [my relative] moved they took the trouble to find a care home where they could take their cats. They organised a removal van and helped [my relative] move." Another person told us their relative had had a flood when the care worker called. They explained how the care worker had cleared everything up, got help and waited with their relative until they got home from work, because their relative was so distressed.

We spoke with staff, the manager and to people who used the service about the culture of the organisation. Staff spoke with great pride about the people they supported. It was evident they were highly motivated to provide care and support that was kind and compassionate. One member of staff told us, "Care for All is a

genuinely caring company, other companies are about money and profits, with this one, it is all about the care. They go above and beyond and they really care about their customers." Another staff member said, "If the clients need anything extra, they don't charge extra. It makes you feel like you are working for someone who really cares."

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. The manager told us, "If everybody gets what they want it's a happier environment. It's all about how I would like to be treated."

People we spoke with told us they were involved and kept up to date by the staff at Care for All. One relative told us, "It all happens at a family type informal level. They sent me a photo of [my relative] sat in the local Café having tea." People consistently told us the staff demonstrated concern about their wellbeing. One person said, "They really are concerned about your welfare. They always contact me on the way to my call and ask if they can bring anything with them for me." A relative of a person who used the service said, "They were superb when my [parent] died. They are very intuitive in terms of putting the right people in who understand [my other parent] and who they are comfortable with. The staff are very well trained; the quality of care is excellent."

We observed staff interactions with the people who used the service and saw staff showed genuine care and concern for the people they supported. One person told us, "They notice the little things, I can't straighten my arms and they [the care worker] saw this and suggested I put things on lower shelves which they did for me." Another person said, "Without the care workers I wouldn't be able to stay in my home as I rely on them for just about everything. They are helping me to stay where I want to be and I am thankful for that."

Staff explained how they supported people to maintain their privacy, dignity and independence. One told us, "When I am supporting people with personal care, I always talk to them and ask permission. If I am washing people I always preserve their modesty. If people are able to wash themselves I offer support by passing the flannel and the towel. I like to treat people how I would like to be treated." During our visits to people in their homes we saw staff putting the person at the centre of the care and offering choices to each person. This demonstrated the staff had respect for the people they supported.

Is the service responsive?

Our findings

The agency continued to be responsive. At the last inspection we found the information contained in care files was personalised to the individual receiving the support and clearly documented people's wishes and needs. We found the manager ensured people had a personally tailored care package based upon their preferred times of visits and preferred methods of care. At this inspection we found this continued to be the case.

We saw each person had a person-centred care plan in place, which detailed their needs, preferences and how they wanted to be supported. The care plans we saw contained information about people's life history, their likes and dislikes, what support they required and what they could do independently. The information about people's independent skills supported and empowered people to maintain their skills and abilities.

The care plans detailed the support people received from family members or from friends. We saw evidence that choice, control and consent were considered. People who used the service and people who were important to them were involved in planning their care. We identified good transitional work and information sharing such as comprehensive pre-admission assessments between services such as hospital discharge assessments. We also saw the manager was developing 'grab sheets' for people to take with them if they were admitted to hospital. The grab sheets contained information such as communication needs, mobility, continence needs and allergies. This ensured people received good continuity of care between services.

People we spoke with told us they were fully involved in the assessment of their needs. One person we spoke with said, "We did the assessment together and from that they [the manager] worked with me to devise my care plan. I'm more than happy with the care I get, I feel very involved in the process.

We saw the manager was reviewing and revising care planning documents and risk assessments at least six monthly to ensure that they captured up-to-date information. People we spoke with told us they had on-going reviews of the support they received and changes were made where necessary. One person said, "As well as reviewing regularly, [the manager] is in touch weekly to make sure things are alright. If things change in-between, or if I think of anything that needs changing, I just contact [the manager] and they sort it out."

We saw evidence relevant specialists were contacted, when required, to support with care planning to meet people's individual needs. For example, we saw community psychiatric nurses were contacted by the manager to support a person with dementia, who had recently experienced bereavement, come to terms with their loss. A relative of the person told us, "I am impressed with the care workers understanding, and response to, [my relative's] dementia. The care workers understand how to deal with [my relative]. It's an enormous relief for me and my family as we live quite far away."

People were supported by the same team of carers and where new carers started they were always introduced. A relative of a person who used the service told us, "Care for All provides consistency and continuity with the same carers coming in on a regular basis. A very important factor with my [relatives]

medical condition."

People who used the service told us they were presented with a rota on a weekly basis, which informed them which carers were due to visit. Comments from people who used the service included, "I never get strangers turning up at my door, they are always formally introduced" and "It tends to be the same four. I get a list and it's the same as."

The manager had a detailed and comprehensive complaints policy in place. We saw this policy was available to people who used the service. A copy was kept in each person's care file both in the office and in the person's home. People we spoke with told us they knew what to do if they had a concern or complaint. One person told us, "I would feel comfortable if I had to raise an issue, I would immediately contact [the manager]." Another person we spoke with said, "I have no complaints, just observations. I would feel confident raising a complaint if I had to and I know it would be seriously considered."

The manager had received three complaints in the last 12 months. We saw these complaints were investigated and dealt with appropriately by the manager who then cascaded learning from the complaint to the staff team.

Where people had raised concerns they told us the issues had been resolved immediately. A person who used the service said, "One of the care workers had left the lights on and the tap running. I spoke to [the manager] and it was dealt with to my satisfaction." A relative told us, "It's hard to imagine having a complaint. If things arise the manager is proactive rather than ignoring the problem. Their concern is to provide the best care."

We saw staff had received a substantial number of compliments over the past year. Comments included, "I'm so grateful [relative's name] is receiving care from Care for All, they are the best care agency in Scarborough" and "Your support has been fantastic; so professional, caring and kind."

Is the service well-led?

Our findings

The service was not consistently well-led. We found the manager did not always notify certain events. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. Notifications such as unexpected and expected deaths of people who used the service had not consistently been submitted to ensure people were protected through sharing relevant information with the regulator. We have addressed this outside the inspection process

The provider is an individual and there is no requirement for them to have a registered manager for this service. We refer to the provider as the 'manager' throughout this report. The manager directly monitored and ensured the quality of the service people received. We observed the manager throughout our visit and saw they were very skilled and experienced in supporting people. They clearly understood people's needs and how best to support them to meet those needs.

People told us the service was well managed. Comments included, "[Managers name] is always very involved. They are always on the ball. Standards are very high and the criteria for staff are very high. I think it is the best care company in Scarborough", "Very professional, very well organised and underpinned by a good manager. I would definitely recommend them" and "I don't think you would get a better leader than [manager's name]. Their standards are very high."

When we spoke with staff they were enthusiastic about their work. Staff spoke very highly of the manager of the service. One staff member said, "[Managers name] really cares about their staff. They are very flexible with me." Another staff member we spoke with told us, "[Manager's name] is more than a boss; they really care about you as a person. [The manager] has bent over backwards to make sure I am alright, you're not just a cog in the wheel."

Staff told us the manager was visible and often worked out in the community with them. One person told us, "The manager here really does go the extra mile. They are very involved with all of the people that we care for and are always available to us if we need support or guidance." People who used the service told us the manager was 'hands on' and provided some of the care. One person who used the service said, "The manager? I've seen them a lot. They pop out to see if everything is ok. Sometimes they do the caring."

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. A combination of hard copy files and electronic records relating to staff and people who used the service were in place. Policies and procedures were up to date and comprehensive.

There was an effective quality assurance system in place which included surveys, audits and meetings. We saw a number of internal audits, including medicine management, spot checks on staff performance, moving and handling and daily notes. The results of audits were discussed in team meetings and records showed that any improvements identified were acted upon.

We reviewed the statement of purpose for the service which stated, "The core values of Care for All focus upon safety, choice and rights, underpinned by privacy, dignity, independence and fulfilment." Throughout the inspection we observed the staff and manager working in a manner which represented the values of the service.

We observed a transparent and open culture within the service. The manager monitored care delivered closely and ensured it remained person-centred and was responsive to people's needs. There was a strong focus within the organisation relating to understanding people's care needs in order to support people's dignity.

We asked staff to describe the culture of the service, one told us, "The culture is really good. We have good communication and a good rapport throughout the team. As a team we're all really close, it's like a big family." Another staff member said, "It's a really good company, they really care about their customers, all of the clients are happy. We have a nice little group and what we enjoy most is making people happy and bringing a bit of laughter into their lives."

The manager held regular team meetings where staff were encouraged to share their views to support improvements in the service. The manager sent out regular newsletters and text messages to keep staff updated on any changes and to share important information. They told us they felt supported in their role.

Staff turnover was low which meant the staff team was consistent and able to offer continuity of care to the people who used the service.