

All About Caring Ltd

All About Care

Inspection report

Unit 1
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Surrey
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Tel: 01483503944

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 About Care service is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of this inspection the service was providing personal care to 19 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The service had made improvements around management of medicines and people's medicines were now managed safely by appropriately trained staff. People had risks identified and planned for. The service had improved systems to monitor the quality of care provided and to promote the continuous improvement of the service. Close links had been developed with community teams to ensure people received the best support.

People received good care and support from dedicated staff who consistently demonstrated strong caring values that were embedded throughout the service. People, their relatives and external professionals spoke highly of the service.

People told us they felt safe. Staff had a good understanding of their safeguarding responsibilities and had raised any concerns they had to the appropriate authorities Staff followed infection control policies and people confirmed this to us.

People were cared for by staff who were safely recruited, well trained and very knowledgeable about the people they supported. People and relatives told us staff were always kind and compassionate, maintained privacy and treated people with upmost dignity and respect. Staff worked hard to prevent social isolation by taking time to learn what was important to people.

People were involved in the assessments of their needs and personalisation of their care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's views and concerns were listened to People and relatives were given various methods of ways to provide feedback which the registered manager always acted on.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 12 March 2019). We found breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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 About Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

All About Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed any information we held about the service and the registered provider. This included notifications that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and one relative who used the service about their experience of the care provided. We spoke with the registered manager throughout the day. We reviewed a range of records. This included four people's care records and any medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three people and one relative on the telephone about the care and support they received from the service. We spoke with three care staff after the inspection. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to safely manage people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were now managed safely. Staff had completed the necessary training and been assessed as competent. People and relatives were happy with how medicines were managed. A relative told us, "I usually support [relative] with his medication. But if I need any assistance then the girls will always help me and they are so aware of the medication, what it is for and why he needs it."
- People's medicine administration records (MARs) were completed accurately. Medicines were audited on a regular basis to help ensure medicines were managed safely and errors identified. Where audits had identified issues, actions had been taken in response.
- The provider had a medication policy in place which they adhered to. The policy linked into best practice guidance from The Health and Social Care Act 2008, Medical Act 1983, Medicines Act 1968 and Misuse of Drugs Act 1971. This ensured that any risk assessments or guidance in people's care plans contained the latest and most up to date legislation.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff made them feel safe. A person told us, "[Staff] just reassure me and make me feel safe. It just makes such a difference." A relative told us, "They always make [my relative] feel at ease. They make us as a family feel safe and well supported."
- Staff knew how to report safeguarding concerns and were confident the registered manager would act on these to ensure people's safety. A staff member told us, "If I have any issues or concerns, I'm more than comfortable to talk to [the registered manager]. She always reports back her finding about the concerns or issues raised and the action she has taken and makes sure I'm also happy with the outcome."
- The registered manager understood their responsibilities regarding safeguarding people who use the service. The registered manager had reported safeguarding concerns to external professionals accordingly such as the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had considered individual risks to people and mitigated these where possible. Risk

assessments guided staff on how to support people and were updated regularly. For example, a catheter care plan had detailed guidance for staff on how to care for someone with a catheter. This informed them of concerns to look out for and checks to complete to ensure guidance was being followed.

- Staff were knowledgeable in assessing and responding to risks. For example, staff provided us with examples of how they had identified moving and handling risks and acted to address these.
- A business continuity plan was in place to ensure the service could continue in the event of an emergency. There was an on-call system in place for staff should they need help and advice and staff confirmed this.
- A system was in place to report any incidents or cause for concern. These were logged within people's notes, and we saw these were reviewed by the registered manager, with appropriate actions taken in response.

Staffing and recruitment

- People told us they always received their scheduled care call and they had never missed one. A person told us, "They always come, they never miss coming to see me."
- The registered manager followed safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- The registered manager safely determined the number of care packages based on staff numbers and the needs of the people using the service. Staff were allocated to the same people as much as possible to ensure there was continuity in meeting people's needs.
- Staff confirmed they had time to complete all the care and support required by people at each visit. A staff member told us, "We always have adequate time to travel to and from clients and always have enough time to complete the call."

Preventing and controlling infection

- Staff told us they had access to personal protective equipment, such as disposable gloves to prevent the spread of infection.
- People told us staff always used personal protective equipment when supporting them. A person told us, "They [staff] wear gloves when they are supporting me. They always encourage me to wash my hands."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service delivered care which met people's needs. The registered manager completed an initial assessment, which included information about people's needs and risks, what they were able to do for themselves and how people would like their care to be delivered.
- People's care plans were being updated to include details about their routine during call visits. The registered manager sent us examples of how this had been adopted into the service. This included information about each person's daily routine and needs at each visit.
- Best practice tools and guidance was considered and utilised where necessary. For example, the provider had used national best practice guidance for using creams on people's bodies. The body maps had been used to show staff where cream needed to be applied on a person.

Staff skills, knowledge and experience

- People and relatives told us they felt the staff were knowledgeable and effective in their roles. A person told us, "I am impressed with their skills and they always know the answer if I ask any questions. I'm very happy that I can rely on them to know what to do." A relative told us, "It is a great relief for me when the [staff] come in the morning. I know I can trust them, and he is safe in their hands. They take a weight off my shoulders and I am able to relax for a little while."
- Staff had completed all mandatory training and the registered manager kept track of when staff would be required to complete future training refreshers.
- The registered manager completed observational supervisions to ensure staff were competent in their roles. Staff were observed delivering care to ensure people were treated with dignity and respect, safe moving and handling procedures were used, and that the staff member arrived at the right time and stayed the full length of the call.

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

- People told us they were happy with the support they received with keeping a healthy diet. One person told us, "They are very good at helping me with my breakfast. They always make sure I am well fed."
- Staff supported and encouraged people to eat and drink regularly. At the end of each visit staff ensured people were able to access drinks and snacks. People's daily notes confirmed this.

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

- People and relatives said staff communicated well regarding changes in people's health. One person told us, "They speak to me about how I am feeling, they often ask if I am ok and they have suggested I might be

best to see a doctor, just to be sure." A relative told us, "[Staff name] spoke to us about [my relative's] health on a particular day when they were not very well. It prompted me to get [my relative] checked out by the GP."

- People's changing needs were monitored to ensure their health needs were responded to promptly. People were referred to various health professionals in good time where required. We observed conversations with professionals regarding people's needs documented in people's care files.
- The registered manager told us the service had been responsive to the changes in people's needs or circumstances. One person who had been assessed had concerns raised by the registered manager who worked in conjunction with the community matron to ensure this person was safe and their ever changing health needs were met.

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty under the MCA. There was no-one at the service where this applied when we inspected.

- People were asked for their consent before receiving care and support. The service sought people's permission to deliver care and documented this as part of the care planning process. A staff member told us, "I always make sure I ask the person for their permission. I will talk to them about their choices around food and clothing and make sure these can be met where possible for each person."
- People's care plans included copies of power of attorneys where these were in place. This ensured staff were aware who to consult in relation to queries regarding care for people who lacked mental capacity to consent.
- We spoke to the registered manager about future recording of mental capacity assessments and the requirement for them to be decision specific. The registered manager agreed that any changes to a person's capacity would be assessed and decision specific.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People praised care staff for their kindness and compassion. One person told us, "They are brilliant, they treat me like I was part of their family. In their company I am always happy and cared for." Another person told us, "The [staff] who visit are splendid, I never have any issues with them."
- People told us they felt staff would go above and beyond to support them. One person told us how they had been let down by another care agency on Christmas Day. Upon speaking to staff at All About Care they quickly offered to come in and cover the visit. The registered manager made them a gluten free Christmas dinner which they brought round during the visit. The person told us, "They are the best bit of my life because I can trust them."
- Staff we spoke with had a caring attitude and told us about support they had provided to people outside of their care packages. One staff member told us how they had assisted a person who had been recovering from a spinal injury. They told us, "[Person] has a spinal injury and needed extra help when his secondary care agency let him down. I helped him go for walks which were vital in his recovery, in my own time."
- Staff had a detailed understanding of people's cultural needs. For example, one person who was receiving care requested that staff take off their shoes at the front door out of respect for their religion. Staff were aware of this and the registered manager spoke to us about ensuring this request was always followed.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences. People and relatives told us they were a part of this process. A person told us, "They used all my notes to do my care plan. Anyone new comes in they look at my care plan."
- People always had their voice heard around decisions about their care and support. The service made sure that any specific preferences or requests were respected where possible. For example, where people had expressed preferences in relation to the gender of their care staff, this had been respected.
- Staff ensured people's privacy was respected when they were providing personal care. People and relatives confirmed this. A person told us, "They make me feel relaxed and confident that it will be ok, I have worried in the past, but I am at ease with these [staff members]."
- People were supported by staff who shared a vision of supporting people to be independent. A relative told us, "They support [my relative] and maintain his ability to do as much as he can for himself. I can always hear them offering encouragement and the result is he is much happier with the sense of achievement having done something for himself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans provided staff with details of people's preferred routines as well guidance on the specific tasks to be completed during each planned care visit. A person told us, "I have everything in the folder in the home, it shows everything I need from the girls and I am happy to say they follow it precisely."
- Staff told us care plans were accurate and reflected people's current support needs. Staff said the registered manager was responsive to updating care plans where needed, to ensure it was an accurate reflection of a person's needs. A staff member told us, "If when we are with a client and we feel their needs have changed we phone [the registered manager] and straight away she arranges a review of their care to make sure we always have enough time to provide the correct care to the clients."
- Staff knew people's needs and had a good understanding of how each person liked to be supported. Staff we spoke with told us they felt they had built strong bonds with the people they support which enabled them to gain trust and fully understand everything they needed.
- Where possible people were supported with opportunities to encourage social inclusion. The majority of people being supported by the service lived with family. Staff had supported people without family support with their accessing local shops to purchase goods or going out for a walk.
- People were supported with their cultural needs where required. For example, one person had been supported to attend coffee mornings at the church.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to report complaints but told us this had not been necessary. A person told us, "If I had a complaint I would be listened to, I'm sure of that." The service had not received any complaints in the last 12 months.
- The service regularly received compliments and thank you cards from people and their relatives. One recently received card read, 'Your continued support and ability to be flexible and act at short notice has been hugely appreciated. I know that the ad-hoc nature in which I've requested visits will have been a little tiresome to say the least. So, thank you for bearing with us.'

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were met. Staff assessed people's communication

as part of the care planning process and ensured they could be met by the service. People's communication needs were recorded and could be shared with other agencies when necessary.

End of life care and support

- The service had provided support to people at the end of their lives. People's wishes and preferences around this stage of their lives were recorded and respected. At the time of inspection no one was being supported with end of life care.
- The registered manager explained this could change at any time as they may get a request to support someone with end of life care. They told us should this arise, staff were trained in this area and additional support would be sought from the local hospice to ensure each person's wishes would be met.
- We observed thank you cards from relatives whose family members had been supported by the service with end of life care in the past 12 months. One card read, 'I want to thank you so much for making the last weeks of my Father's life so comfortable and easy. I just don't know how he, and my Mother, would have coped without you. You brought that quiet efficiency, with a really calm and caring attitude that just made everything better. Thank You.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; acting on the duty of candour when something goes wrong

At our last inspection we found the provider had failed to have robust and sufficient quality assurance processes in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a robust quality audit process in place, and had improved its auditing process around medicines since the last inspection. As a result, people had medicine risk assessments in place which had been developed in line with the medicines policy. We found there to be no gaps on people's MAR charts and regular medicine audits were now taking place.
- The provider used findings from their audits as a tool to drive improvement. Actions had been implemented following audits to improve the service. For example, improvements had been made to the process around how inhalers were recorded within people's medicine records.
- The registered manager was aware of their duty of candour responsibilities, to be open and honest with people when something goes wrong. There had been no incidents requiring a duty of candour response, at the time of this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were consistently complimentary of the service and the registered manager. A person told us, "It's [the registered manager's] attitude, she really cares about the people she looks after. It's the whole ethos I like. They've given me reason to trust them." A relative told us, "I find the manager very good. She is always there for you. I phoned up last week to ask for a carer to come on the Sunday which we don't usually have and this was sorted for us without delay."
- Staff stated they were happy working for the service and said the registered manager was fully supportive towards them. A staff member told us, "I do believe the care agency is well run, [registered manager] is always on hand for all the clients and staff and is an easy person to talk to. She is one of the most caring kind natured people I have had the pleasure of meeting and working for."
- Staff and people had built positive relationships due to the values of being open and honest. People had

been introduced to staff who could potentially support them if another staff member was off sick or on holiday. This had allowed them to build a rapport and alleviated any concerns in which supported people and families could have when accepting new staff members. A relative told us, "We had one carer for quite a few months. They gradually introduced other people so that [my relative] could get used to other staff members and would feel more at ease when being supported."

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

- The registered manager obtained views and opinions from people using the service. The registered manager completed call visits with staff which enabled them to speak with people and obtain their feedback. A staff member told us, "We have regular spot checks. These can happen at any time at any client. I enjoy these as it gives me a chance to show that I am a good carer and I really do care about my clients."
- The registered manager also obtained feedback by using surveys sent out to people and their families. We observed responses from the most recent survey which were all positive. A comment from a recent survey stated, 'Love all your ladies. They are kind, caring, attentive and I feel they really have an understanding of [relative] and her needs. They are always cheerful, never appear rushed and most of all have been very flexible.'
- The registered manager held staff team meetings. The staff team discussed topics on a regular basis such as any changes in people's needs or care, best practice and other important information related to the service. This also allowed staff to make suggestions on ways to improve the service.

Working in partnership with others; Continuous learning and improving care

- The service had developed close links with other professionals involved in people's care. A professional had commented, "I have been working with All About Care for a number of years. I have always found [registered manager] and her team to be professional at all times and always put the patient at the centre of the care provided. They will phone our team with any concerns and if any additional information is required, often resulting in joint visits. It has been a pleasure to work alongside them."
- The service had worked alongside the local housing team. A supported housing officer had commented, "All About Care has been working with several of our tenants and the difference they make can be observed with immediate effect."
- The registered manager had developed a plan to improve the service following the previous inspection. We saw evidence that these actions points had been addressed and learning shared with staff to protect the development and maintain standards.
- The registered manager told us they had focussed on the quality of care provided to people. They told us they had kept similar client numbers and had chosen not to expand the service as they wanted to ensure they had the staffing available to meet the needs of the people they supported. The registered manager said, "We never wanted to be that big where people stopped being important."