All Care (GB) Limited

All Care (GB) Limited - Basingstoke Branch

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 10 and 11 May 2016. All Care (GB) Limited provides a domiciliary care service to enable people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 289 people using the service, who had a range of health and social care needs. Some people were being supported to live with dementia and autism, whilst others were supported with specific health conditions including epilepsy, diabetes, sensory impairments, multiple sclerosis, and mental health diagnoses. At the time of the inspection the provider deployed 105 staff to care for people and meet their individual needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

In April 2015 the scale of All Care's care provision increased considerably due to a change in local authority commissioning arrangements. This meant that the number of people supported by the service rose from about 100 people to 289. At this time staff from other services also transferred to All Care from other providers under a recognised employment process.

During this transitional phase people told us they had experienced some mistimed calls and did not know the staff supporting them. People told us that the organisation and coordination of visits had improved dramatically, which meant that they now experienced good continuity and consistency of care.

People were protected from potential harm, because staff were trained to recognise and deal with possible abuse. During the previous year the registered manager and staff had reported and taken appropriate action in relation to four safeguarding incidents. People felt safe with regular staff who knew them and their needs well.

Risks affecting people's health and wellbeing had been identified. The service managed these risks safely to protect people from harm while promoting their independence. People experienced safe care provided in accordance with their risk management plans.

People and their relatives had no concerns regarding staffing levels. The registered manager completed a weekly staffing analysis for the provider to ensure there were always enough staff to provide the required support, which rotas confirmed and we observed in practice.

The provider's recruitment coordinator ensured staff had undergone relevant pre-employment checks. These checks were then verified before staff were able to provide people's care. The provider had ensured people were safe because they only deployed staff whose suitability for their role had been assessed.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by supervisors. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by the training coordinator and supervisors before they were allowed to support people independently. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us their training was refreshed regularly, in accordance with the provider's policy. This ensured staff were enabled to retain and update the skills and knowledge they required to support people effectively.

The provider had a thorough system of supervision, which the registered manager and senior staff operated effectively to ensure staff were supported to deliver high quality care.

People told us staff always sought their consent before providing their care and explained what they were doing during the provision of their care. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and people had their human rights protected by staff who understood legislation and guidance regarding issues about consent and mental capacity.

People were supported by staff who understood their dietary preferences. We observed people supported appropriately to ensure they received sufficient to eat and drink. Where people had been identified to be at risk of malnutrition they had been referred to relevant health professionals.

Staff were aware of people's changing needs and took prompt action to ensure relevant healthcare services were contacted when required.

Staff had developed warm and caring relationships with people and knew about people's needs and the challenges they faced. Staff understood people's support plans and the events that had informed them. People liked the staff who were supporting them and were relaxed and comfortable in their company.

People were supported by thoughtful staff who treated them with dignity and respect at all times. Staff invested time to get to know people and were able to engage in meaningful conversations with them, which did not just focus on the person's care needs.

Wherever possible people were involved in making decisions about their care. When people required support with their care planning, the registered manager consulted their relatives, social workers and the commissioners of their care. The supervisors involved in completing support plans told us how they focused on what 'Outcomes' people wanted, for example; 'To remain independent and live in my own home for as long as possible'.

People were supported to make advanced decisions and were involved in planning their end of life care. Staff knew about people's advanced decisions and who they were legally obliged to consult in relation to them. The provider had ensured people were supported to make advance decisions which were taken into account by staff.

People were treated as unique individuals and experienced care and support that reflected their wishes. If the provider through their needs assessment identified that people's care required more time to be delivered safely or that people's needs had changed, they promptly addressed this with the commissioners. The service was flexible and responsive to ensure that additional care was provided for people when

required, for example; when people needed support to attend medical appointments.

People and relatives knew how to make a complaint and raise any concerns about the service. People who had made complaints told us that staff responded well to any concerns or complaints raised. Those who had not made a complaint told us they were aware of the complaints procedure and felt the registered manager would listen to their concerns and act upon them, if the need arose.

Staff told us they were proud to work for All Care and the service they provided. People were cared for by staff who understood and practised the values of the service in the provision of their day to day care.

The registered manager had created a transparent culture within the service, where staff were encouraged and supported to take responsibility and learn from mistakes. The registered manager understood their duty to be open and honest when things go wrong. We reviewed an incident where the registered manager had investigated concerns raised by a person's relative, acted upon them and apologised.

The provider had appointed a quality assurance coordinator to audit various aspects on the operation of the service to ensure compliance with regulations, for example; medicines management audits. Audits identified where actions were necessary to improve practice, which the registered manager ensured were completed.

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 were protected from abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

The registered manager completed a staffing needs analysis to ensure there were sufficient staff to meet people's needs safely. The provider completed relevant pre-employment checks to make sure people were cared for by suitable staff.

People received their medicines safely, administered by staff who had completed safe management of medicines training and been assessed to be competent to so do.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent and mental capacity.

People were supported to maintain a healthy balanced diet. When staff were concerned that people may be at risk of malnutrition they made appropriate referrals to relevant health professionals.

Staff were alert and responsive to changes in people's needs. Staff ensured people accessed health care services promptly when required and were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion in their day to day care by staff who responded to their needs quickly. Staff were thoughtful and showed concern for people's wellbeing in a caring and meaningful way.

People were actively involved in making decisions and planning their own care and support. People told us they were able to make choices about their day to day lives and staff respected those choices.

Staff promoted people's dignity by treating them as individuals and respecting their diversity. Staff took time to listen to people and make sure they understood their wishes.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was tailored to meet their individual needs. Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

The registered manager sought feedback from people, relatives and supporting health and social care professionals, which they acted upon.

People were provided with information about how to complain, which was accessible and in a format of their choice. The registered manager listened to and learned from complaints, which were managed in accordance with the provider's policy.

Is the service well-led?

Good

The service was well-led.

Staff spoke with pride about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

Staff felt they were able to raise concerns and issues with the registered manager who was always approachable and willing to listen. The management team provided feedback to staff in a constructive way which motivated them to take the action required.

The registered manager provided clear and direct leadership to staff, who understood their roles and responsibilities.

The provider had established quality assurance systems which the registered manager operated effectively to monitor the quality of the service and drive improvements.

All Care (GB) Limited - Basingstoke Branch

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.

The inspection took place on 10 and 11 May 2016 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Prior to 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 improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website. We spoke with the commissioners of people's care.

During the inspection we spoke with the registered manager and the provider's operations manager who had overall responsibility for supervising the management of the service. We also spoke with the provider's training coordinator, the service recruitment coordinator, the service quality assurance assessor, the office administrator, four supervisors, four care coordinators, three team leaders and 14 staff.

We visited six people in their homes and also spoke with six staff in attendance. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move. Following the home visits we spoke with commissioners of people's care and three health and social care professionals. We spoke with a further 12 people on the telephone to find out about their experience of the quality of care provided by the service.

We reviewed 14 people's support plans, including daily records and medicines administration records (MARs). We looked at twelve staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

The service was last inspected on 26 September 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

In April 2015 the scale of All Care's care provision increased d considerably due to a change in local authority commissioning arrangements. This meant that the number of people supported by the service rose from about 100 people to 289. At this time staff from other services also transferred to All Care from other providers under a recognised employment process.

During this transitional phase people told us they had experienced some mistimed calls and did not know the staff supporting them. People told us that the organisation and coordination of visits had since improved dramatically, which meant that they now experienced good continuity and consistency of care. People told us they received quality care from their regular staff during the week and that continuity of weekend staffing, whilst not as good, had also improved. One person told us that in early summer 2015, "It was a lottery. You didn't know who was coming or when." However, they went on to say, "It's much better now. I've got regular staff who come most days and treat me like their own mum." Another person told us, "My carers (staff) are lovely and are always looking out for me, making sure I'm alright."

Staff had completed the provider's required safeguarding training and were able to explain their role and responsibility to protect people. The provider's training schedule and staff files confirmed that their safeguarding training was up to date. People were protected from abuse because staff were trained and understood the actions required to keep people safe.

Staff were able to describe the different types of abuse people could experience and were able to explain how they would protect people. Staff knew of the different ways to raise concerns and where to obtain the contact details to do so. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

In the previous year the registered manager had appropriately reported and investigated four safeguarding incidents. The registered manager had responded promptly to concerns raised to ensure people were protected from harm and abuse. People were kept safe because the registered manager and staff understood the local authority safeguarding policies and procedures, and the action they needed to take in response to suspicions and allegations of abuse.

The registered manager told us they endeavoured to support local commissioners of care wherever possible. However, they would not agree to provide care if they were not assured the service could meet the person's needs safely. This was confirmed by commissioners of care and people's social workers.

People were protected from potential harm associated with their care and support because potential risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible.

People's risk assessments reflected the person's abilities and how staff should support the person to maintain their independence. One person had a detailed risk assessment about how staff should support

them with their personal hygiene. This person's physical ability fluctuated daily and there were clear directions for staff about how to support the person, taking into account how they were feeling that day. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe and promote their independence.

Staff knew and understood people's needs and risk assessments. Where skin assessments identified people to be at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. We observed staff demonstrate their knowledge of people's specific health needs, their medicines management, skin care and mobility support plans in practice. Staff provided care and support to people in accordance with the guidance contained within their support plans.

People were supported to move safely by staff who had received appropriate training and had their competency assessed by the provider's training coordinator. The training coordinator told us where people were supported to move with the assistance of equipment a risk assessment identified their needs and how they should be met. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their support plans.

People's care records documented where people used an emergency pendant alarm to ensure their safety at home. We observed that staff made sure people's pendant alarms were readily accessible before leaving and recorded this in daily notes in accordance with their support plans.

There were arrangements to keep people safe in an emergency. People and staff told us there was a 24 hour on-call system to ensure they could speak with the management team at any time. We noted the contact number clearly visible on the front of peoples care folders, together with those of designated supervisors and team leaders.

The service had a contingency plan in place to manage any emergencies, such as events that stop the service operating effectively, for example; evacuation of the office due to utilities failure. This ensured the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was provided. People and relatives told us they had no concerns regarding the staffing levels. The management team made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff told us they had to complete a robust recruitment process involving a series of relevant pre-employment checks, which we confirmed were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. If applicants had an adverse DBS record they were either not employed or the reasons for it were fully explored and risk assessed, before any offer of employment was made. Records confirmed their pre-employment checks had been completed, for example; equivalent DBS checks. Prospective staff underwent a practical assessment and role related interview before being appointed. The recruitment coordinator told us they then met the staff personally during their induction programme. People were safe as they were cared for by staff whose suitability for their role had been assessed by the recruitment coordinator.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by supervisors. This was confirmed by staff and their training records. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Where people had an allergy this was clearly identified within their support plans and staff were aware of them, particularly in relation to food preparation and medicines management. We observed people receiving their medicines safely in accordance with their medicine management plans.

There had been two medicine errors in the year prior to our inspection. These errors had been identified and reported by staff. The registered manager had taken prompt action to make sure the person was safe and protected from the risks associated with the administration of medicines, such as ensuring staff had their competencies reassessed where required. We noted identical errors had not been repeated, which demonstrated the service had implemented necessary learning to keep people safe.

Good

Is the service effective?

Our findings

People told us the registered manager and staff provided them with effective care and support. Staff knew people's needs and how they wished to be supported, which we saw demonstrated during the delivery of their care. People and their relatives told us they thought staff were competent and had received good training to provide meet their individual needs. We observed staff had the necessary skills and knowledge to support people effectively, in accordance with their support plans.

Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by the training coordinator and supervisors before they were allowed to support people independently. This ensured they had the appropriate knowledge and skills to support people effectively.

Two new members of staff told us their induction programme gave them the skills and confidence to carry out their role effectively. The provider's training coordinator had reviewed the induction process to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Staff who had transferred to All Care from other providers told us the face to face training delivered by the training coordinator had improved their knowledge and practical skills, particularly in relation to moving and positioning people.

New staff told us they had completed scheduled support meetings with supervisors and team leaders prior to working with people independently. These meetings enabled the registered manager to ensure new staff had received the appropriate training and preparation for working with people in the home.

Staff had undertaken the provider's required training for their role, which included moving and positioning, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, medicines management and first aid. Where staff where required to deliver more complex care to meet people's specific needs, such as epilepsy, tissue viability, catheter and continence management, they had completed individualised training to meet that particular need. Their competency to deliver such support was assessed by relevant healthcare professionals. People were supported by staff who had the necessary skills and knowledge to meet their needs.

Staff told us their training was refreshed regularly, in accordance with the provider's policy, which the provider's computer records, the training coordinator's schedules and documents within staff files confirmed. This ensured staff were enabled to retain and update the skills and knowledge they required to support people effectively.

Staff told us the provider's training coordinator was very good at explaining things and providing practical demonstrations. One staff member told us, "The trainer was excellent because they didn't move on until people understood and knew what to do." People with experience of working with alternative providers told us they had to complete the provider's training no matter how experienced they were. One such staff member told us, "I'm glad I did because this training was much better than previous training I have received.

Staff were supported to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development, which records confirmed. Staff told us the training coordinator and supervisors encouraged them to complete the Qualification and Credit Framework (QCF's) diplomas in health and social care. QCF's are work based qualifications that demonstrate occupational competence, knowledge and values expected of social care workers to fulfil their specific roles competently. At the time of our inspection 15 staff were completing their QCF's. Records demonstrated that managers and senior staff had completed management courses relevant to their roles and responsibilities.

The provider had a thorough system of supervision, which the registered manager and senior staff operated effectively to ensure staff were supported to deliver high quality care. Staff were subject to regular unannounced spot checks where their delivery of care was observed and assessed by supervisors. This was to ensure staff provided care and support in accordance with people's care plans and recognised best practice. Necessary guidance and advice provided during these spot checks had been recorded in staff files to record staff development and improvement. Staff told us they had received quarterly supervisions and annual appraisals, which had been recorded. Staff told us that the registered manager encouraged staff to speak with them and they were willing to listen to their views. Supervision records identified staff aspirations and plans to achieve them. Where required the registered manager had addressed any issues relating to performance and action plans were reviewed at the start of the next supervision to check on progress made. Supervisions afforded staff a formal opportunity to communicate any problems to the management team and suggest ways in which the service could improve. Staff had received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support.

People told us staff always sought their consent before providing their care and explained what they were doing during the provision of their care. We observed this in practice and recorded within people's daily notes. People and relatives told us the registered manager and senior staff had completed care plans and reviews with them and had ensured they consented to the care and support being provided. One person told us, "Yes, they always ask me if it's ok before they do anything" and "My hearing and sight isn't what it was so I like the way (staff) talks to me and lets me know what they are doing."

People's individual dietary requirements, preferences and any food allergies were recorded within their support plans. Staff had completed training in relation to food hygiene and safety and knew people's food and drink preferences. Where they were able people were supported to prepare their own meals, in accordance with their nutrition support plans. People were provided with appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity. Where people were identified to be at risk of malnutrition they were promptly referred to relevant health professionals. We observed staff provided care and support in accordance with guidance provided in people's support plans. People were supported to have enough to eat and drink and were provided with a balanced, healthy diet.

People and relatives told us that staff had made prompt referrals to relevant health professionals when

required, for example; one person was referred to their GP with a chest infection, while another had been referred to the district nurses in relation to the management of a pressure area.

Records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, physiotherapists and occupational therapists. People were effectively supported by staff to ensure their health care needs were met.

Good

Is the service caring?

Our findings

Conversations naturally flowed between people and staff about topics of general interest and other subjects, which demonstrated that staff knew people well and took a keen interest in their lives and wellbeing, for example; one person being supported was an artist and staff were able to tell us about a recent exhibition of their work at a local gallery.

We observed relationships between people and staff, which were warm and caring. People and staff were happy and relaxed in each other's company and often shared a laugh and a joke. One person told us "I like all my girls (staff) because they look after me and make me feel they want to be here." We observed one person had made name plates for chairs in their living room for their regular staff. One staff member told us, "It made my day to see my name on one of the chairs. It's little things like that that make everything worthwhile." Another staff member who had supported a person to mobilise into their garden told us, "I will always remember the smile on her face (person being supported), when she saw her beautiful flowers. It gives you a warm feeling inside."

One person told us, "She's (staff) like a daughter to me, so caring and I know she'd come round to make sure I was ok even if she wasn't being paid." One member of staff told us their best moment working for All Care was when a person they were supporting looked at them and simply said, "I like you being here." People liked the staff supporting them, and enjoyed their company.

People and their relatives told us staff had a caring attitude and were gentle and compassionate whilst providing their support. We observed one person receiving a foot spa and massage followed by the application of cream who told us, "They are so kind and gentle with me and make me feel special." They also said, "This is the highlight of my day. It's better than a cuppa." Another person said, "My regulars like (staff in attendance) are wonderful. They know me and my sense of humour and can also judge what sort of mood, if I'm a bit low or in pain." Staff treated people with kindness while delivering their day to day care which made them feel special.

Staff had developed trusting relationships with people and were able to tell us about people's personal histories. One person was telling us about significant events in their life and turned to the staff supporting them to provide detail to jog their memory. The person told us, "They know everything about me and my family which is why I trust them so much." Staff understood people's support plans and the events that had informed them.

People's preferences about terms of address, their clothing, times they liked to get up and go to bed were noted and followed. Staff gave us examples of how they sought people's views in relation to their personal care and grooming. On our arrival at one person's home we noticed all of the curtains were open and were concerned this may have compromised their privacy and dignity. However, the person told us how they preferred to have their curtains open and natural daylight coming into their home. Closer examination revealed the person's dignity and privacy had been fully protected by strategically placed fixtures and fittings. The person told us, "We (person and their staff) worked it out together and it works for me and I like

it." Staff told us the person had asked them if it was possible to provide their care without closing the curtains and they worked out the solution together. People had the privacy they needed and were involved in making decisions about their care with staff who listened to, respected and acted upon their views.

Wherever possible people were involved in making decisions about their care, which we saw recorded in their support plans. When people required support with their care planning, the registered manager and supervisors consulted their relatives, social workers and the commissioners of their care. The supervisors involved in completing support plans told us how they focused on what 'Outcomes' people wanted, for example; 'to remain independent and live in my own home for as long as possible'.

People were supported to make advanced decisions and were involved in planning their end of life care. Some people had a lasting power of attorney (LPA). This is when a person has appointed another to make decisions on their behalf at a time when they lack the mental capacity to make them. Some people had made advanced decisions about future events in their life, for example; in relation to their wishes regarding resuscitation. Other people had Court Appointed Deputies to manage their finances. Staff knew about people's advanced decisions and who they were legally obliged to consult in relation to them. The provider had ensured people were supported to make advance decisions which were taken into account by staff.

People's support plans noted their preferred method of communication and detailed what information they should give the person to support them. Where people experienced sensory impairment, for example to their hearing or sight, we observed staff communicate with them in accordance with their support plan. We observed staff position themselves directly in front of a person, at the same level, speaking slowly and clearly to ensure they understood their explanation about what they were doing. The person told us, "She (staff) is so good to me, and talks to me all the time to make sure I understand what she's (staff) going to do." People's support plans reflected how they wanted their care to be provided.

People were encouraged to maintain their independence, for example; one person enjoyed making themselves a cup of tea but had difficulty filling the kettle. Their support plan advised staff to ensure the kettle was filled and tea making necessities placed readily available before they finished their visit. We observed staff comply with this instruction during a home visit. A relative told us, "They (staff) are good at encouraging small things which help to maintain their independence.

Another person who lived with multiple sclerosis told us staff promoted their independence by knowing them well and being "In tune to their feelings" They told us staff were able to recognise when they were "having a good day" and when they "were not feeling so good", and tailored the amount of support provided to meet their daily needs. Another person told us, "The way the carers (staff) cheer me up and keep me cheerful also helps me to be more positive and do things for myself."

Staff promoted people's dignity by treating them as unique individuals. Staff told us they had completed equality and diversity training, which records confirmed. We observed this reflected in staff practice while delivering people's daily care. One person told us, "They are very thoughtful and always thinking about me, so yes, they treat me with respect." People were treated with dignity and respect. People's diverse needs in relation to their age, gender, and disability were understood and met by staff in a caring way. Support plans identified people's religious and cultural needs and wishes. We spoke with people who had requested staff of a specific gender or age which had been arranged in accordance with their wishes. The provider had ensured that where people had specific preferences in relation to the age or gender of staff sent to support them, these had been accommodated.

Good

Is the service responsive?

Our findings

People's care needs had been assessed by a supervisor prior to them commencing with the service. Where the person had been referred by the local authority copies of their social services needs assessments had been obtained, which was confirmed by people, their relatives and records. The provider then assessed all available information about people's care needs upon which to base their support plans to ensure that the care provided met their identified needs.

People told us they had been involved in all decisions made about their care. They told us the supervisor who came to see them had explained that they wanted to provide the care they wanted to achieve their desired outcomes. One person told us, "The manager who came out to see me was very friendly and it just felt like we were having a chat but they got my full life story." Another person told us the staff who had visited to assess their needs had "Left no stone unturned. I was surprised how much they wanted to know about what I wanted and my opinion." People and their relatives told us their needs had been assessed prior to them receiving a service and then regularly reviewed, which records confirmed.

If a person had more complex needs the registered manager and supervisors discussed the allocation of suitably skilled staff to meet their assessed needs. This was confirmed by staff and records. This ensured support could be tailored to meet people's individual needs, for example; Appropriate support with regard to the management of catheter and stoma care. Staff were able to explain the support people required in accordance with these support plans.

Supervisors told us they would conduct quality assurance visits within the first month of people receiving care to ensure they were happy and to identify any areas for improvement. The provider completed quarterly quality assurance processes to ensure the support being delivered by staff met their needs. One person told us, "They (staff) regularly update my care plans and make changes if necessary." Records demonstrated people had their needs and risk assessments reviewed quarterly, and more frequently if their needs changed.

People were treated as unique individuals and experienced care and support that reflected their wishes. Supervisors told us they had received training in relation to person centred care, which they implemented when completing people's support plans. A person centred approach means focusing on the elements of care, support and treatment that matter most to the person. One person took particular pride in their appearance and their support plan reflected this. There was detailed step by step guidance about how to support the person with different areas of their personal hygiene. This was also linked into guidance regarding their emotional wellbeing and how they were feeling at the time. Another person had a detailed plan to achieve their desired outcome to become more mobile. Staff had detailed guidance from the occupational therapist about how to encourage and support the person to walk. Staff told us that relevant health professionals had provided practical guidance, for example; on how staff should be face on to the person and walk backwards whilst supporting them to mobilise.

When people had been assessed as experiencing behaviours which may challenge others their support plan

detailed guidance for staff about how to manage this, for example; by identifying possible triggers to behaviours and strategies to prevent them. Where people experienced diabetes this was also noted within their support plan. Staff knew what action to take to support people if they displayed a change in their presentation due to their blood glucose level being too high or too low, in accordance with their support plans.

The registered manager told us the care they provided to people was through packages of care commissioned by social services who had determined the number of calls and the duration of the calls people required. If the provider through their needs assessment process identified that people's care required more time to be delivered safely or that people's needs had changed, they promptly addressed this with the commissioners. The provider was aware of whether the time allocated for people was adequate to meet their needs and took action to address this for them if required.

People and relatives told us that the service was responsive to ensure that additional care was provided for people where required, for example; when people needed support to attend medical appointments, special events or when other family support was unavailable.

When people's health needs changed, if appropriate, staff arranged urgent referrals to relevant health professionals, for example; When people had developed an infection, or required support managing pressure areas, with eating and drinking or required support with continence care. The registered manager recorded concerns raised by staff about the people they supported to ensure the required action was taken, for example; staff identified a person required new compression socks, other staff identified a person's changing needs which required them to use a pressure relieving mattress. We noted both of these items had been obtained. Another person had become disoriented and confused. Staff requested the person was referred to their GP, which records confirmed had been arranged. Staff provided care that was consistent but flexible to meet people's changing needs.

The registered manager sought feedback in various ways such as quality assurance visits, telephone calls and questionnaires. The registered manager ensured this feedback was acted upon, for example; where a person did not like their allocated staff member they ensured they did not attend future visits to support them.

People and relatives knew how to make a complaint and raise any concerns about the service. We observed people had copies of the provider's 'service user guide' and 'statement of purpose'. These contained the provider's complaints procedure in a format that was readily available to them. People and relatives told us that staff responded well to any concerns or complaints raised.

In the year before our inspection the service had received 16 complaints, which had been resolved to the satisfaction of the complainant. The management team had recorded and investigated these complaints in accordance with the provider's policy and procedure. The registered manager had analysed the learning from incidents and complaints and had addressed themes and trends identified, for example; improving coordination of visits to ensure people received good continuity of staff. People had benefited as learning and improvements were made as a result of complaints received.

Most complaints were about mistimed calls which were generated at the commencement of the provider's new contract with the local authority. This had created a considerable increase in the number of people using the service and the number of care hours provided. People we spoke with told us that there had been problems with continuity and consistency at the commencement of their new contract but these had now been resolved. People and staff confirmed the registered manager had encouraged them to communicate

any problems to them so they could be addressed quickly. The registered manager used complaints and concerns as an opportunity to learn and drive improvement in the quality of service provided.

During the previous year the provider had received 12 formal compliments. One person who had received support to achieve a personal ambition recently attended the office with a bunch of flowers to thank all of the staff.

Health and social care professionals made positive comments about the caring and professional support provided to people when their care was transferred to All Care from other providers. A relative told us how they had been impressed with the quality of care their loved one had experienced when they were discharged from hospital. A relative of a another person, whose loved one was being supported to live with brain cancer and diabetes told us about the transfer of their loved one's care from another provider. They told us, "The difference between All Care and the last agency is like chalk and cheese. The carers are excellent, they come when they're meant to, they're well trained and do what they're supposed to, which has just improved the quality of (loved one's) life and mine, because I no longer have to worry."

Good

Is the service well-led?

Our findings

The registered manager had high expectations in relation to the delivery of quality care practice which they clearly communicated to their staff through effective induction, supervision and training. These expectations were also emphasised in the staff handbook. Staff told us the management had clear values around respect for people and said these were restated during team meetings.

People and staff told us the service was well led by the registered manager who was effectively supported by their team of supervisors, coordinators and team leaders. Staff told us the registered manager and their individual supervisors were supportive and approachable. People and relatives told us they felt confident reporting any concerns or poor practice to the management team. Health and social care professionals told us the service continuously strove to improve the quality of care and support they provided to people.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of information. Throughout the inspection the registered manager and staff were able to find all information we asked to look at promptly.

The registered manager told us the All Care ethos was all about 'Traditional values and providing outstanding care and service', which was highlighted on the provider's website. The service aimed to provide 'person centred care' to meet people's individual needs with best practice, while respecting their diversity. When providing people's care and support we observed staff demonstrate the provider's values in practice, treating them as unique individuals.

Staff told us they were proud to work for All Care and the service they provided. One member of staff with experience working for other providers told us, "When I'm asked what I do I tell people I work for All Care caring for people in their homes. Before I just used to say I work in care." People were cared for by staff who understood and practised the values of the service in the provision of their day to day care.

We observed staff who were happy to visit the office and had a good relationship with the office staff. Staff visiting the office told us the management team were "always approachable and willing to help." One visiting staff member told us, "We are encouraged to come in and visit the office and it's a good opportunity to catch up and give some quick feedback." We heard telephone interactions with people and staff, which were conducted in a friendly and professional manner.

Staff told us they were inspired and motivated by the registered manager who was "Hard working, approachable and supportive." One member of staff told us how they were impressed by the registered manager's leadership and said, "They are very professional and knowledgeable about the service but remain open minded to suggestions and ideas from the carers (staff).

The registered manager and operations manager spoke passionately about their service and how they strove to work in partnership with other stake holders to provide the best possible care to people living in

the community. The main commissioner of people's care told us, "All Care operates as one of the main domiciliary care providers in the Basingstoke and Deane Area. In my experience they provide a high standard of care to service users and carers." They told us the provider worked effectively in partnership with the local authority to resolve any difficulties or issues which may arise. The local authority commissioners of people's care had received positive feedback from care managers and social workers, which was confirmed by those we spoke with.

The registered manager and senior staff demonstrated good management. One member of staff praised their supervisor for sensitively supporting them at work, when they were experiencing a period of emotional distress at home. Two other staff members told us how the management team had encouraged and supported them while rehabilitating back to work after illness. One person told us they had a risk assessment within their rehabilitation plan which staged their return to work and modified their roles and responsibilities. Another person told us, "They (the provider) have been very supportive with my illness, reducing my hours when necessary and sorting out my rounds." However, one person we spoke with felt the registered manager had, "Not been very supportive" when they were ill.

People and staff told us the service had recently sought their opinions about the care and support provided, both through a written survey and informally. The registered manager told us they were awaiting the analysis of the feedback at the time of our inspection. People confirmed they had completed the survey and had made positive comments.

Most people told us there had been a vast improvement in the way office staff communicated with them. People told us that in the summer 2015 their visits had been disorganised and they were not contacted if staff were running late. They said now they were called by the supervisors and office staff to let them know what was happening.

The registered manager told us they were aware of concerns in relation to the continuity and consistency of calls when the service first commenced providing care. They were able to demonstrate how they had listened and learned from this feedback and taken positive action in response, for example; Improvements in staff rotas so people were aware in advance who would be supporting them and communication with people to inform them when staff were delayed.

The registered manager readily praised staff for their good work, for example; compliments had been shared with staff during quarterly meetings and in monthly newsletters to identify good practice. The management team discussed compliments and observed good practice with staff in person, which was recorded within staff supervisions. The registered manager used information from complaints and compliments to drive quality across the service.

The provider had appointed a quality assurance coordinator to audit various aspects on the operation of the service to ensure compliance with regulations, for example; medicines management audits. Audits identified where actions where necessary to improve practice, which the registered manager ensured were completed.

The provider had appointed a training coordinator and recruitment coordinator who worked effectively together to ensure there was an on-going programme effectively recruiting sufficient suitable staff to meet people's needs. This was confirmed by the staffing needs analysis and records. The service had a team of four supervisors and four coordinators to ensure effective continuity of care provision, which the provider's computer records confirmed. The office administrator provided live time monitoring of the electronic monitoring system to ensure there were no missed calls and that people were informed if staff were delayed.

Planned visit times were also checked against this system. This enabled the provider to be assured people received consistent care in accordance with their support plans.

The management team ensured that staff received unannounced spot checks, where staff were observed delivering care. The operations director visited the service weekly and monitored daily and weekly reports provided by the registered manager in relation to significant events. The management team met weekly to discuss the operation of the service and had developed a service improvement plan to focus on continued development and identify various initiatives and changes. This meant that the provider operated systems which ensured they could effectively identify, assess and monitor risks relating to people's health and welfare.

The registered manager was fully aware of their responsibility to report events that the provider is required in law to inform the CQC about. The provider had appropriately notified us of all events where required. The registered manager understood their 'duty of candour' responsibilities. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed an incident where the registered manager had apologised to a person's relatives, in accordance with the 'duty of candour.'

Records were well organised, readily available and accessible to appropriate staff. People's records were stored safely and securely in accordance with legislation, protecting their confidential information from unauthorised persons. Processes were in place to protect staff and people's confidential information.