

All Care (GB) Limited

All Care (GB) Limited - Basingstoke Branch

Inspection report

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Date of inspection visit:
11 February 2019
12 February 2019
13 February 2019
14 February 2019

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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

About the service:

- All Care provides personal care and support to people living in their own homes and specialist 'extra care' housing. At the time of the inspection there were 280 people receiving personal care from the service.
- For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk.

People's experience of using this service:

- People and their relatives consistently provided positive feedback about the quality of care they received.
- One person told us, "My care is first class. I need to choose my carers and need to know that nobody else will come. My carers are out of this world. They know me and my needs. They are the only carers I have ever trusted."
- People were protected from avoidable harm, neglect, abuse and discrimination. Staff ensured the human rights of people who lacked a voice, were upheld and respected.
- Risks to people's safety had been identified and management plans gave staff the required guidance to mitigate these risks. Staff delivered safe care in line with people's risk assessments.
- Without exception, staff supporting people within the 'extra care services' felt extremely valued and respected, and demonstrated high levels of morale.
- However, some staff supporting people in their own homes reported being frustrated by lack of communication from the management team and office based coordinators. These frustrations had been identified by the registered manager who was analysing these concerns at the time of inspection, to develop a strategy to improve communication.
- Staff had developed and maintained the required skills to meet people's needs effectively, which led to good outcomes for people's care and support and promoted their quality of life.
- We saw people were treated with kindness and compassion by staff who supported them to express their views and be actively involved in making decisions about their care.
- People's care plans were comprehensive and up to date, providing staff with the required information about their needs and how to meet them.
- The registered manager and provider had worked effectively with local organisations to improve care practice and outcomes.

Rating at last inspection:

- Good. (The last inspection report was published on 13 July 2016).

Why we inspected:

- This was a planned comprehensive inspection based on the previous rating.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained responsive.

Details are in our responsive findings below.

Good ●

All Care (GB) Limited - Basingstoke Branch

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one 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, in this case services for older people and people who lived with a learning disability.

Service and service type:

- This service is a domiciliary care agency, which provides personal care to older people, young adults, people living with the experience of dementia, autism, learning disabilities and physical disabilities.
- This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing; this inspection looked at people's personal care and support provided by the service.
- 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 site visit because we needed to be sure arrangements could be made to meet with key staff and people who use the service.

What we did:

- Before the inspection we looked at information we held about the service
- We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We spoke with five health and social care professionals who work with the service.

During the inspection:

- Inspection site visit activity was carried out on 11, 12 and 14 February 2019. We visited the office location on these dates to see the provider and office staff; and to review care records and policies and procedures. On 11 and 12 February 2019 we completed four home visits.
- On 11 February 2019, the Expert by Experience spoke on the phone with 14 people who use the service, to find out about their experience of the quality of care provided.
- On 13 February 2019, we spoke with 16 people living in two 'extra care' housing services in Andover.
- We spoke with the registered manager, the provider's higher management team, including the nominated individual. A nominated individual has responsibility for supervising the way that regulated activity is managed by a service. We spoke with 30 staff covering every role within the service, including the site managers of the 'extra care' services.
- We looked at the care records of 12 people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People felt safe and trusted the staff who supported them.
- One person told us, "I feel safe because they [staff] treat me like their own. They always take their time and are so gentle with me."
- A relative told us, "She is safe because the regular carers know her and her needs so well and how to treat her if she has different moods."
- The providers policies and procedures and local authority guidance for safeguarding people was readily available to staff.
- People were protected from avoidable harm because the provider ensured staff knew how to recognise and report abuse.
- Records showed that staff had raised concerns to the registered manager, which had then been referred to the local authority safeguarding team.
- The registered manager had worked with other relevant authorities, to make sure people were protected from abuse and avoidable harm.

Staffing and recruitment:

- People said staff arrived at the right times to deliver their care or telephoned them if they were going to be late.
- One person said, "They [staff] never let me down and always call me if they are running late to stop me worrying."
- The service used an electronic system which enabled care coordinators to monitor visits, and ensured people and staff were safe.
- Risk assessments specified the ratio of staff and skills they required to support each person, which were default settings in the provider's allocation system. This ensured there were always enough staff deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Until recently, the provider had been contractually obliged to take on 100 per cent of all packages commissioned by the local authority, which had led to extreme pressure on the coordination of resources. Staff had become frustrated with last minute changes to their rotas and requests to cover unallocated calls. The provider had worked closely with the local authority in designing a new commissioning framework, which meant they were now able to decline packages if they did not have sufficient staff to meet the person's needs.
- At the time of inspection, the registered manager was assessing coordination of staffing to develop a strategy to improve call allocation.
- The provider completed relevant pre-employment checks to make applicants had the appropriate skills and character to work with people made vulnerable by their circumstances. Staff had not been able to start work until all required checks had been completed.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and management plans provided staff with the necessary guidance to mitigate these risks.
- Staff could explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure damage to their skin.
- Risk assessments were reviewed regularly to make sure they were up to date and reflected people's changing needs.

Using medicines safely:

- The provider had policies and procedures to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff had their competency to administer medicines assessed regularly to ensure their practice was safe.
- We observed staff supporting people to take their medicines as prescribed, by their chosen method, in a safe and respectful way, in accordance with their medicines management plans.

Preventing and controlling infection:

- Staff had completed relevant training in relation to infection control and food hygiene.
- We saw that staff followed required standards of food safety and hygiene, when preparing or handling food.
- Staff had access to disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

Learning lessons when things go wrong:

- All accidents or incidents were recorded and reviewed.
- These reviews included any additional action or learning which might be needed to prevent a reoccurrence.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received any support, their needs were fully assessed to ensure the provider had suitably skilled staff available to provide effective, personalised care.
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and preferences for how they wished to be supported.
- The provider was introducing a new electronic care planning system, which provided staff with up to date information regarding changes in people's needs and prescribed medicines.
- Assessments were completed with the person, their relatives and health and social care professionals. Staff developed care plans, which were tailored to meet people's individual needs.
- Records showed people were involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience:

- The provider had enabled staff with the knowledge, skills and experience to support people effectively and safely.
- Staff felt their training prepared them to meet people's needs.
- Where people had more complex needs, staff training was developed and tailored to meet them, for example; personalised support to meet the unique needs of people living with dementia, Parkinson's disease and mental health diagnoses.
- All staff underwent a thorough induction programme, which included periods shadowing an experienced colleague and completion of the Care Certificate. The Care Certificate is a set of standards that social care and healthcare workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.
- Staff were motivated to learn and enhance their skill level. Staff and the management team were supported to complete nationally recognised qualifications relevant to their roles and the provision of health and social care.
- The provider had an effective programme to identify and develop potential leaders.
- The registered manager and training manager operated a system to monitor staff training, which was up to date at the time of inspection.
- Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development.
- Staff felt well supported by their immediate team leaders but often felt that communication with coordinators and the office team could be improved.
- The registered manager was exploring different strategies to improve the communication between the office team and care staff visiting people in their homes.

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

- Staff worked with healthcare professionals to make sure people received food and drink, according to their needs.
- Where people needed guidance or support with their diet, this was recorded in their care plans.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant dietetic professionals.
- Where required people were supported by staff to shop for food, and to prepare and cook meals.
- Staff working with other agencies to provide consistent, effective, timely care:
- The provider worked with other professionals to make sure people received effective care and support.
- Staff worked with healthcare professionals to ensure people's health needs were met and they had the equipment they required to promote their safety and independence.
- Staff effectively followed the advice from community and specialist nurses, physiotherapists, occupational therapists and speech and language therapists, to ensure people's support met their needs.
- The provider had developed good relationships with local health and social care professionals.
- Health and social care professionals consistently told us the provider had worked well in partnership, to assess people's needs and arrange packages of care that promoted people's well-being and independence.

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.

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people subject to any restrictions on their liberty.
- Care plans clearly set out how staff should support people to make choices. This included using items of reference and observing facial expressions and body language.
- We saw that staff consistently sought valid consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- People's human rights were protected by staff who understood the need and how to seek lawful consent, in accordance with MCA legislation and guidance.
- Staff worked in a way that respected people's individuality and were supportive when people made choices, which conventional wisdom may consider to be unwise.

Supporting people to live healthier lives, access healthcare services and support:

- Staff worked well with other agencies, including social services, GPs and community nursing teams as well as other care providers.
- Staff supported people to attend appointments with health care professionals, including health checks at their GP surgery, dentist, and hospital appointments. People confirmed staff helped them to attend appointments.
- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- Professionals told us that prompt referrals had been made to make sure that people's changing needs were met, and consistently reported that staff effectively implemented their guidance.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider matched suitable care staff to people with shared interests and hobbies to enable them to build trusting and caring relationships.
- People told us they experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- One person said, "They [staff] are so special to me. They get me, which helps me to stay well." A relative told us, "The carers [staff] are so kind and friendly. They are like big sisters, always looking for ways to make her life better."
- Staff consistently spoke with pride and fondness about people they supported.
- We saw that staff delivered care with warmth and empathy, engaging people in friendly conversation, which made people feel special. One person told us, "This is the highlight of my day. It is just like having a natter with your best friend. I don't think of them as my carers, they are like my family."
- The management team effectively operated a framework, which monitored staff practice to ensure it was delivered in a kind and caring manner.
- Staff had completed training in relation to equality and diversity and understood the importance of respecting people's diverse social, cultural, religious and spiritual needs.
- Staff were deeply committed and passionate about the people they supported.
- The service had received multiple compliments about the support they provided, for example; Praising staff for visiting them in the snow, and supporting families to engage with other professionals.

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

- People and their representatives felt fully involved in all decisions about their support.
- One relative told us, "The caring and friendly way [referral manager] came to see us and went through everything with us, was very reassuring, especially as she kept in touch to make sure we were happy."
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect, and maintained their privacy.
- Care plans contained information about how staff should respect and promote people's dignity.
- Care plans and risk assessments were reviewed regularly, which ensured they detailed people's changing needs and reflected their current preferences.
- Staff supported people to develop and maintain their independent living skills.
- People received care and support from a regular staff team which helped to promote people's confidence and independence.

- Staff said they always consulted people and sought their agreement before delivering any care, which we observed in practice.
- Staff described how they maintained people's privacy, for example; Making sure doors and curtains were closed and people remained covered while receiving personal care.

Is the service responsive?

Our findings

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

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

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

- Staff had comprehensive knowledge about people's individual needs and their personal preferences, which was reflected in the delivery of their care and support.
- Care was planned around people's preferred routines and staff were flexible to accommodate people's wishes.
- One relative told us staff were, "Absolutely amazing. They [staff] change their own arrangements to make sure they never let us down. They are very special and so dedicated."
- Care plans provided detailed information and clear guidance about how to meet people's health, medical and care needs.
- People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning. For example, one person told us they were constantly updating their own support plan.
- Detailed daily progress notes accurately recorded the support people had received.
- Staff had been trained and understood how to monitor and support people to reduce any identified risks.
- The provider had introduced nationally recognised tools to monitor identified risks to people, for example, in relation to pressure area management.
- Staff understood the Accessible Information Standard. This requires service providers to ensure those people with disability, impairment or sensory loss have information provided in an accessible format and are supported with communication.
- People were enabled to understand information, and their communication needs were identified, recorded and effectively shared with others.
- We saw identified information and communication needs were met for individuals.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities, which increased their sense of independence.

Improving care quality in response to complaints or concerns:

- People and relatives felt confident to share their worries and concerns with staff, who supported them.
- One person said, "I can talk to them [staff] about anything and I know they will always look after me." Another person said, "Whenever I am worried or upset they are very quick to sort things out for me." A relative told us, "We speak to the girls [staff] who are always in our corner and they get things done."
- Staff took pride in the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- People were aware of the provider's complaints process and knew how to use it.
- Records demonstrated that the registered manager thoroughly investigated all complaints in accordance with the provider's policy and procedure.
- There was a record of each complaint, an investigation report with supporting evidence and a response to

the complainant.

- The registered manager used complaints and concerns to drive improvements in the service.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- People and relatives were given the opportunity to discuss advance decisions and their end of life wishes.
- Some staff had received additional training in relation to supporting people with end of life care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager effectively operated systems and processes to promote person-centred care.
- People and relatives told us the staff placed the needs of people firmly at the heart of the service by promoting their independence, choice and well-being.
- People experienced high quality personalised care because staff were committed to ensuring everyone received care, which was individual to them.
- Staff understood the importance of knowing people well and could tell us about people's needs, preferences and life histories.
- Records demonstrated the provider's person-centred approach.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, for example; Accidents or incidents that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a clear management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The management team worked alongside staff and carried out competency visits to observe and monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- Staff consistently agreed that communication was an area that could be improved, particularly in relation to their rotas. These concerns had been highlighted in the annual staff survey.
- The provider had invested in technology to improve how information was stored and communicated, as a part of their strategy to improve communication. This also enabled the provider to further monitor quality and improved safety for staff.
- The registered manager held meetings where issues were discussed and action plans put in place to show how improvements would be made, for example templating of rotas.
- Health and social care professionals told us they had been impressed by the person-centred approach of the registered manager and provider.
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care.

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

- The provider spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes. People and staff shared their views through annual satisfaction surveys.
- People's views were listened to and acted upon.
- Staff nominated colleagues for an employee of the month award, with appropriate gifts, which made staff feel valued.
- The registered manager valued the views of staff and arranged meeting venues to accommodate staff who were unable to travel to Basingstoke.
- Quality assurance surveys were used to obtain the views of people and their relatives about the standard of care. Service improvement plans were developed ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings, which also formed part of their quality assurance process. The registered manager told us they had received excellent support from the provider since their appointment.

Continuous learning and improving care:

- Accidents and incidents were effectively logged by staff and reviewed by designated managers.
- This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents was fulfilled.
- The registered manager and other managers effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Accidents and incidents were discussed at staff meetings in order that required improvements to the care people received were communicated.

Working in partnership with others:

- The provider has effectively collaborated with local commissioners and partners to develop a new commissioning framework and is currently supporting a local initiative to improve recruitment and retention of care staff in the north of Hampshire.
- Health and social care professionals told us the provider and registered manager actively engaged in effective partnership working to ensure people were integrated into their local community.
- The staff worked in partnership with people and relatives. One relative said, "They are always speaking to us and sharing ideas. It really is a team effort."