

All for You Services Support Service

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Type of inspection:
Unannounced

Completed on:
19 September 2024

Service provided by:
All for You Services Ltd

Service provider number:
SP2021000132

Service no:
CS2021000223

About the service

All for You Services provides care at home services to people living in their own homes. The service has been registered with the Care Inspectorate since 26 August 2021 and is a privately owned company.

The service is registered to provide care in West Lothian and Edinburgh. At the start of the inspection, there were five people in West Lothian receiving care from the service.

About the inspection

The service was subject to an Improvement Notice that was issued on 02 May 2024.

This was an unannounced inspection which took place on 16 and 17 September 2024. This inspection was carried out by two inspectors from the Care Inspectorate. We had visited the service on 1, 2 and 3 July 2024 where it was found that the required improvements had not been met. The timescale for meeting these improvements was then extended to 13 September 2023.

At this inspection, all improvements had been met. For further details on this enforcement please see the service's page on our website at www.careinspectorate.com.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and five relatives
- spoke with six staff and management
- observed practice
- reviewed documents
- spoke with other professionals.

Key messages

- We took enforcement action to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.
- The provider had appointed a manager with the skills, knowledge and experience required to lead and manage the service to a standard which results in better outcomes for people.
- A system of quality assurance had commenced to support the delivery of care to people, including audits and observations of staff practice. Some work was still required to ensure this was further developed and sustained in order to ensure that quality of care and support is adequately measured and resulting actions appropriately progressed.
- Safe recruitment and selection policies and processes were in place and all required staff were registered with the appropriate regulatory body.
- There was much improvement in the assessment, review and documentation of people's health, safety and wellbeing needs, and associated risk assessment. This information was available to staff and some further improvements were being made at the time of inspection to ensure sufficient information was documented on care plans to reflect people's individual needs, rights, choices and wishes.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

Because there was improvement in how the service supported people's wellbeing, we re-evaluated quality indicator 1.1 as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses.

Staff interactions were kind and caring and we heard from people and their families that support was being provided by a consistent staff team. Staff were knowledgeable about the people they supported and meaningful interaction had improved as a result. Medication was being managed safely and regular observations of practice were being carried out. Staff were able to explain to us how they would handle situations or concerns relating to health, wellbeing, adult protection or medication. This meant that people could be confident that staff were appropriately trained, competent and skilled in delivering support with medication and in knowing when and how to access relevant professionals to support their health and wellbeing.

The assessment, review and documentation of people's health, safety and wellbeing needs, and associated risk assessments had greatly improved. This information was available to staff and some further improvements were being made at the time of inspection to ensure sufficient information was documented on care plans to reflect people's individual needs, rights, choices and wishes. We made an area for improvement about this (**see area for improvement 1**).

Areas for improvement

1.
To ensure that people's care and support is focussed on their individual aspirations, the provider should ensure that personal plans outline the support that will be provided to help people to achieve this, and have sufficient detail to reflect their individual needs, rights, choices and wishes.

This should also include a review of risk assessments to ensure these are consistent and detailed and include appropriate control measures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 3.07).

How good is our leadership?

3 - Adequate

Because there was improvement in the leadership and quality assurance within the service, and how this was supporting outcomes for people, we re-evaluated quality indicator 2.2 as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses.

The provider had appointed a manager with the required skills, knowledge and experience required to lead and manage the service to a standard which results in better outcomes for people.

A system of quality assurance had begun to support the delivery of care to people, including audits and observations of staff practice. Quality assurance included feedback from people and their relatives and processes were being implemented to ensure the results of feedback and audits would inform improvements, using a service improvement plan to document how outcomes for people were measured. Some further work was needed to further develop this process and to ensure improvements were sustained. We have made a requirement about this (**see requirement 1**).

Requirements

1.
By 18 January 2025 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people.

This should be achieved through establishing and maintaining a culture of continuous improvement, with robust and transparent quality assurance and auditing processes.

In order to do this the provider must:

(a) ensure effective quality assurance systems are in place for all aspects of service delivery which support improved outcomes for people who experience care and support

(b) demonstrate that the manager is involved in monitoring and auditing written records, visit scheduling, people's experiences and care plans

(c) ensure that appropriate cover arrangements are in place for management and quality assurance activities in the absence of the registered manager.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

3 - Adequate

Because there was improvement in how the service carried out recruitment and training, and in the service's staffing arrangements, we re-evaluated quality indicators 3.1, 3.2 and 3.3 as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses.

Safe recruitment and selection policies and processes had been put in place and all appropriate staff were registered with the appropriate regulatory body.

Training was in place alongside reflective accounts and discussions to ensure staff fully understood their

responsibilities in respect of any training which was carried out online.

Staff practice was being appropriately monitored through observations of practice and supervision.

Resources were being appropriately utilised to ensure that people benefitted from a regular staff team who knew them well.

Staff felt supported and worked well together.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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