

SBL Care Ltd

Always Care Community Support Agency

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

About the service

Allways Care Community Support Agency is a domiciliary care service based in Skegness, Lincolnshire. Care workers provide personal care and support to people living in their own homes. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was providing support for 60 people who were receiving personal care. This is the regulated activity the service is registered with us for.

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

Systems were in place to ensure the safety of people being cared for. People were protected against abuse and discrimination and their rights were upheld.

People's needs were appropriately assessed, and outcomes were met. Staff received a structured induction and training and were supported to ensure they had the skills, knowledge and confidence they needed to perform their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

The service being delivered was caring. Staff treated people with kindness and their dignity and privacy was respected.

People received care which was responsive to their needs. People and where appropriate, their relatives were consulted about their care, involved in reviewing the arrangements for care and making any necessary changes.

A process was in place which ensured complaints could be raised. Concerns were acted upon and lessons were learned through positive communication.

The service was consistently managed, and the registered provider had systems in place to monitor the quality of the service. Actions were taken, and improvements needed were made quickly when required.

Rating at last inspection

The last rating for this service was Good (Published 21 March 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection. At this inspection the service quality had been sustained and the service retained its rating of Good.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Always Care Community Support Agency

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Always Care Community Support Agency is a domiciliary care agency. It is registered to provide personal care to adults living in their own houses and flats.

Notice of inspection

We gave the service a short period of notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also needed to arrange to speak with people who used the service and their relatives as part of this inspection and with the staff that supported people.

Our inspection activity started on 15 July 2019 and ended on 16 July 2019. As part of this process, we visited the office location on 15 July 2019 to see the manager and office staff; and to review care records and information about how services were being provided.

What we did

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is

required to tell us about).

The registered provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also made contact with Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with ten people and three relatives by telephone to ask about their experience of the care provided. During our visit to the registered providers office we also met with one person, as they wanted to tell us to personally tell us about their experiences of care. We also spoke with the registered providers managing director who was also the nominated individual, the registered manager, two deputy managers, five of the care staff team, the office administrator, and an external health care professional who had worked with the service.

We reviewed a range of written records including specific parts of ten people's care records, three staff recruitment files and information relating to the administration of medicines and the registered providers auditing and monitoring of service provision.

After the inspection

We continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us with a range of additional training and policy and procedure information as part of this process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service lived in their own homes and told us staff helped them feel safe and secure while living independently. One person said, "I was in hospital last year when I came back I was offered another service, but I waited for Allways because I prefer them, and they make me feel very safe."
- Staff we spoke with told us and records showed they had received training about how to protect people from the risk of abuse. They knew how to identify situations in which people may be at risk of abuse and how to report any situations of this nature, both within the registered provider's organisation and externally.

Assessing risk, safety monitoring and management

- Systems and processes were in place to ensure risks associated with people's care and support was managed effectively. This included the use of any equipment needed to provide safe care for people. One person described how they were helped to mobilise saying, "I have a hoist and the staff know how to use it."
- When it was needed, staff had received guidance about how to access people's properties safely and securely using key safes.
- Risks related to lone working for staff had been fully considered and staff had guidance they could refer to support them.
- The environmental safety of people's homes was also assessed to ensure that the delivery of care and support could be carried out safely.

Staffing and recruitment

- Records showed staffing levels were sufficient to ensure people received the care they required. The registered manager told us that agency care staff were not used and that they employed one bank staff member to support any additional staff need.
- People and relatives consistently told us the service was reliable, and they had continuity of staff. When describing the services, they received, one person said, "It runs fairly smoothly I can't think they have ever really missed a visit. Sometimes they are late but let me know. Not needed to follow up any worries with the manager but could do if I had anything. All I want you to know is they do a good job and that's what counts for me."
- Staff were recruited safely. The provider had carried out background checks to assure themselves staff were of good character. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- The registered manager responded quickly to information we highlighted regarding obtaining references during the recruitment process for two new staff members as some of the reference requests they had made had not been responded to. This included action to ensure risk assessments had been completed when all of the reference information they had requested could not be obtained for staff.

Using medicines safely

- People and relatives consistently told us they were satisfied with the support they received to take their medicines.
- Where people needed support with their medicines, this was provided safely and in line with their individual needs and preferences. Care staff received medicines training and regular spot checks were conducted by the registered manager and senior staff to ensure care staff knowledge and practice remained up to date.
- The provider had a policy relating to the safe administration of medicines which staff were aware of.
- Training records confirmed staff were trained to administer medicines and new staff were observed to ensure their competence prior to being permitted to administer medicines to people, annual medicines observations were carried out thereafter.
- Records showed the registered manager carried out regular checks to ensure medicines were being administered safely.

Preventing and controlling infection

- Staff told us they had received training about infection control as part of their induction and they understood their responsibility in working to prevent the spread of infection. One staff member told us, "We have a good supply of gloves and aprons and shoe covers we use to make sure we keep ourselves clean when we work, and we don't spread any germs to those we care for."

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents.
- The registered manager told us that accidents and incidents were reviewed along with safeguarding concerns and complaints to ensure lessons were learnt.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People's needs were assessed prior to the registered provider agreeing to deliver care.
- Records showed assessments included enough information to ensure that people's needs and wishes for care were captured accurately.

People we spoke with confirmed this. One person said, "The staff did an assessment before I got the care and they have kept assessing any changes I and they think are needed so things are up to date for me and my needs."

- A staff member commented, "Any new client has paperwork in place and we get text messages with any additional information we need which are secure."

Staff support: induction, training, skills and experience

- In addition to providing nationally recognised training for staff, the registered provider confirmed they had continued to deliver their own training to staff and that they were an accredited trainer in subjects related to care.
- Staff told us they had received a structured training programme as part of their induction and that this had helped equip them for their roles. The induction included a week of training and competency checks followed by shadowing more experienced staff and observing how care was given.
- After their induction, staff told us they received the on-going training required to provide effective care and people and relatives consistently told us staff were competent and good at their jobs.
- Records showed that staff were provided with any additional training needed to ensure they could support people living with health conditions such as dementia and diabetes.

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

- Whilst people took responsibility for providing their own food and drinks some people required support to prepare meals and drinks as part of their care and support.
- Records confirmed staff had received training regarding food hygiene as part of their mandatory induction and training requirements.
- Staff were knowledgeable about people's dietary requirements, staff told us how they supported one person to make meals in advance so that they had access to the food and drinks they needed at the times they preferred.
- The registered manager described how staff had worked closely with the person to manage the risks related their dietary preference for frozen foods. However, the risks and actions agreed with the person had

not been fully reflected in the persons care records. The registered manager immediately recognised the need to update the information. Following our inspection visit they told us the records had been reviewed and updated.

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

- The registered provider had maintained positive relationships with other professional health and social care agencies.
- Records showed advice provided by health and social care professionals were included within peoples care plans.
- Care records showed people were supported to access healthcare services such as the GP if they needed it. A senior staff member described how one person staff supported had rashes on their skin and that this was, "Escalated to the district nurse who came through to the staff." They told us a range of medical interventions were discussed and, "The district nurse has asked for feedback on how this is working."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Records we looked at showed care plans and associated documents included evidence to confirm people had consented to care being delivered in the way they had agreed.
- People and relatives told us staff asked for permission prior to delivering care. One person said, " We agreed to the arrangements for care. The staff ask for permission before they do things and don't take anything for granted.
- Staff received training regarding the MCA and had developed a good understanding of the subject. One staff member said, "We understand MCA decisions are promoted for the person and any issues escalated back to the manager."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives consistently told us staff treated them well and were kind to them. One person said, "The staff are gentle, and they are kind to me. They don't rush me, and I think they see me as one of their own family. They always tell me what they are doing and if there is anything new they explain it to me, so I know how they will be doing things - giving care I mean."
- The registered manager described how they regarded the individual and diverse needs of each person as important when planning and delivering personal care to people. Staff we spoke with told us equality and diversity was a subject they had covered through their induction and by accessing nationally recognised qualifications in care.
- People told us their diverse needs were met. When describing how their individual needs for care had been respected, one person said, "Staff use a special chair which has really helped me with my back. They carry out one visit very early because I need them to come at this time. They always accommodate me, and I have gotten to know the staff well over the years."
- The registered manager told us that at the time of our inspection they only employed female staff. They told us this was explained during the assessment process in case there was a need to consider any requests they may receive for male staff.
- People and relatives, we spoke with told us they preferred to be supported by female staff but that if this preference changed they felt they would be fully supported in exploring ways to ensure their request could be met.
- During our inspection the registered manager took action to add information to the main assessment pack to include a specific question asking if people would prefer male/female staff and that male staff are not currently employed.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible.
- Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed that the registered manager had liaised with people's relatives on a regular basis where this had been agreed, to ensure people's needs were met.
- The registered manager also told us if people needed any additional help in communicating their views, they could be supported to access information about lay advocacy services. They understood how to enable

people to make contact with these services if needed. Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence

- We found that suitable arrangements had been made to ensure that private information was kept confidential.
- Staff we spoke with were clear about their responsibility in regard to confidentiality
- During our inspection we saw written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- We found that people received personalised care that was responsive to their needs.
- People were provided with packages of care where the amount of support hours assessed as required were provided according to the person's needs.
- People told us they had been involved in developing their care plan.
- People also told us they were cared for by a consistent staff team who knew them well.
- Staff told us they were given sufficient time to read care plans and understand people's personal preferences.
- Care records included any specific information staff needed to be aware of in relation to what was important to people and the significant people in their lives. Staff told us this helped them to understand the experiences of people, and those who lived with dementia and ensure care was focussed on the person.
- One person met with us and told us about how much they valued the support they received from staff to help them engage with the local and wider community to be as independent as they had chosen to be.
- When describing how staff took the time to work with them and their loved one, a relative commented, "When we have issues or questions about my father's care the staff help by discuss examples of other support they provide without breaching confidentiality. For example, when [Name of person] wouldn't get up we discussed options for increasing [name of person] motivation to do so. The staff make a cooked breakfast, and this really helped to motivate [name of person] to get up."
- Care plans were regularly updated and reviewed and people and relatives we spoke with consistently told us their care plans were reflective of their current needs.

Meeting people's communication needs

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

- The registered manager told us they were able to provide information about the services they provided to people in a variety of ways such as large print, picture format and audio if this was needed.

Improving care quality in response to complaints or concerns

- People knew how to complain if they were not happy with the care they were receiving. Records confirmed people received a service user guide which contained information about how to complain.

- The registered manager told us they had not received any formal complaints during the last 12 months.
- We noted the complaints policy did not include up to date information about the local government ombudsman. When we raised this with the registered manager they took immediate action to update the information.

End of life care and support

- The registered manager and staff we spoke with told us they had a clear understanding of the principles of good end of life care. The registered manager described how they and staff maintained a focus on respecting peoples wishes as part of their approach to care giving.
- This was supported by the people we spoke with. One person told us, "[My relative] has been in hospital and I said as part of the discharge plan I wouldn't want anyone else except Allways Care and they got things sorted so I could have them. The Palliative care team are here now. They work really well with the care staff from Allways and offer a good team approach to supporting [my relative]."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff consistently told us the registered provider and the management team were open and approachable.
- The registered manager and provider understood their regulatory responsibilities and had ensured that they notified us about events that they are required to by law.
- Our previous inspection ratings were clearly displayed in the office location and on the providers own website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to ensure oversight and scrutiny of the service and that regulatory requirements were met. Records showed the registered manager had developed a system to check peoples care delivery was meeting regulatory requirements.
- Daily care records were maintained which included information such as medicines administration records, nutritional information and people's weight. Staff told us these records were returned to the office for audit and the registered manager described how these were checked for consistency.
- The registered manager and registered provider maintained daily contact and told us they had regular meetings to review how the service was operating. However, there were no consistently maintained records of the meetings to show any agreed actions taken, forward planning and service developments.
- The registered providers managing director and registered manager told us they would ensure all future meetings would be recorded so that they could evidence the topics discussed, review the actions from each meeting and what had been achieved or needed further work.
- The registered provider had developed and maintained a system to ensure they were able to get feedback about the quality of care being delivered. The registered manager also told us about check calls they and senior staff undertook to people using the service to get feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Records showed the registered manager and provider regularly engaged with the staff team and held meetings to share important information and discuss issues relating to care and support.
- Staff told us they were listened to by the provider. They also described how they were aware of the

registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.

- Records showed good working relationships had been maintained with a range of health and social care professionals.