

SBL Care Ltd

# Allways Care Community Support Agency

## Inspection report

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27 February 2017

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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

We carried out this announced inspection on 24 and 27 February 2017.

Allways Care is owned by a company called SBL Care Ltd. It is a domiciliary care service based in Skegness, Lincolnshire. Care workers provide personal care and support to people living in their own homes. At the time of our inspection the service was providing support for 67 people. 38 of the people were receiving personal care. This is the regulated activity the service is registered with us for.

This was our first inspection of the service since the provider changed their registration status to a limited company on 7 September 2016.

There was an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff knew how to keep people safe from situations in which they might experience abuse and people had been supported to avoid preventable accidents. Medicines were managed safely and people had been helped to obtain all of the healthcare they needed. There were enough care staff available to provide the care people needed and visits were completed in the right way.

Staff had received the training and guidance the provider had identified as required of them and staff knew how to support people with the personal support they needed. People had been assisted to eat and drink enough and they had been consulted about the care they wanted and needed to receive.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and care staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the MCA and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about how best to develop the service. Good team work was promoted by the registered persons and people and staff were supported to speak out if they had any concerns.

The provider and registered manager had a range of quality checks in place which had been completed and were on-going to make sure that people reliably received all of the care they needed.

## 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.

Staff knew how to take any action needed to protect people from abuse.

People had been helped to stay safe by avoiding accidents.

There were sufficient staff employed by the service to enable them to care for people safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they needed to undertake their role.

People's healthcare needs were met and people were helped to eat and drink enough to stay well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interests decision making process.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff were aware of people's choices and care needs.

The registered persons and staff maintained people's personal information in ways which ensured it was kept confidential.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with the care they needed.

Staff recognised the importance of supporting people to make choices about their lives.

There were arrangements in place to respond to and resolve complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

Quality checks had been completed to ensure people were reliably receiving all of the care they needed.

People had been consulted about the development of the service.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted by the provider and registered manager.

# Allways Care Community Support Agency

## **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.

Before 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. In addition, we reviewed the information we held about the service. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the provider, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion for health and social care. We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

On 24 February 2017 we made telephone contact with four people who used the service in order to ask for feedback on the quality of care they received. During these discussions with people we also spoke with the relative of one person.

We visited the administrative office of the service on 27 February 2017. The inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection process.

During our inspection visit we spoke with one person who visited the provider's office to talk with us direct. We also met and spoke with six members of the care staff team, one of the services team leaders who was responsible for organising and checking on the visits completed to people's homes, a member of the

services administration staff, the assistant manager, registered manager and two of the service's directors.

In addition, we looked at records related to the care four people received and a range of records relating to how the service was run. This included policies and procedures related to how people were supported with their medicines, policies relating to staff and rotas which showed planned visit times. We also viewed staff meeting records, three staff recruitment records and the staff training plan. We also looked at the records and the arrangements in place for managing complaints and monitoring, checking and maintaining the overall quality of the services provided.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. A person we spoke with told us, "I say yes I am safe with the care staff because that's what they help me to be. They work hard to make sure I am checked regularly and they keep checking my health by asking me how I am not just doing the care."

Care staff told us how they used the care records people had at their homes as a reference for information about any risks and how to respond to these. This included any potential risks to people which had been identified and assessed in relation to the person and the environment they lived in. The assessment covered a range of areas including trip hazards, health and safety, infection control and any equipment which might be needed to help people to move around safely.

Records showed that staff had received guidance from the provider and completed training about how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff said they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. One care staff member said we have guidance called 'The seven steps to safety' which helps us to keep these in our head. If we thought any one person was at risk of abuse of any sort we would report it straight away." Where issues of concern in regard to people's safety had been identified the provider had taken action to respond to the concern and report any information about actions they had taken to appropriate agencies, including the Care Quality Commission (CQC).

People were supported safely by care staff. For example care staff described how they worked together in twos when this was needed and used equipment such as hoists to help people move safely. One person said, "The carers look out for things in the room so I don't trip. If I have an accident it could be bad and I don't want to be off my feet. The staff look after me well so yes I do feel safe because of them."

Care staff told us that they were aware of any potential safety issues and actual risks that they needed to be aware of when they were allocated new work, for example operating key safes to access people's property when they lived alone and lone working. Lone working arrangements were in place which were backed up by a policy which staff said they understood. We saw how this was applied. For example, in addition to the provider issuing staff with a mobile telephone care staff also told us they had access to a personal alarm which they carried with them to keep them safe.

Records demonstrated the registered person had a safe staff recruitment process in place. We looked at the records of the background checks that the registered persons had completed before three members of care staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Other checks completed included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered person had an on-going recruitment process in place to help sustain staffing levels and rotas we looked at showed the number of staff the provider had identified as being needed to give the care required were scheduled to do this, including where people required two care staff to support them with their personal care. The registered manager confirmed they used their on call arrangements to provide any additional cover needed and that they did not need to use agency or bank staff to fill any gaps when staff were not available to work, for example when they were unwell or on holiday.

Some people who used the service needed assistance with taking their medicines. People we spoke with said and records confirmed that staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines available to take so that they did not run out.



# Is the service effective?

## Our findings

People told us they were confident that the care staff who visited them knew how to provide them with the assistance they needed and wanted to receive. One person said, "The staff are very helpful and in my opinion know their work very well."

The provider told us they were an accredited trainer in subjects related to care and that they provided structured training for new staff as part of their induction when any new staff were employed. Staff we spoke with told us they had received a structured induction and they had found this useful. We spoke with two newly recruited care staff members who told us about their induction. They said this had included a week of training followed by shadowing more experienced staff and observing how care was given. This also included hands on training about how to help people move around safely. One of the care staff said, "I think the induction was very clear and I knew what was expected of me in the job." The other care staff member commented, "I really found it useful and was fully prepared for the role." As part of the induction staff completed questionnaires and were tested on their knowledge and understanding. The provider told us that if any of the staff team were finding it difficult to complete their induction additional support and resources were given to help them through it. This meant all of the care staff were assessed as competent before they gave care. The provider had aligned the induction to the national Care Certificate which sets out common induction standards for social care staff and they told us that work was in hand to fully incorporate the Care Certificate into the staff induction programme in the near future.

The registered person showed us they had arranged and delivered on-going refresher training plan in place which staff were expected to complete every two years or sooner if it had been identified as needed. The training covered topics related to supporting people who lived with dementia, infection control and moving and handling. Staff said they felt well supported and that they had the chance to discuss their development needs together with the registered persons so that any future training needs could be identified. Staff told us they felt well supported and had access to supervision with the registered manager. The registered manager showed us their supervision plans for March and April 2017 and confirmed they had also scheduled annual appraisals for the care staff team which were due.

As part of their on-going development the registered manager and care staff we spoke with confirmed they were also supported to undertake and complete nationally recognised qualifications in care.

Care staff assisted people to eat and drink whenever this was required. Some people lived with family members who prepared meals for them but other people needed more support from care staff to prepare and serve meals, snacks and drinks. Assessment and care records included information about what people ate and drank, any allergies they had and any specific support people required with their meals.

The registered persons told us how they worked closely and collaboratively with community health professionals to ensure people's care needs were met in full. People we spoke with confirmed this and described how when it had been needed care staff were always careful to consult with them or their relatives so that they made decisions together about making contact with doctors and other healthcare

professionals. One person told us how they had, "A care plan set out by the stroke health team and the care staff use this with their information to give me the help I need. I also need to do regular exercises and they help motivate me through their visits."

We found that the registered persons and staff were following the Mental Capacity Act 2005 (MCA) in that they had supported people to make important decisions for themselves. This had involved consulting with and listening to people who used the service, explaining information to them and seeking their informed consent. For example, before any care had been set up and provided an assessment was carried out by senior staff together with the person and if appropriate, their circle of support. We saw that the assessment records had involved discussions with the person and that the person had been asked to sign to say they consented to the levels of care identified as needed and agreed.

People and a relative we spoke with said that care staff always respected their decisions and choices. The 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. People who used the service gave examples of this when they described how care staff had explained to them what their medicines were for and why they needed to carefully use medicines in the manner prescribed by their doctor.

## Is the service caring?

### Our findings

People and relatives we spoke with told us the care staff were kind and caring toward them. One person told us, "I have found all of the care staff really friendly. There is a team of carers who come in. I don't know which one will come in on each day but I know them all so well it doesn't matter because they all to the care I need well." A relative commented, "I can't speak highly enough of the care staff. They visit four times a day and always stay for the time needed. We didn't know what to expect when they started but it's been brilliant because more than anything they care."

We found that office and care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could co-ordinate and complement each other's contribution. One person told us, "They are very flexible and we work together. I can give you an example when they helped me by changing the visit time for me to enable me to go to a hospital appointment I had to attend. I was grateful and the changes were sorted out quickly." In addition to personal preferences care records also contained information about any particular religion each person might have so that if needed this could be respected and supported.

During our visit to the provider's office we observed office staff were friendly and helpful and that when people contacted them by telephone they provided any information people asked for clearly. The office staff told us that the office was open for people to visit during the day and we saw access to the main office was available for people who may need additional assistance to gain entry to it.

Care staff said their training included talking about the importance of ensuring the dignity and privacy of people was always being maintained when they gave care. Those we spoke with gave examples of how they did this which included; making sure curtains and doors to bathrooms were closed when they gave personal care support. One care staff member said, "I always make sure I check if the person wants to be covered up in any area of their body when I give care. It's right to ask these things to help the person feel special. Because they are."

Staff recognised the importance of not intruding into people's private space. People told us when they had been first been introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. For example, some people had given permission for staff to access their home through the use a key safe. One person told us, "The staff are always respectful in how they enter my house. I know when they are coming. I have a cat and the staff know our routines. They never fail to ask me if I still want the door locking before they leave just in case the cat wants to get back in."

Records showed that most people could express their wishes or had their circle of support to help them do this. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition staff told us they were aware of the need to not discuss matters which were work related if they used social media to speak with each other and they were clear about the need to only use secure communication routes when discussing confidential matters with each other.

We saw that records which contained private information were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

## Is the service responsive?

### Our findings

The registered manager showed us that in advance of any care starting they carried out a detailed assessment which included a visit to the person's home to meet with them and if appropriate, their circle of support.

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included help with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "I have come on like a ton of bricks since getting the care at home. They help me shower and do my creams for me so I can get about. I had a period in hospital which wasn't good but the care at home from this service has really got me going again."

Care staff told us they recorded the details regarding the tasks they had completed at the end of each care visit they carried out. These records were collated and returned to the services office on a regular four weekly basis so they could be checked and maintained for reference by the registered manager and assistant manager. The registered manager told us that the care plans were kept under review using these systems and through feedback from people and care staff direct. Any care changes identified as needed were discussed with people and care plans adjusted accordingly.

Staff had supported people to pursue their interests and hobbies. Examples of this involved people being supported to go shopping and one person who we met with told us the care staff went with them when they went horse riding every week. Another person had been unwell for some time and could no longer go shopping for food with their family member. Care staff undertook the shopping trips with the person's family member and they had fed back that they found the help valuable and enjoyed the company. A care staff member also told us how they went shopping with another person regularly and that this included food shopping and going for coffee.

Information on how to raise a concern or make a formal complaint was included in the introductory information people received when they first started using the service. People told us they knew how to make a complaint and were confident that this would be handled properly by the provider. All of the people we spoke with said they would have no hesitation in raising any concerns and one person told us, "I have book here at home with all the telephone numbers on. If I had the need to contact the office with any complaints I know they would be prompt in getting it worked out for me." Any concerns raised were recorded and followed up by the registered manager herself. We saw that one concern raised about call times had been responded to in full through the manager undertaking spot checks and agreeing to adjust the times together with the person and their family. Another example we saw was when the registered manager had responded to a person who had asked for further adjustments to be made to the arrangements for their care in the evenings. We saw the changes had been recorded and the person had fed back they were happy with the outcome. At the time of our inspection the registered manager confirmed there were no outstanding concerns or complaints.

## Is the service well-led?

### Our findings

People and their relatives told us that they considered the service to be well managed. A person commented about this saying, "The staff seem to be well organised and the contact with the office is always there when I need it" A relative commented, "The carers are fairly consistent and they are very reliable. I know the key people at the office and the manager and deputy manager seem to work well together."

Care staff we spoke with confirmed they were issued with a staff handbook which they said gave them information about their roles and responsibilities and details about what they should do if they had any concerns or issues they needed support with.

The service had an established registered manager who care and office staff told us were regularly available to provide support for them to do their jobs. The registered manager described how that this was necessary to ensure that staff were able to work in a coordinated and consistent way to provide people with the right care. They also added that as care staff worked remotely it was particularly important to engage them in developing good team working practices. The registered manager operated an out of hours and on call rota so care staff could seek additional guidance and support they might need at any time. One care staff member commented, "Three team leaders are there to help if we need additional support and any extra urgent care help we also have the managers who are contactable out of hours. The means we know there is someone always at the end of the line if we need them. I had a question about helping one person who had to have their arm in a special sling to support them. I recently made contact with the team leaders who gave me the answers and help I needed."

Throughout our inspection visit we noted there was an open, relaxed and friendly approach to running the service. One staff member who spoke with us commented they had, "Just popped in to pick up some extra gloves and aprons for giving care. It's a good place to work. I feel I can ask about anything I am unsure of and the manager always says there are no silly questions."

Team meetings were held every three months and records of these were maintained so that any staff unable to attend could read these. Care staff said that they were confident they could speak to the registered manager, assistant or the provider if they had any concerns about the conduct of another staff member. Care staff told us that this reassured them that action would be taken if they raised any concerns about poor practice. Staff also said they were clear about the provider's whistle blowing procedure and said they would not hesitate to use it if they felt any issues they might raise were not being fully addressed.

The registered manager carried out a range of checks related the care provided, including making sure care staff were providing all of the time assessed as needed for the person and ensuring any changes to call times or delays in calls being made were followed up so people understood what was happening. A record log was kept to monitor any calls which had been missed. The registered manager's log for January and February 2017 indicated there had been no missed calls.

The management team also carried out regular monitoring telephone calls and visits with people to ask

directly about the care being received and they said this helped ensure care was being provided in the way people wanted and quality was being maintained. This was also backed up by the registered manager and assistant manager working as part of the care team when it was needed. They said this gave them the opportunity to meet and speak with people direct and care staff said they felt the registered manager understood how they worked by doing this. A person we spoke with described this approach saying, "The senior staff or manager comes sometimes instead of the girls so they can check how it's all going." One care staff member said, "The management here is really supportive. They are in charge but they are not detached from the work. They know what we do and the understanding helps us work as one team."

The registered persons also told us they invited people to directly contribute their views of the service through the use of questionnaires which were periodically sent out to people, relatives, health and social care professionals and staff to complete and return. The last survey was completed and analysed by the provider in December 2016. Overall, the responses received by the provider indicated people were satisfied with the service and when any suggestions for changes or improvements had been made they had been considered and followed up. For example, one person had fed back they were unsure about how to make contact with the service out of hours. The registered manager told us this had been followed up through a visit to the person to check they understood the information they had at home and could use it when needed. Another person had raised a query about support to help clean and replace batteries in their hearing aid and that they had asked for this to be done by the end of March 2017 as the batteries would run out by then. The registered manager confirmed they had arranged to follow this up soon.

In their PIR the provider told us as part of their future planning they had recently re-registered the service as a limited company. They told us this change had not had any impact on the provision of services and that the change would ensure continuity and sustainability. When we undertook our inspection we found services were operating consistently and people we spoke with told us the services were reliable. One of the providers was available at the service and they said they took an active role in the day to day operations, including taking calls and speaking with people. One person said, "I think the service is run well overall because the office staff is made up of managers and the owners playing a big day to day part in it. The provider also told us they had purchased and were planning to strengthen the management monitoring systems in place by introducing an 'electronic management system' to support the recording of calls and their duration. The provider said they planned to have embedded this system by the end of 2017.