

Mrs. Gillian Ann Thompson

Always Home Care

Inspection report

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Date of inspection visit:
15 August 2019

Date of publication:
16 September 2019

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

Always Home Care is a home care service, providing personal care and support to people in their own homes. At the time of the inspection, the service was supporting eight people.

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

Staff visited people on time and stayed as long as they should. No-one had experienced any missed visits. The provider recruited staff safely and staff knew how to protect people from abuse. Staff managed risks to people's health and wellbeing appropriately. Staff administered people's medicines safely and checked people's equipment regularly to ensure it was safe for them to use.

The provider ensured staff completed the training needed to meet people's needs. Staff supported people to eat and drink enough and ensured they received appropriate support with their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who supported them very much. They told us staff were caring, kind and respectful. Staff respected people's right to privacy and dignity and encouraged them to be independent when it was safe to do so. They respected people's diversity and involved people in decisions about their care.

People were supported by staff who knew them. They told us staff provided them with individualised support that reflected their needs and preferences. People had developed positive relationships with staff, which helped them avoid social isolation and loneliness. Staff offered people choices and encouraged them to make decisions about their care. No formal complaints had been received by the service.

Staff were clear about their roles and responsibilities and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people received the support they needed. People, relatives and staff were happy with how the service was being managed. Staff felt valued and well supported by the care co-ordinator and provider. The provider had effective oversight of the service and the support staff provided to people.

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

Rating at last inspection

The last rating for this service was good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 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 Home Care

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 an inspector.

Service and service type

Always Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

As the provider was an individual, the service was not required to have a registered manager as part of their registration. The provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice, to ensure they would be available and to give them time to gain people's consent for us to contact them for feedback.

What we did before the inspection

We reviewed previous inspection reports and information we had received about the service since the last inspection. This included information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. Due to technical problems, the provider was not able to complete a Provide Information Return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke on the telephone with two people who were supported by the service and five relatives, to gain their feedback about the support provided. We also spoke with three care staff, the care co-ordinator and the provider, who is responsible for supervising the management of the service. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff recruitment file and staff supervision and appraisal records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and audits.

After the inspection

We received updates from the provider about changes made to documentation. We contacted two community professionals who regularly visit people supported by the service for their feedback about the support provided by Always Home Care.



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

- The provider had systems to protect people from the risk of abuse and avoidable harm. People felt safe when staff supported them. One person commented, "I definitely feel safe when they're helping me. They help me move around safely". One relative told us, "We're really pleased with them. They do everything safely."
- Staff understood how to protect people from abuse and described the action they would take if they had any concerns. They had completed safeguarding training.
- One safeguarding concern had been raised about the service since the previous inspection. Following investigation by the local authority, it was found to be unsubstantiated. The provider told us if any safeguarding concerns were raised and found to be substantiated, she would share any lessons learned with staff to ensure improvements were made.

Assessing risk, safety monitoring and management

- The provider had processes to manage risks to people's safety and wellbeing appropriately. The care co-ordinator completed assessments of people's risks, including those relating to mobility, falls, medicines and the home environment. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. They were reviewed regularly.
- The provider told us there had not been any accidents since the last inspection and none of the people we spoke with had experienced any accidents. The care co-ordinator told us if anyone experienced an accident, staff would complete the appropriate paperwork and if the person needed additional support, she would refer them to the appropriate community professionals.
- Staff completed regular safety checks of equipment in people's homes, including specialist beds and hoists, to ensure they were safe for people to use.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs. People and relatives told us staff visited them on time and stayed for the full duration of the visit. No one we spoke with had experienced any missed visits. One relative commented, "We're really pleased with them. They come [number] times a day

and they're always on time."

- The provider recruited staff safely. We reviewed one staff member's file and found all relevant checks had been completed before they started working at the service, to ensure they were suitable to support adults at risk.

Using medicines safely

- Staff managed people's medicines safely and administered them as and when prescribed. Staff who administered medicines had completed relevant training and the care co-ordinator or provider observed them regularly to ensure they were competent to administer people's medicines safely.
- Some minor improvements were needed to people's medicines documentation and the provider and care co-ordinator addressed these during the inspection.
- People and relatives were happy with how medicines were being managed and told us staff administered them when they should. One person commented, "I'm happy with the support I get with my medication. It's always on time."

Preventing and controlling infection

- The provider ensured staff followed appropriate infection control practices, which protected people from the risks of poor infection control.
- Staff had completed infection control training and used personal protective equipment, including disposable aprons and gloves, when they supported people. Staff members' infection control practices were observed as part of the regular spot checks completed by the care co-ordinator.

Learning lessons when things go wrong

- No-one had experienced any accidents and no safeguarding incidents had been raised where the service needed to make improvements. The provider told us if the service was found to be at fault in relation to any accidents or incidents, she would take appropriate action and share any lessons learned with staff to avoid similar errors happening again.

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

- The care co-ordinator completed an initial assessment of people's needs before the service started supporting them, to ensure staff could meet the person's needs. She used the assessments to create care plans, which contained detailed information about people's support needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were very happy with the support provided by staff. Their comments included, "They're absolutely fantastic", "I can't praise them enough" and "We're very, very happy with the care. Nothing's too much trouble for them."
- The provider had policies and procedures for staff to follow which reflected CQC regulations and relevant guidance, including local authority and National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well. Staff were happy with the induction and training they received at the service. They told us, "The induction was perfect. It included shadowing staff for a couple of days, which I felt was enough" and "I did shadowing and training as part of the induction and I was introduced to everyone. It was all fine."
- People and their relatives felt staff had the knowledge and skills to meet their needs. Their comments included, "They're all well trained" and "The staff are very skilled. They're first class."

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

- The service supported people to manage their nutritional needs. People were happy with the support staff provided. One person commented, "I'm happy with the meals. The staff ask me what I want and how I want it done." One relative told us, "We're happy with the support provided with food. The staff heat up whatever [person] wants and they always make sure she has drinks."
- Staff were aware of people's dietary requirements and how to meet them. They recorded information in people's care files about their dietary needs and preferences and took appropriate action when they identified concerns. We noted one person's care file included a prompt for staff to 'always make sure there

are drinks to hand before leaving'.

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

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses and occupational therapists. Staff also contacted emergency services when necessary.
- Community health care professionals provided very positive feedback about the service. They told us staff were helpful, followed any advice given and worked hard to accommodate people's needs.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- Staff shared important information with paramedics and hospital staff when people attended hospital, including the person's medicines record. The provider told us staff usually accompanied people to hospital, so they were able to provide paramedics and hospital staff with information about people's risks and support needs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection, who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care files included information about their capacity to make decisions about their support. The provider told us no-one they were supporting lacked the capacity to make decisions about their care. She told us if people were unable to do this, she would ensure capacity assessments were completed and staff made best interests decisions in consultation with people's relatives. The provider had not submitted any applications to the Court of Protection to deprive anyone of their liberty.
- Staff understood the importance of gaining people's consent, people's right to refuse care and the importance of providing people with additional information when they needed it, to help them make decisions about their care. They told us if a person lacked the capacity to make decisions about their care, they would consult their relatives.
- People had signed consent forms, giving staff permission to support them. People's care documentation included prompts for staff to ask for and record their consent at every visit and we saw this had been done.
- The provider told us she planned to introduce an MCA champion at the service. This would be a member of staff who could attend regular meetings with the local authority, to ensure the service stayed up to date with good practice.

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 their relatives liked the staff who supported them very much. They told us staff treated them well and were caring towards them. Their comments included, "I like them all. They're very good, all kind and caring" and "They're polite and respectful. They're lovely girls." One community professional told us they felt staff treated people like a member of their family.
- Staff considered and respected people's diversity. Care documentation included information about people's religion, ethnic origin, marital status and gender, which meant staff were aware of people's diverse backgrounds and knew what was important to them. People's documentation included clear information for staff about how to respect their diversity and meet their needs.

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

- Staff supported people to make decisions about their support. Staff had discussed people's care needs with them and people told us staff encouraged them to make every day decisions about their care.
- Advocacy services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. At the time of our inspection, no-one was being supported by an advocate. Information about local advocacy services was included in the service user guide given to people when the service started supporting them. This ensured people had access to support with expressing their views if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their right to privacy and dignity. Their comments included, "The staff are very polite", "The staff are patient, I'm never rushed" and "They're lovely with [person], always polite and respectful," One relative described how staff promoted their family member's dignity by supporting them to maintain their appearance in the way they wished to. One community professional told us they had observed staff treating people with dignity and respect.
- Staff respected people's wish to remain as independent as possible. One person told us, "They encourage

me to do what I can. I don't need much care." One relative told us, "[Person] can wash and dress themselves. Staff help when they need to." Staff described how they encouraged people to be independent when it was safe to do so, for example when they were moving around. One staff member commented, "We're there to promote people's independence, not take it away."

- Staff respected people's right to privacy and confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff. The provider had a confidentiality policy for staff to refer to.

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 ensure people have choice and control and to meet their needs and preferences

- Staff provided individualised care which reflected people's needs and preferences. People told us they were supported by one or a small number of staff who knew them and were familiar with how they liked to be supported, They commented, "They all know me and they do their best to please me. They go the extra mile", "They're very conscientious. I would have no hesitation in recommending them" and "They do everything I want and they always ask if I need anything else before they go. I can't fault them." One relative commented, "I can't praise them enough, they go above and beyond. If there's anything they think of, they just text me. It's the little things that make a difference." Another told us, "[Person] is very precise and they do a great job with them."
- Peoples support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. This enabled staff to stay up-to-date with people's needs and risks.
- Staff gave people choices. Relatives commented, "[Person] always tells staff what she wants" and "Staff are getting to know [person] and what she likes. They respect her preferences." One staff member commented, "I give people lots of choice, like their food and what toiletries they want to use. I always ask people what they want, it gives them some control and helps them keep their individuality."

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 service was following the Accessible Information Standard. The care co-ordinator assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with their communication needs and how staff should provide it.
- Staff shared information about people's communication needs when they moved between services, for

example when they attended hospital. The care co-ordinator told us staff always accompanied people to hospital if family were not able to go with them. This helped to ensure hospital staff were made aware of people's needs, including any support they needed with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had developed warm, affectionate relationships with the staff who supported them. One relative told us, "They're almost like an extension of the family. They love [person] to bits." Another commented, "[Staff member] is lovely with [person]. She sits and chats with them when everything's done." People had completed satisfaction questionnaires in October 2018. Their comments included, "We are very pleased with the service. They [staff] have become our friends and we look forward to them coming" and "[The staff] are very caring and willing. The chats are essential to my day, exchanging bits of news." This helped people to avoid feeling socially isolated and lonely. One relative told us staff had visited them regularly to check they were alright, when their partner, who received support from the service, had been admitted to hospital. They told us this was very reassuring for them and their family.
- Information about people's hobbies and interests was included in their care plan.
- The care co-ordinator explained that everyone they supported had family who visited them and supported them to go out regularly.

Improving care quality in response to complaints or concerns

- The provider had processes to respond effectively to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- No-one we spoke with had raised any complaints or concerns and the provider told us no formal complaints had been received. She told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.
- Everyone we spoke with told us they would feel able to raise any concerns or complaints with staff or the provider.

End of life care and support

- The provider had processes to support people at the end of their life. Staff documented people's wishes and preferences for end of life care, to ensure people would be cared for as they wished.
- The provider told us the service was not providing anyone with end of life care at the time of our inspection. She told us if this type of support was required in the future, staff would complete the necessary training to ensure they could support people effectively.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff demonstrated a commitment to providing people with individualised, high quality care. Everyone we spoke with was very happy with the support they received and how the service was managed. Their comments included, "I'm happy with the management, they're organised", "[Care co-ordinator] and [care staff] are just brilliant. They're really flexible and step in when we need them" and "We have a great relationship with [care co-ordinator]. The liaison is great. They're very, very helpful."
- Staff were clear about the service's aims and values and how to support people to achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour is intended to ensure providers are open and transparent with people who use services and people acting on their behalf. It also sets out some specific requirements providers must follow when things go wrong with care and treatment
- The provider had a duty of candour policy, which provided detailed information about their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- Where the provider is an individual, services are not required to have a registered manager as part of their registration, unless the provider is not in full-time day to day charge of the service. We discussed management arrangements with the provider, who advised she did not manage the service day to day, this was the care co-ordinator's role. This reflected the feedback we had received from people and relatives, who understood the care co-ordinator to be the manager. The provider agreed to review management

arrangements at the service following the inspection and submit any appropriate applications to amend her registration. We will follow this up with the provider.

- The provider and care co-ordinator regularly completed a variety of audits and checks of the service, including medicines and care documentation. The audits completed were effective in ensuring appropriate levels of quality and safety were being maintained.
- Staff understood their roles and responsibilities. One staff member told us, "Staff are clear about their responsibilities from [care co-ordinator], she leads by example, and from our induction and training."
- The provider had effective oversight of the service. She visited the service at least once a week and spoke with the care co-ordinator daily. She was familiar with the risks, needs and preferences of people being supported. She told us she planned to introduce more formal checks of the service, to demonstrate her involvement and oversight of the quality of support provided to people.
- The provider understood their regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was displayed in the office.

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

- People's views were sought, and they were involved in decisions about the service, through regular conversations with staff and the care co-ordinator, and annual satisfaction surveys. We reviewed the results of satisfaction surveys issued in October 2018 and found people and relatives had expressed a high level of satisfaction with the service. One relative told us, "They're very approachable. You can contact them anytime. If you have any concerns, you can raise them, and they respond quickly."
- Staff told us they felt involved in the service. They told us staff meetings only took place when needed, as they were a small team and communication between them was good. They told us the care co-ordinator and provider were supportive and they felt valued. One staff member told us, "[Care co-ordinator] is fantastic. I couldn't have a better boss. She really cares about people, her heart's in it." Another commented, "[Care co-ordinator] does an amazing job. We've got a really good team and we work really well together."

Continuous learning and improving care

- The provider had plans to improve the service. These included more formal checks of the service, introducing formal supervisions for staff every six months, in addition to the regular observations that were already being completed, and developing staff leads for areas such as dementia, mental capacity and end of life care.
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a selection of policies and found they were updated regularly and included appropriate guidance.

Working in partnership with others

- Record showed the service worked in partnership with people's relatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, occupational therapists and hospital staff.
- We received positive feedback about the service from two community professionals who visited people regularly, which is included in other parts of this report.