

Always Here Limited

# Always Here Limited

## Inspection report

Unit 4-5  
Peart Road, Derwent Howe Industrial Estate  
Workington  
Cumbria  
CA14 3YT

Tel: 0190062577

Date of inspection visit:  
16 February 2022

Date of publication:  
20 May 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Always Here Limited is a domiciliary care service providing personal care to older people, younger adults and people living with dementia, sensory impairment or physical disability. The service was supporting 27 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People were at risk due to poor governance and record keeping at the service. The provider did not understand regulatory requirements and had not met these. Their quality assurance systems were not effective or robust in identifying shortfalls. Staff were committed to providing good quality care and had started to make improvements following our inspection.

People were at risk of harm as risks to their safety and medicines were not always managed effectively. We could not be sure that people had received their medicines as prescribed.

People were supported by staff that had not always received the necessary training and competency checks to enable them to perform their role. Despite this, people and their relatives felt safe with staff and told us they received support from regular staff that were familiar with their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 13 June 2018).

### Why we inspected

We received concerns in relation the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full

report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Always Here Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, good governance, staffing, fit and proper persons employed and statutory notifications at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Always Here Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February and ended on 01 April 2022. We visited the office on 17 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually

with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person that used the service and five relatives about their experiences of the care provided. We spoke with 13 staff including the registered manager, deputy manager, care coordinator and care workers.

We reviewed a range of records. This included four people's care records and three medication records. We looked at three staff files in relation to their recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures and training information were viewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Full and robust checks were not carried out to support the safe recruitment of staff. The provider did not follow their recruitment policy and request information on staff's employment history to inform recruitment decisions.
- Staff recruitment information was missing at the time of inspection, including interview records and evidence of relevant qualifications.

We found no evidence people had been harmed. However, the provider had failed to ensure all relevant information was gathered as part of staff recruitment and that full staff recruitment records were stored securely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us appropriate recruitment checks had been carried out prior to them being offered employment with the provider.
- Following our inspection, the provider shared copies of recruitment documents with us to evidence the checks carried out.
- Staff had not always received appropriate training to enable them to carry out their roles. For example, staff supported people with moving and handling without having received practical training to equip them for this.
- It was not clear that staff carrying out specific tasks delegated by healthcare professionals had received training or had their competency assessed in these areas. An example of one such task staff were doing related to people's feeding devices. Clinically delegated tasks carry an increased risk due to their complexity.
- Competency checks were not carried out to assess staff knowledge and skills in areas such as moving and handling and medicines.
- People and their relatives told us they did not always have confidence that staff had the knowledge, experience and skills to carry out their roles. One relative said, "Some staff are knowledgeable, some aren't. There is no consistency of staff anymore."
- At times, staff faced challenges with covering care visits. This led to staff making changes to their working arrangements to provide cover.
- It was not always clear whether there were enough staff to ensure people requiring two care staff received this. Relatives described working alongside staff on occasions to provide care for their family members.

We found no evidence that people had been harmed. However, the provider had failed to ensure there were sufficient numbers of staff and that staff received appropriate support and training to carry out their duties. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received care from consistent members of staff, who were familiar with their care and support needs.

#### Assessing risk, safety monitoring and management

- Information about risks to people and their safety was not always comprehensive or up to date to guide staff in how to keep people safe. For example, a risk assessment was not in place for a person's health and wellbeing.
- Risk assessment and management plans were not in place for people that required moving and handling support.
- Risks were not always monitored effectively. For example, one person had a fluid monitoring record in place. The person's daily fluid intake was not totalled each day and it was not clear what action the provider had taken when the target intake was not met.

We found no evidence people had been harmed. Systems were either not in place or robust enough to demonstrate risk and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were knowledgeable about risks to people, although this information was not reflected in people's care records.

#### Using medicines safely

- Medicines were not always administered to people as directed. For example, instructions that directed medicines to be given prior to food, caffeinated drinks and other medicines were not followed.
- People's medication administration records did not always contain information in-line with best practice guidance to support the safe use of their medicines.
- The provider was not always clear about their role and responsibilities in relation to medicine. Assessments were not recorded to identify what support people needed with their medicines.

We found no evidence people had been harmed. However, the provider had failed to ensure people's medicines were managed safely and in-line with guidance. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us they would seek GP advice and review people's medicines support to ensure these were administered as directed.

#### Learning lessons when things go wrong

- Safety concerns were not consistently identified or addressed responsively.
- Medicines audits were not routinely carried out or recorded to ensure best practice was being followed.
- Accidents and incident records were not maintained or audited to review these and identify any areas for learning.
- It was not clear how lessons learnt were identified and shared with the staff team to support



improvement.

We found no evidence people had been harmed. However, the provider had failed to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us they would review their recording systems.

#### Preventing and controlling infection

- Staff used PPE appropriately to protect people from catching and spreading infections. One relative told us, "Staff wear face masks. They have aprons and gloves stored here, which they dispose of in the bin." Some staff and relatives described times when PPE supplies may run low.
- The provider's infection prevention and control policy was not up to date and did not reflect guidance relating to COVID-19. The policy did not reflect the provider's ways of working.
- Staff told us they did regular COVID-19 testing, although not all test results were monitored by the provider.

We have also signposted the provider to resources to develop their approach.

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

- Staff had received safeguarding training and knew how to identify signs people may be at risk of abuse.
- Staff worked with the other organisations, including the local authority and police to keep people safe.
- People and their relatives felt safe with staff providing care. One relative said, "[Person] is safe with the staff and [person] feels safe with them."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans were not always up to date and did not always give an accurate picture of their current care needs.
- We received mixed feedback on the timing of people's care visits. Some people and their relatives told us care visit did not always happen on time and could be early or late. It was not clear how this was monitored by the provider and any issues acted on.
- Formal systems were not in place to regularly seek feedback from people, relatives on staff on the care provided.

We found no evidence people had been harmed. However, the provider had failed to have systems and process in place to assess, monitor and improve the quality and safety of the service. They had also failed to maintain accurate, complete and up to date records for people using the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff were knowledgeable about people's care needs although this information was not always reflected in people's care records.
- People, relatives and staff felt able to contact the office to provide feedback and raise concerns if needed. One relative said, "If there's anything we don't like we always bring it up and they usually sort it."
- Staff had a strong value basis and were committed to providing quality care to people. One staff member described taking a person's favourite meal to them as they knew this would mean a lot to them. The staff member told us, "I took a lasagne and sticky toffee pudding for a person, they were made up about it."
- People and their relatives were satisfied with their care overall. One relative said, "It is a good service but there's bits that need polishing."

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

- The provider had failed to identify the issues we found on inspection with medicines, recruitment records, care records, staff training, accidents and incidents and policies.
- No regular checks were carried out to monitor quality across the service. For example, the registered manager's last audit of care visits was completed on 26/10/2021.

- When quality assurance checks were carried out it was unclear what areas for improvement were identified and how they were followed up.
- Roles, responsibilities and accountability were not clear. The registered manager did not always lead the service effectively. Staff were regularly left to manage the service and cover care visits.
- Staff described running the service without being clear about regulatory and legal responsibilities and the provider's procedures.
- The provider's policies did not always have appropriate policies in place or policies that were relevant to their service type to support good practice. We found shortfalls with their medicines, complaints and IPC policies.

We found no evidence people had been harmed. However, the provider had failed to have systems and process in place to support the effective management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff did not always receive appropriate support to enable them to carry out their roles. The provider's records showed 44% staff had not received a supervision and 52% had not received an appraisal.
- Staff did not always know who was on-call should they require assistance and did not always feel confident they would receive appropriate support if needed.

We found no evidence people had been harmed. However, the provider had failed to ensure staff received appropriate support, professional development, supervision and appraisal to enable them to carry out their duties. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider carried out supervisions with staff. They had not yet embedded a system to ensure staff received regular supervisions.
- The provider had not submitted statutory notifications to CQC to tell us about incidents of abuse and deaths of people using the service as they are required to by law.

We found no evidence people had been harmed. However, the provider had failed to inform CQC of deaths other incidents. This placed people at risk of harm. These were breaches of regulations 16 (Notification of death of service user) and 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations. This is being addressed outside of the inspection process.

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

- We did not identify any accidents and incidents that had affected people during the inspection. We were not assured that the registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Working in partnership with others

- The provider had good working relationships with other professionals involved with people's care. One healthcare professional said, "Always Here understand the value of multi-disciplinary team working."
- The provider shared information appropriately with other professionals about people's care to support their safety.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess risks to service user's health and safety and do all that was reasonably practicable to mitigate these risks. The provider failed to ensure medicines were managed properly and safely.</p> <p>12(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems in place and operated to support good governance. The provider failed to assess, monitor and improve the quality. Accurate, complete and up to date service user records were not maintained.</p> <p>17(1)(2)(a)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure information was available for staff employed and that recruitment procedures met requirements.</p> <p>19(2)(3)(a)</p>
Regulated activity	Regulation

The provider had failed to ensure there were sufficient numbers of suitably qualified staff and that staff received appropriate support, training and professional development to enable them to carry out their duties.

18(1)(2)(a)