

Always Caring Bromley Ltd

# Always Caring Bromley Limited

## 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

This inspection took place on 27 May 2016 and 01 June 2016 and was announced. Always Caring Bromley is a domiciliary care agency that provides support and personal care to people in their own homes. At the time of the inspection, approximately 16 people were receiving care and support from the service. The service has a contract with the local authority to provide personal care to people within the London Borough of Bromley and some people who use the service also organised their care and support privately.

The service had a 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 and associated Regulations about how the service is run.

People said they felt safe and that staff treated them well. The provider had safeguarding policies and procedures in place and staff had a clear understanding to safeguard people in their care. There were safe recruitment and selection processes in place before staff started working with the agency. Appropriate numbers of staff were deployed to provide safe care and support. Risk assessments were carried out and where risks to people were identified appropriate action plans were in place to minimise or prevent the risk. People were supported to take their medicines as prescribed by healthcare professionals.

Care workers sought consent from people when they provided them with support. The provider worked within the requirements of the Mental Capacity Act 2005. People were supported to maintain balanced diets by eating and drinking sufficient amounts for their wellbeing. Where required, people had access to healthcare professionals. Staff were supported through induction, training and supervision to ensure they had appropriate skills and knowledge to perform the role which they were employed to undertake.

People's privacy and dignity were respected and their independence promoted. People were consulted about their care and support needs. People were provided with appropriate information and knew how to contact the provider when needed. Each person using the service had a care plan in place which provided staff with information on how to meet their care needs. Staff understood people's needs and supported them in a caring way. People knew the provider had a complaints procedure and told us they were confident that any complaints they had would be listened to, investigated with appropriate action taken where needed.

The provider had appropriate systems in place to monitor the quality of the service. People's views were sought through telephone monitoring calls and quality checks. Supervisors also carried out unannounced spot checks to ensure that the care delivery was in line with the care planned for. Staff said they were happy working with the agency and that they found their managers' friendly and supportive.

## 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.

There were safeguarding procedures in place and staff knew of their responsibility to protect people in their care from abuse and neglect.

Sufficient numbers of staff were deployed to support people and appropriate recruitment checks were carried out to protect people using the service from unsuitable staff.

Risks to people were assessed and relevant action plans were in place to manage risk safely.

Medicines were managed safely and people were supported to take their medicines as prescribed by healthcare professionals.

There were arrangements in place to deal with foreseeable emergencies.

### Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision to support them carry out their roles efficiently.

Both care workers and the management team demonstrated a clear understanding of the Mental Capacity Act (2005).

People were supported to eat and drink sufficient amounts for their wellbeing. Where required people had access to healthcare professionals to ensure their needs were met.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected and their independence promoted.

People were consulted about their care needs and their views

were taken into consideration when planning their care.

People had been provided with appropriate information and knew how to contact the provider.

Staff understood people's care needs and supported them in a caring way.

### Is the service responsive?

Good ●

The service was responsive.

Each person using the service had a care plan in place which was reviewed regularly to ensure their changing needs were met.

The provider had a complaints policy in place and people using the service and their relatives knew how to make a complaint if they were not happy with the service.

### Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor the quality of the service and make improvements where required.

The provider took into consideration the views of people using the service and their relatives through telephone monitoring and service user quality checks.

The provider carried out unannounced spot checks to ensure the care delivery was in line with the care planned for.

Staff said they enjoyed working at the service and that their managers were supportive.

# Always Caring Bromley Limited

## **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.

The inspection took place on 27 May and 01 June 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected. The inspection team consisted of one inspector.

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. We also reviewed information we held about the service including complaints, safeguarding, whistleblowing and any notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local commissioning teams to obtain their views about the service.

At our inspection, we spoke with six people using the service and three relatives on the telephone. We visited the service and spoke with the registered manager, the nominated individual and a supervisor. We interviewed four care workers on the telephone. We looked at five care plans, five staff files including staff induction, training and supervision records. We also looked at records related to the management of the service such as policies and procedures, audits and minutes of meetings.

# Is the service safe?

## Our findings

People and their relatives said they felt safe and at ease with care workers in their home. One person told, "I feel absolutely safe with my [care worker]." Another person said, "Safe always, nothing to worry about." A third person commented, "Yes I am safe, my [care worker] is lovely."

There were procedures in place to protect people from the risk of abuse. The provider had safeguarding and whistleblowing policies and procedures in place to ensure staff were aware of actions to take if they had any concerns of abuse. Staff knew the signs of abuse, how to recognise them and actions they would take to protect people in their care from abuse. All the staff informed us they would report any concerns of abuse to their manager. Staff understood the whistleblowing procedure and told us they had used it in the past but did not have any concerns they would like to raise with us at the time of the inspection. The provider had followed the local safeguarding procedures and notified CQC where there were concerns of possible abuse or neglect. All the staff had completed safeguarding training to ensure they had appropriate skills to protect people in their care.

Risks to people had been assessed to ensure their individual needs were met. Risk assessments covered areas such as environmental risk, moving and handling risks and medicines risks. Where risks to people were identified, there were appropriate guidance in place for staff on how to manage risk safely. For example, where a person was at risk of skin break down there was guidance for staff to apply barrier cream after providing personal care to prevent pressure sores. People's allergies were also recorded in their care plan so staff were aware to provide safe care and support. Staff we spoke with were aware of individual risks to people in their care and the support they needed to provide to reduce risk. Risk assessments were reviewed on regular basis and in line with the provider's policy to ensure people's changing needs and risks were managed safely.

There were arrangements in place to deal with foreseeable emergencies. Weekly smoke alarm tests were completed to ensure that fire equipment in people's homes was working. Information on escape route in the event of an emergency and the location of the nearest telephone were included in people's care plan to ensure information was easily available to staff. Staff were aware of actions to take in the event of an emergency. For example, a person's care record showed that staff liaised with their office when they found the person unwell and contacted the emergency services to ensure they received safe care and treatment. Training records showed staff had completed training in first aid and fire safety to ensure they had the appropriate knowledge and skills to support people in the event of an emergency.

People said there were enough staff available to meet their needs. One person said, "We only have a different person at weekends, even that is the same person." Another person said, "We usually have the same [care worker], it's only when they are off that another person comes...and they always arrive on time." All the people and their relatives we spoke with said they had regular care workers and that their care workers arrived on time and stayed for the duration they were contracted for. Where two care workers were required this was in place and the appropriate support provided. Staff felt there was enough staff working to ensure people's needs were met and that they had sufficient travel time in between calls. The registered

manager informed us they covered staff vacancies such as staff sicknesses and leave by offering additional shifts to other care workers and staff confirmed this.

The provider had a recruitment and selection policy in place which ensured appropriate recruitment checks were carried out before staff started working with the service. Staff files contained completed application forms which included details of their employment history there were no gaps evident. The staff files also included staff fitness to work, two references, criminal records checks, proof of identify and the right to work in the United Kingdom. This showed that staff were well vetted to ensure that it was safe for them to work in social care.

People told us they had appropriate support in place to manage their medicines safely. Where people were supported to take their medicines, there were individual medicines administration records (MAR) in place. The MAR charts included people's names, date of birth and the list of medicines they were taking. Information on where people's medicines were located in their home was also recorded. The majority of medicines were administered to people using a monitored dosage system supplied by their chosen local pharmacy and the name of the pharmacist was recorded on the MAR. The MAR sheets were accurate and with no gaps evident which showed that people were receiving their medicines as prescribed by healthcare professionals. Staff told us of how to administer medicines safely and staff training records showed that all staff had completed training on how to manage medicines safely and had their competencies assessed.

# Is the service effective?

## Our findings

People were complimentary about their care workers and felt they had the appropriate skills and knowledge to support them. All new staff completed an induction when they started working at the service. The registered manager informed us that all staff were required to complete a two week induction programme which included completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider's policies and procedures. The manager informed us that the Care Certificate Standards (CCS) would be used for all future staff to bring the service in line with current recommendations and we found that the provider had not recently employed any new staff. Staff said they had an induction when they began working with the service and records confirmed this.

Staff training records were up to date in areas such as safeguarding adults, moving and handling, food hygiene, equality and diversity, dementia care, behaviours that need a response and the Mental Capacity Act (2005). Staff informed us training was provided both by e-learning and face-to-face and we saw that staff competencies were also carried out in areas such as moving and handling and safe management of medicines to ensure they had appropriate skills and knowledge to undertake the role which they had been employed for.

Staff were supported in their roles through regular supervision. The registered manager informed us they had monthly supervision sessions and annual appraisals. The supervision records showed staff supervisions included both individual and group supervisions sessions. Staff told us they received regular supervision and supervision records we looked at confirmed staff were receiving supervision and appraisals in line with the provider's policy.

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.

We checked whether the service was working within the principles of the MCA. Staff knew of the importance of gaining consent from people when offering them support. Both care workers and the management team were familiar with the requirements of the Mental Capacity Act (2005). The manager told us that all the people currently using the service had capacity to make decisions about their day-to-day care and treatment. However, if they had any concerns about an individual's inability to make specific decisions for themselves they would work with the person, their relatives and relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if a person was found not to have capacity to make decisions about their care their relatives, health and social care professionals would be involved in making decisions on their behalf in their best interests in line with the Mental Capacity Act 2005.



The majority of people we spoke with told us they did not need support with eating or drinking. However, the few people that needed some assistance told us they felt well supported to eat and drink sufficient amounts for their wellbeing. One person told us, "They help with my food and it is all very good." Where people needed supported with eating and drinking there was guidance in their care plans on what support staff should provide. Where people were at risk of malnutrition and dehydration care workers completed food and fluid chats to ensure this was monitored and appropriate support provided where required.

The provider worked well with other healthcare professionals to ensure people's needs were met. One person told us that the district nurse visited them regularly; another person told us they had just returned from a hospital appointment and a third person's home telephone was answered by the chiropodist when we contacted them. Care workers told us that it was their responsibility to inform the office if they found someone unwell. The registered manager said where required both health and social care professionals were involved in people's care to ensure their needs were met.

## Is the service caring?

### Our findings

People using the service and their relative said staff were caring and respectful. One person said, "My [care workers] are kind and respectful and always caring." Another person said, "My [Care worker] is a lovely person and respectful." Relatives were also complimentary of care workers that supported their loved ones. One relative said, "She [Care worker] has a gold star from us... she is brilliant and my relative enjoys her company and is very happy with her."

People said they were treated with dignity and respect and relatives we spoke with confirmed this. One relative said, "The [care workers] are respectful of us and our environment." People knew their care workers by name and told us they felt comfortable in their care. Care records included information on how people would like to be addressed and care workers knew of actions to take to maintain privacy and dignity. For example care workers told us when they provided personal care they would cover parts of people's bodies which were not being washed. Another care worker told us they would ensure the door was shut to promote the person's dignity. All care records included instructions for care workers to maintain privacy and dignity when they provided care and support.

People's independence was promoted. People told us care workers supported in areas which they were contracted to do and needed help with. For example one person told us, "They support me with only personal care because I cook my own food and take my own medicines." People's care records included the things they could do for themselves and those that they needed support with. One person's care records stated they could do their own personal care but needed support with taking their medicines. Care workers said they encourage people to be independent as possible when supporting them.

People expressed their views and were involved in making decisions about their care and support delivery. People and their relatives said they were involved in planning of their care and were able to express their views as to the way they would like to be supported. A relative told us, "We are involved in the care planning and it is very tailored to our needs." People's care records included information on who was involved in the care planning and the records showed that people using the service and their relatives, where applicable, were involved in planning their care. Things people liked and disliked and the way they would like their care delivered were included in their care plans to ensure care workers were aware. For example, the time of day people preferred to be supported was recorded in their care plan. Care workers said they offered people choices about the food they ate and clothes they wore. Daily care notes showed people were provided with choices and these were respected.

People and their relatives said they felt they had been given appropriate information about the service and knew how to contact the provider's office if they needed to. People were provided with appropriate information about the agency in the form of a 'Service user guide.' The manager told us this was given to people when they first started using the service. The service user guide included the provider's aims and objectives, types of services provided, gifts and gratitude and how to make a complaints. This ensured people and their relatives were aware of the standard of care and support they should expect.

Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified care needs or wishes. Care workers said they respected people's individual choices in life and supported them according to their wishes. For example one care worker said, "If you support someone who is religious you must respect that."

## Is the service responsive?

### Our findings

People and their relatives were complimentary about the agency. People said the care was responsive and met their needs. People told us they had care plans in their homes which were regularly reviewed by supervisors from the agency. One person said, "Yes, I have a care plan." A relative commented, "There is a care plan and the [care workers] write in it every time they visit."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. The majority of people using the service were referred to the agency by the local authority for people who had increased care needs in the community to ensure their needs were met. Prior to people using the service, an assessment was carried out of their health and care needs to ensure the provider could meet their identified needs. Information from these assessments were used to set up a care and support plan for people in areas such as eating and drinking, personal care, moving and handling and safe management of medicines. Each person using the service had a care plan in place and a copy was kept in their home to ensure information was easily available to people, their relatives and care workers. People's care plans also included their medical conditions to ensure care workers were aware of the support to provide.

Each care plan included detailed instructions for care workers on how to deliver people's care at each call. Where people required two care workers, this information was recorded in the care plan to ensure that people using the service, their relatives and care workers were aware of the care and support that was in place for them. The care plans included things people liked and disliked. For example one person's care plan stated, "Likes watching horse racing and football." Another person's care plan stated, "Likes reading, watching television and listening to the radio." This ensured that care workers were aware of things that were of interest to people so they could interact with them more meaningfully. Care workers knew that each person had a care plan in their home which provided them with guidance on what care and support to provide. All the care plans had been reviewed regularly in line with the provider's policy and daily care records written by care workers showed the care delivery was in line with the care that had been planned for people.

People and their relatives informed us they look forward to seeing their care workers. A relative commented, "Mum enjoys talking to the [care workers] in the morning." Another relative said, "Mum likes her [care worker] very much and enjoys a chat with her every time she is here." Daily care records showed that at each visit care workers engaged people in communication to stimulate them.

People and their relatives told us they knew how to complain if they were not happy about the service and the standard of care provided. However, people told us they did not have anything to complain about at the time of our inspection. One person said, "No complaints", and another person told us, "Nothing to complain about, I am happy." Relatives told us they did not have any complaints either. People and their relatives knew of what to do if they had a complaint. One person said, "I will speak with my [care worker] and the office." Another person told us, "I will let my relative know and they will speak to the office." Relatives knew what to do if they were not happy with the service. A relative said, "I will speak to the office and involve social

services if needed." All the people we spoke with told us they were confident their complaints would be listened to and acted upon.

The provider had a complaints policy in place and this was provided to people when they first started using the service. The policy document included contact details of the Local Authority to ensure that where people were not satisfied with the response by the provider they could escalate their complaints to an external organisation. The provider's complaint log showed that where people had made a comment or complaint about the service, this was taken seriously, investigated and acted upon and learning was shared with staff to improve the quality of the service.

# Is the service well-led?

## Our findings

People and their relatives were complimentary of the management team. One person told us, "I don't ring the office much because there is nothing worrying to call them for." Another person said, "The service is very good." A relative told us, "The manager and office staff are very nice and helpful when you ring them."

There was a registered manger in post, they were aware of their legal responsibility to meet the requirements in the Health and Social Care Act 2008 and its associated Regulations Staff spoke positively of the management team and the support they received. One staff member said, "Any problems that I have I speak to the manager, she is very supportive, she is brilliant, and I can't champion her enough." Another staff member commented, "I am very happy and very grateful, it is the best agency." A third staff member said, "The management team are very friendly and they are there to support you always."

Staff meetings were held to gather feedback from staff and to provide them with relevant information to aid them perform their job efficiently. Staff meetings were combined with group supervisions and training session. The registered manager said team meetings were held every three months and staff we spoke with confirmed they attended the staff meetings which covered any issues that had arose. This ensured that staff were supported to perform their role efficiently. Staff told us apart from these meetings, they have supervisors they could contact and they could also speak with the management team on the phone if they needed to. Minutes of meetings showed topics discussed in staff meetings included staff code of conduct and communicating effectively.

The quality of the service was monitored through regular unannounced spot checks carried out by office staff or supervisors to ensure people were being supported in line with their care and support plans. Relatives said, with their consent, supervisors visited their home to monitor care workers and to check the quality of service they were receiving. Care workers said their supervisors made unannounced visits to ensure the quality of care provided was to the expected standard. Documents we looked at confirmed unannounced spot checks were being undertaken. Where issues were identified, staff were supported through supervision and training to drive improvements.

People's views were sought through the provider's quality monitoring checks which included telephone monitoring calls and service user quality checks which were mainly home visits. People and their relatives said they received calls from the office to check if they were happy with the quality of the service they received. Records of telephone monitoring calls showed that people were asked for their views about privacy and dignity, respect, choice, if people felt their care needs were met and if there was anything they were unhappy about. Records of completed telephone monitoring calls showed that feedback received were mainly positive.

Records of the service user quality checks showed these checks were completed every six months. The checks covered areas such as up to date care plans, risk assessments, if the people have the contact details of the office including the out of hours number, if people knew how to make a complaint, if care workers arrived on time and stayed for the allocated time and if people were satisfied with the quality of the service.

All the quality check forms we looked at had positive responses and did not require any action from the provider. However, the provider had made provision to take action of any negative feedback received where required.

The local authority that commissioned care for the majority of people using the service informed us they did not have any concerns regarding the agency and they felt people had good consistency of care workers that supported them.