

Always Here Limited

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Inspection report

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

Tel: 0190062577

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27 April 2018

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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 visit on 24 and 27 April 2018.

The service was registered in July 2015. This was our first inspection of the service since it was registered. We contacted the service on 23 April 2018 to arrange our visit because this is a small service and we needed to be sure the registered manager would be available to speak with us and so that we could gain access to the office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger disabled adults. At the time of our visit they were supporting 25 people living in West Cumbria, mostly in the towns of Workington, Cockermouth and surrounding rural areas.

Not everyone using Always Here receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager employed to run the service. 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.

People felt safe when receiving care and support from staff. People reported that the service was very reliable and that they had never experienced a missed visit.

Staff knew how to recognise and report potential safeguarding issues and they received appropriate training in this area. Staff were safely recruited having all the appropriate checks to ensure they were suitable to work with vulnerable people.

People told us staff were very friendly, kind and caring and people highly valued the service they received. Privacy and dignity were respected and promoted by the care staff.

Risk assessments were in place to protect people from risks but also enabled them to safely carry on their day to day lives. People reported that staff had helped them to be confident and regain skills to become more independent.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were included in planning and agreeing to the care they received. The service offered was flexible to people's needs. They could ask for changes to their planned care and the service agreed to these where possible.

Staffing levels were sufficient to ensure people received standards of care that enhanced their welfare, safety and day to day living.

Staff told us they felt very well supported by the management team. The care staff were well trained and supported to be able to provide the care people needed, and specialist training was given to meet people's individual support needs.

Staff received comprehensive induction when they first started work at the service and received on-going supervision and an annual appraisal of their performance. Staff professional development and staff well-being was given a high priority by the organisation.

The service had developed good links with healthcare and social care professionals to support people with their health and well-being. Healthcare professionals spoke highly of the service and the part it played in a team approach to managing people's healthcare needs in the community.

Medicines were handled safely and people received support with their medicines as they needed. People received the support they needed to prepare meals and drinks.

People felt able, and knew how to make complaints. Where issues had been highlighted by people we saw the provider had taken prompt action to address these.

The management team had created an open culture and were passionate about ensuring the support offered to people was of consistently high standards. People's voice was heard and sought in a number of different ways and staff contribution was valued leading to action by the service in response. Staff shared ideas and good practice.

Communication at the service was very good and staff were able to talk to the registered manager and felt empowered to play an important part in the future of the service.

The service was well managed by a team who used various monitoring and audit systems to maintain effective governance to ensure high standards across all areas of the service.

Further information is in the detailed findings below.

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.

People were protected against abuse and avoidable harm.

There were enough skilled staff to provide the support people needed.

People were supported to take their medicines safely and as their doctors had prescribed.

Is the service effective?

Good ●

The service was effective.

The service worked with appropriate agencies in assessing people's needs to ensure they received the support they required.

The staff were well trained and competent to support people.

People received the support they required to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and had developed good relationships with people using the service.

People were well supported in making choices and decisions about the care they received. Their independence was actively promoted.

The staff treated people respectfully and protected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs with changes made at people's request.

People's care was planned with them to meet their needs. This included the care people received at the end stages of their life.

The registered provider had a system to manage and respond to complaints about the service.

Is the service well-led?

The service was well-led.

The registered manager set high standards and monitored the service to ensure these were met. There was an open culture that promoted excellence and a person-centred service.

People were asked for their views and included in decisions about how their support was provided.

The provider and registered manager worked with other services and professionals to ensure people received the support they required.

Good ●

Always Here 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 checked 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.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 24 April and ended on 30 April 2018. We visited the office location on 24 & 27 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

We visited the agency offices and looked at the care records for five people who used the service and recruitment records for six staff. We also looked at records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. We saw the results of the provider's annual survey to people who used the service, their relatives and other stakeholders.

At our visits to the office we spoke with the provider, the registered manager, two senior care coordinators, and four care staff. We spoke with five people who used the service and two people's relatives on the telephone. We shadowed two care staff on their visits to three people. We had gained people's permission before we visited to check they were happy with us visiting. We did not observe any personal care practices.

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 contacted the Local Authority commissioning and social work teams and local health care professionals for their views of the service. We used a planning tool to collate all the information held on the service.

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe receiving care from this service. One person using the service we spoke with told us, "I do consider the care and support to be safe. I have no concerns whatsoever with this agency." Another person told us, "I've used other agencies in the past and this is by far and away the best. I feel completely confident in them, from the set group of lovely carers, to the management, to how they never miss a visit and always ring if they are going to be late, which is rare. I have no worries now."

Family members we spoke with were also confident that their relative was supported in a safe manner. One relative we spoke with told us, "I have always had full confidence in the agency." Another relative told us, "I have never had any issues with them with regard to safety and we have full trust in them with the care of my [relative]."

People told us there were enough staff to provide the support they required. They said they received care from a small team of care staff who they knew, liked and trusted. Everyone we spoke with said they had never had a missed visit. Occasionally if staff were running late people told us, staff would always ring ahead to tell them. One person told us, "It's reassuring to know who is visiting and I feel comfortable with them. I've never been let down."

The registered manager spoke of recently restructuring the areas of each care team to make the teams more effective. A social care professional told us, "We are confident in the timing of their visits; also in being very structured, there are no reports of any missed or late calls."

People were protected from abuse. The support staff received training and were knowledgeable about how to identify and report abuse. The registered manager had informed us of allegations of abuse as required. The information we received showed the registered manager took appropriate action in response to concerns to ensure people were protected.

People who used the service could be confident robust checks were carried out before new staff were employed. The registered provider had safe systems to check new staff were suitable to work in people's homes. All new staff provided evidence of their good character and conduct in previous employment as part of the recruitment process. They were also checked against records held by the Disclosure and Barring Service to check they had not been barred from working in a care service.

All staff carried up to date ID badges and people were supported to have key safes installed, if they wished, so that staff could gain secure access. The service makes use of secure mobile phone applications to monitor staff and ensure that people received a visit and nobody missed a call.

People who needed assistance with medicines received the support they required. One person told us, "Staff prompt me to take my tablets and then wait until I've taken it. It's very helpful as I think I may forget otherwise." Staff had received training and were assessed on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were

completed to confirm that staff had given medicines as prescribed. We check on these in people's homes and found them to be in good order. The provider had systems in place to regularly check MARs were fully and accurately completed.

People told us the staff took appropriate actions to maintain their safety. The registered manager analysed incidents and ensured any learning points were identified and shared with the staff team where appropriate. Potential hazards to people's safety had been identified and actions taken to reduce or manage risks for both the person and the home environment. These were reviewed and updated every six months or in response to changes.

Where people were supported with moving and handling equipment, we saw the records provided details for staff about how to use the equipment and slings safely. There was regular contact with community teams such as Occupational Therapists where the service requested reassessments of people for equipment to aid mobility. A healthcare professional told us, "I have always found [manager's name] plays an active role in the support team to ensure patient safety."

The agency had contingency plans for emergencies. These had in recent years been put into action during periods of snow and flooding so that support could be prioritised to people in highest need and risk. We also saw clear direction for staff about responding to medical emergencies, including all staff being trained in basic first aid and cardio pulmonary resuscitation (CPR).

We spoke with staff who told us they were provided with adequate supplies of Personal Protective Equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. People we spoke with said that staff always used gloves and aprons when carrying out personal care. The staff had completed training in infection control and handling food safely. This helped to ensure people were protected from infection and unsafe handling of their food.

Is the service effective?

Our findings

People we spoke with said they were confident the staff employed by the service were well trained and competent to provide people's care and support. One person who used the service told us, "The staff are definitely well trained. But it's about the manager being good at choosing the right staff with the right attitude in the first place." Another person told us the staff were "Good at their jobs as I now feel much more confident and independent."

Training had a high profile in the service. The registered manager told us, "Every member of staff is currently on some sort of training that suits them and their style of learning. We like to empower the staff and really promote them to do the best job and training is the key to that. We want a confident staff team that can make skilled judgments. For example we have identified and supported one member of the care staff to enrol on a pre-nursing course, called an Assistant Practitioner in health & social care.

All of the staff we spoke with said they had completed a range of training to give them the skills and knowledge to care for people. This was confirmed by training records we looked at. Staff were enthusiastic about the value of the training and spoke of a full range including more specialist training to meet the needs of the individual being supported. For example, training had been sourced to support a person with Parkinsons disease and palliative training for people at the end stages of their life.

The agency made use of technology to support staff training and each staff member was given a flash drive for ease of accessing training and the policies and procedures of the organisation.

All of the staff we spoke with told us they felt well supported by the registered manager of the service. Staff had regular formal supervision meetings where they could discuss their development, seek advice and raise any concerns.

People who received personal care had a range of needs and were supported by other health and social care services. People's needs had been assessed by a multi-agency team to ensure the care provided met their physical, mental and psychological needs and was based on best practice. The agency played an active part in the assessment of people's needs and the multi-disciplinary planning process for each person. The social care professional we spoke with told us, "The agency is always cooperative and we work together to achieve the best outcomes for the clients. We have had very positive feedback about how they are meeting people's needs. They carry out very thorough assessments to make sure they can meet people's needs."

People also received the support they required to maintain good health and to arrange and attend health care appointments. Staff identified if a person was unwell and supported them to access appropriate health care support. A healthcare professional told us, "This agency support our fast track patients from hospital, and they are very quick to report any deterioration or change, and if care needs of the patient change they are always very keen to try and support this i.e. increasing number of carers/or calls." We observed this on one of our visits to people as part of the inspection: one of the senior care staff were concerned about a

person's skin condition and she rang the community nurse straight away and requested a visit from them as soon as possible.

People received support and advice to enjoy a healthy diet. Where people required assistance to plan and to prepare meals this was provided. We saw, where appropriate, some people had care plans developed to support them with their nutrition and hydration.

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 so that they can 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.

The staff who worked at the service had received training in how to ensure people's rights were protected. This included training about legislation relevant to promoting people's choices and right to make decisions about their support and lives. People had been asked what support they wanted and included in developing their own support plans. People had also signed their support plans to show they had agreed to them. People we spoke with told us they were included in decisions about their support. Care records we looked at showed that people's consent had been gained prior to the service commencing.

Some people the service supported did not have capacity to give their consent and their ability to make decisions was compromised by a health condition, such as people living with dementia. Where this was the case the service had followed the steps set out in the MCA to ensure that people's rights were safeguarded. The service was knowledgeable about the assessment of peoples' capacity and Best Interest decisions and meetings and included the relevant people who knew the person well.

Is the service caring?

Our findings

People had developed positive and caring relationships with the care staff that supported them. This was reflected in the complimentary feedback we received. People told us that the care staff treated them with respect and kindness. One person said, "They are all very kind and caring. These are the best staff I have had. They are second to none. They will do anything for you." Another person said, "The staff who come have time for you, there's no rushing, no hurry up." They take time to chat and ask how we are." While another person referred to staff as always having a 'cheerful and friendly manner'.

Social care professionals also reported similar views. One telling us, "The staff are always friendly and never appear to be in a rush. People tell us the staff are always very chatty and appear interested in their lives." And another professional said of one person telling them that they were 'Put at ease straight away.'

A relative we spoke to said, "We've had lots of different agencies and this one knocks spots off the others. Top notch, lovely carers. They take time to get to know all the family. Our [relative] lights up and has a great relationship with them. You can hear the carers singing while they are carrying out care and [relative] joins in. It's absolutely brilliant. There's always plenty of laughs and cuddles."

We also heard from people about what they described as 'small acts of kindness'. For example staff bringing in fish and chips or having a facial and nails done by staff. People told us they really looked forward to their visits from staff.

People told us individuals were asked for their views about their support. Care records showed people had been included in meetings to discuss their support and had been asked for their views during the meetings. The registered manager of the service had identified local advocacy services that could be contacted if a person required support to make an important decision or to share their wishes about their support. People were asked for their views and included in decisions about their care.

We saw the staff spoke to people in a friendly and warm manner. Care records were written in respectful language and all the staff we spoke with talked about people in a respectful way. This helped to support people's dignity. One relative told us, "They support the whole family. It was my Birthday last week and they offered to sit with my [relative] free of charge so I could go out to the cinema."

Support was planned to promote people's skills and independence. The health and social care professionals we spoke with told us people they supported had gained skills and greater independence due to the skills of the staff team. We saw from care plans we looked at that independence was promoted and the service worked with people to help them reach their best potential. This was also evident from discussions with staff and management.

Staff were positive about their jobs. Staff referred to treating everyone how they would like a relative of theirs to be treated. One staff member said, "I love my job. I love going out to support people and help brighten up their day." Another staff told us, "This is the best job I've had and the best agency I've worked for; I feel well

supported and that the person being supported is at the heart of what we are about."

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to people's needs. The social care professional we contacted told us the staff in the service worked with them to ensure people's needs were met. They told us the staff were "Proactive in working to find solutions." Another professional told us, "The agency is very good at anticipating and adapting to people's changing needs."

Relatives we spoke with told us the service agreed to any changes requested, such as times when staff would visit them. They said support workers attended health care appointments and rearranged care visits to fit around family engagements and events.

Each person who received personal care had a support plan that detailed the support they required and how the staff were to provide it. People told us the staff were good at working with individuals to ensure they received the support they needed. The registered manager spoke of how the initial assessments they carried out were crucial and after that goal setting was important so that the support was designed to meet people's changing needs.

People's care files and review records showed their care had been reviewed with them or an appropriate representative involved as much as they wished. Care plans reflected people's individuality, diversity and made reference to their personal wishes and preferences.

The service identified when people maybe at risk of being socially isolated and helped them to go out into the community for example shopping, attending groups, going to café and pubs.

The staff we spoke with told us, they knew how to support people because this was detailed in their support plans. The staff we spoke with told us, they could identify if a person's support plan required changing and would pass this to the co-ordinator or to the registered manager for the support plan to be reviewed. The staff team were skilled at noticing changes to people's needs and referring this onto the appropriate professionals for action.

The service cared for people at the end stages of their life. This involved working with a range of other professionals such as district nurses, GP's and the local hospice at home team. A plan of care was put in place to help ensure that the person had a comfortable, dignified and pain free death, in accordance with their wishes. The agency had provided staff with training on the end of life care and some of the skills needed. They were currently working with the local palliative care team to develop joint care plans.

The service had a procedure for receiving and responding to complaints. No complaints had been received from the people who received personal care from the service. People we spoke with said they knew how they could raise concerns and were confident these would be resolved. One person told us of their experience of raising a concern, "Brilliant response from the manager and it was dealt with straight away. I wasn't made to feel awkward at all."

The staff we spoke with knew how people could make a complaint about the service received. They told us they would pass on any complaints made to the registered manager and could support people to make a formal complaint if they wished.

Is the service well-led?

Our findings

People told us the service was well managed. People knew the registered manager and director and how they could contact her, or the senior team, if they needed. One person told us, "[The registered manager] is really good at her job." We were also told, "This is an excellent service." We saw people were confident approaching the registered manager and the director of the company.

There was 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 2008 and associated Regulations about how the service is run. The registered manager was experienced and well trained for the role. Both the registered manager and care director had past experience in both community district nursing and hospital settings as registered nurses. The registered manager had completed NVQ Level 5 of Management and Leadership, and the care director was part way through this qualification.

People used a service where the registered manager's values and vision were embedded into the service, staff and culture. The registered manager was respected by the staff team. They were open, transparent and person-centred. All of the staff we spoke with said they felt well supported by the registered manager. They told us the registered manager set high standards and checked that these were being met.

The registered manager was committed to the company and the service they oversaw, the staff, but most of all the people using the service. They told us how effective recruitment was an essential part of maintaining the culture of the service. They were also very keen to pace the growth of the agency so that the quality could be maintained and built upon.

There was an open culture, and people and staff said they found access to the office and management team welcoming and easy. Staff, were positive and happy in their jobs. Staff were paid for the whole of their shift and were encouraged to take breaks and not to rush visits. They told us, "We are well looked after. We can stop for a coffee, we are encouraged to pop into the office for breaks. There's a nice sitting area with drinks and usually biscuits or cakes. It makes the world of difference to morale." Another staff member said, "The agency really cares about its staff. We have the most amazing staff team. We have nights out, meals at the directors house, a Xmas team spa experience, all paid for. Plus great staff development opportunities and pay and conditions. It means we are all fully committed to giving the best service possible to our clients."

The service had systems in place to monitor, assess and improve the service. We saw reports completed following these checks. The reports highlighted any areas where the service could be further improved and areas of good practice. This helped the registered manager to maintain oversight of the quality of the service. There was a clear organisational structure in place and staff were very clear on their roles and responsibilities.

People had a service which was continuously and positively adapting to changes in practice and legislation.

For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOE). For example they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The service worked well and in partnership with other agencies. An adult social care (ASC) professional said, "The manager is very willing to joint visit with ASC to reassure the clients and to attended multi- disciplinary meetings with a good amount of knowledgeable input from the service and the manager." A healthcare professional said, "Both the managers are nurses and use their knowledge and skills appropriately. They never over step the mark and work in partnership with us."

The views of people and staff were sought via telephone calls and quality assurance surveys, as part of on-going review of the service's performance. Everyone we spoke with knew the names of the Director of the company and the registered manager and said that they both frequently popped out to check up that everything was okay with the support given. People were also asked to complete a quality survey to share their experience of using the service.

People benefited from a registered manager who kept their practice up to date with regular training, and worked with external agencies in an open and transparent way fostering positive relationships. The service was keen to adopt best practice in the field of delivering effective community services. The registered manager had identified that the service could be improved by working more closely with local health services and specialist services to support individuals' complex needs, such as with end of life care. They had links with other agencies and were developing plans to encourage greater integrated working. This showed the registered manager identified areas for the development of partnership working with appropriate agencies to meet people's needs.

Providers of health and social care services are required to notify us of significant events that happen in their services such as allegations of abuse and serious injuries to people who use the service. The registered manager was aware of the notifications she needed to send to us and ensured these were provided promptly. The notifications we had received showed the registered manager took appropriate action in response to significant events to ensure people received safe care.