

We (Always) Care Limited

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Inspection report

Offices 7 & 8 Mereside Offices Industrial Park
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Whitchurch
Shropshire
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Tel: 01948780262

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19 August 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

We (Always) Care Limited is a domiciliary care service. It was providing personal care to 10 older people and younger adults at the time of the inspection.

Not everyone who used the service received personal care. 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 not fully protected from risks to their safety. Despite staff knowing when to report concerns they had failed to do so on one occasion. Identified risks to people were not always managed, reviewed or updated with the actions taken. People's medicines were not managed safely. Staff competence and training to administer medicines was not up to date. The provider's recruitment processes did not fully meet regulatory requirements.

People's holistic care needs were not always assessed when planning their care. Staff had not always received up to date training before they supported people. Staff and the provider had a limited understanding of how to support people to make decisions when they did not have capacity. However, people were happy with the care they received. People's care records did not always show the actions staff had taken to provide effective care.

There was poor management oversight of the service. The provider had no effective systems to check the quality of the service provided or to monitor staff practice and competence. There was no registered manager in post and the provider did not fully understand the regulatory requirements in providing the service.

People were supported to access healthcare services when required. The provider worked with other healthcare professionals to help ensure people's needs were met. Where people needed help with drinks and meals, this was provided.

People were cared for by staff who were kind and compassionate. People were involved in decisions about their care and support needs. Staff respected people's privacy and dignity.

People were supported in a way which was personal to them and people's individual needs and preferences were known to staff, who respected them. There were arrangements in place for people to raise concerns about the service.

We have made a recommendation about staff training.

We have made a recommendation about supporting people to make decisions where they lack capacity.

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

Rating at last inspection

This service was registered with us on 25 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to monitoring risk, medicines, recruitment processes and the governance of the service.

You can see what action we have asked the provider to take at the end of the full report.

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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

We (Always) Care 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 8 August 2019 and ended on 19 August 2019. We visited the office location on 15 and 19 August 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, who is the owner, the office co-ordinator, care staff and a team leader.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risks associated with people's care were not always managed safely. One person had been identified as having skin at risk of breakdown and had a pressure sore. This person's pressure sore had healed. However, staff told us the person now had another pressure sore, which was not recorded in their care plan. District nurses were treating this pressure sore, but the risk assessment and care plan had not been reviewed or updated to reflect this new risk.
- There was little or no guidance in place for staff on how to manage risks to keep people safe. One person had been at risk of abuse and the provider had made an appropriate referral to the local safeguarding team. However, the provider had failed to monitor or follow up the risks to the person's welfare to ensure they were safe.
- Not all staff had received recent practical training in safe moving and handling techniques. The provider told us staff received this training from a community occupational therapist. However, there was no record of this.
- Staff did not always report safety concerns to the provider. Staff had recorded bruising on one person, on more than one occasion, but had not passed this information to the provider. No review or investigation of the bruising had been completed, including identifying any further risk to the person. Therefore, the provider was unable to learn lessons from when things went wrong, because they were not always aware of concerns.

Using medicines safely

- People's medicines were not managed safely. The provider had not ensured staff training was up to date. Staff competence was checked by staff who did not themselves have up to date training in the safe management of medicines. Staff completed medicine tasks which they had no training or authority to complete.
- The provider had not completed medicine assessments to identify the support people needed with their medicines. One staff member told us they applied prescribed creams to one person's skin. When we looked in the person's care record, we found no information about any prescribed cream.
- Staff did not record the reason why people required their 'as needed' medicines. This is medicine given as and when needed, such as pain relief. Staff also did not monitor the effectiveness of these medicines or record how many tablets they had administered.
- People's medicine administration records did not always show they had received their medicine as prescribed. One person's required prescribed eye drops and topical medicine. During one month this had

not been recorded as administered on eight separate days. The provider confirmed medicine records were not audited, therefore these errors would not be identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a breach of Regulation 12 of the Health

The provider responded immediately during and after the inspection. They put into place new systems for the management of medicines. They also, enrolled staff onto medicines training, regardless of whether they had attended any training previously. The effectiveness of these new systems will be reviewed at our next inspection.

Staffing and recruitment

- Staff were not always recruited safely. One member of staff did not have references checked prior to their employment. Some staff had gaps in their employment history, which were not accounted for. This was discussed with the provider who told us they would review this part of the recruitment process. By law, providers must obtain full employment histories from all staff.
- Some staff had records which showed they had started work before a Disclosure and Barring Service (DBS) check had been completed. A DBS is a criminal record and barring check on individuals who intend to work with children or adults. However, when we raised this with the provider they confirmed staff start dates were not correctly recorded. They confirmed to us staff did not start work before they had a DBS check.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they did not always know which staff would be completing their care call. One person said, "The carers vary a lot as there have been a lot of coming and goings, so a high turnover of staff. I'm not sure who is coming, as I don't get a rota." The provider acknowledged there had been previous issues with staffing, care calls and a lack of consistency. They had recently implemented improvements in the way care calls were planned. The provider told us they were confident this would improve the service for people.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse. Staff understood their responsibilities in protecting people and how to recognise and report any suspicions of abuse. However, in practice, we found this was not always done.
- The provider also understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Preventing and controlling infection

- Staff practice protected people from the risk of cross infection. People confirmed care staff wore protective equipment, such as gloves and aprons when they supported them.

Is the service effective?

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always completed training before they started working with people. The provider had relied on training completed at staff's previous employments but had not obtained evidence this training had taken place. One staff member had training from three years ago which the provider had accepted as evidence of their competence.
- However, people and relatives told us they felt staff had the competence to support them safely and effectively. One person said, "All the carers have good training and skills as far as I am concerned."
- All new staff worked with a permanent member of staff to get to know the individual care needs of the people they would be supporting.
- During our inspection the provider created an annual training plan and confirmed they had accessed training for staff to complete.

We recommend the provider finds out more about training for staff, based on current best practice and guidance.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider confirmed everyone they supported had the capacity to give consent. However, the provider and staff had a limited understanding of the principles of the MCA. This could impact on the rights of people

if they did not have the capacity to give consent.

- Despite this, people confirmed staff always asked for their consent prior to supporting them. One person said, "They won't start doing anything without asking me first."

We recommend the provider considers current national guidance about supporting people who may lack the mental capacity to make their own decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's holistic needs were not fully reflected in their care plans. Some consideration had been given to people's diverse needs under the Equalities Act 2010. The provider confirmed they had already started making improvements to the way they captured and used people's information and this work was on-going.
- People had assessments completed to identify their care needs before they used the service. Information was gathered from the person, their family if appropriate and other health professionals, if relevant. The person then discussed and agreed their plan of care.
- People were supported by staff who knew them well and knew their individual care needs.

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

- Not everyone we spoke with received assistance with their eating and drinking. Two people we spoke with commented on some staff's poor cooking abilities. However, everyone was happy with the support they received. One person said, "I will choose what I want and they will get it done, with a drink."

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

- The provider worked with other health care professionals and agencies to help deliver people's care. However, this was not always recorded or kept updated in care records. One person received treatment from the district nurse, but there was no evidence or monitoring of this.
- Staff and the provider accessed community health professionals on behalf of people if needed. One person said, "They have always offered to help if ever I should ask them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

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 were supported by staff who were caring and kind to them. One person said, "They are wonderful and all very friendly and caring. I am delighted with all of them." One relative said, "I am very happy with the care and carers. They all show kindness, consideration and awareness towards [person's name]."
- People told us they felt well looked after and were treated fairly by staff. Staff understood the importance of respecting people's equality and diversity. One staff member said, "I treat everyone however I would like to be treated, regardless of their disability or who they are."
- People were introduced to new care staff. One person told us, "The new staff shadow the more experienced staff before they come on their own." Another person told us they had different care staff support them, but because they knew all of them they were happy with this.

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

- People felt care staff kept them involved in their own care. One person said, "They (care staff) come in with a smile and ask how I am and what would I like doing first."
- People were supported to express their views about their own care. One staff member told us because they knew the people they supported, they knew how best to talk with them. This helped to ensure people were involved in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "They (staff) are very good. They draw the curtains and close the door and keep me covered with a towel, so I'm never left with nothing on when having personal care."
- The support people received enabled them to remain within their own homes. One staff member told us they helped people to do as much as they could and encouraged them to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

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 provider was not aware of the AIS or what they needed to do to ensure they met this standard. People's care plans contained information on sensory impairments, but not how staff would support them to understand information given to them.
- The provider told us staff read one person's care plan to them, as they had a visual impairment. However, this was not recorded in their care records.

End of life care and support

- People had not been encouraged to share their end of life wishes. However, the provider told us they were just starting to talk to people about this in care reviews they completed. They also told us they would access support from the person's GP and district nurse team.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the development and review of their own care plans. They felt staff involved them in their care and how they liked things to be done. One person said, "I deal with my care plan together with my [relative's name] and it is all up to date. I have a copy here at home."
- People told us they received care which was personal to them and respected their preferences. One relative told us their family "loved" a particular singer. They said, "The staff will put on a record of them and have a sing-a-long. [Person's name] really loves that."

Improving care quality in response to complaints or concerns

- One relative made us aware of a complaint which had not been resolved. However, there were no records of the complaint and the provider told us they had not been informed of it. The provider responded quickly and effectively to this complaint once they were made aware of it.
- People and relatives told us they felt confident to raise concerns and complaints. People had access to the provider's complaints policy and knew who to contact.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The provider had no registered manager in post. The previous registered manager had de-registered with us in July 2019. The provider told us a new manager was waiting to start work at the service and they would submit an application to us for the registered manager role.
- In the absence of a registered manager, the provider had taken responsibility for the day to day management of the service. However, the provider was not fully aware of their regulatory responsibilities or current best practice and national guidance for adult social care in the community.
- The provider confirmed to us they had no quality assurance systems in place to audit the service. Therefore, there was no effective oversight of care provision or staff practice. Our findings throughout our inspection supported this.
- The provider had no quality system in place to identify poor or unsafe staff practice or investigate and feedback on any accidents or incidents. Staff had failed to follow policy and procedure when they found bruising on one person and in relation to the poor management of medicines.
- People's care records did not always contain up to date information about their care needs. This included their medicines and the support staff had given them. One person's care plan stated they had three care calls a day. The provider confirmed they actually had four care calls a day and their care plan had not been updated.
- Staff recruitment and training records were poorly kept. The provider struggled to find information for us and information provided was not always accurate. The provider told us staff had received training on Parkinson's Disease, dementia and continence care through local community professionals. However, no record of this training was available to view.
- The provider told us they visited all people who used the service regularly to get their feedback. They also told us they spoke with people and relatives on the telephone. However, no records were kept of these meetings and conversations.

This is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, the provider started to put into place a governance framework for monitoring the service. We will judge the effectiveness of this new framework at our next inspection.

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

- The provider responded quickly to our feedback throughout the inspection. They started to implement improvements to procedures, records and staff training whilst our inspection was still taking place. This helped to mitigate potential risk to people.
- People and relatives were happy with the service and care they received from the provider and staff. One relative said, "I feel that I can talk to [provider's name] freely and they listen and addresses things. They are very service oriented. It makes a difference knowing they listen."

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

- People had opportunities to share their thoughts about the service. People completed regular surveys, which showed positive feedback about the service.
- Staff were engaged in the service and felt able to make suggestions for improvement. Following a recent change in staff they told us they felt they worked within a good team.

Working in partnership with others

- The provider told us since opening the service they had built and continued to build relationships with the local authorities, community health professionals and community teams.

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>People who use services were not protected against the risks associated with the management of all medicines. The provider had not ensured concerns about people's safety were always monitored and reviewed to help mitigate risk.</p> <p>Regulation 12 (1) (2)(a)(b)(c)(g)(i)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed.</p> <p>Regulation 17 (1) (2)</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 recruitment procedures complied with current regulation.</p> <p>Regulation 19 (1) (2)</p>

