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Always Home Care

Inspection report

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Date of inspection visit:
07 December 2016

Date of publication:
18 January 2017

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 inspected this service on 7 December 2016. This was an announced inspection and we telephoned the provider two days prior to our inspection to ensure staff would be available to meet with us.

Always home Care is registered to support people with their personal care needs in the community. At the time of the inspection eight people were receiving personal care support.

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.

People were kept safe from harm because staff understood their responsibility to protect them from abuse and poor care. Risks which could affect people's health and safety had been assessed and there were management plans in place to reduce the risk.

There were recruitment procedures in place to ensure staff were suitable to work within a caring environment. People were supported with or given their prescribed medicines in a safe manner.

Staff had access to training to improve their knowledge of care and enhance their skills. Staff understood the importance of supporting people to make choices for themselves. Staff ensured people had access to adequate food, drinks and healthcare professionals to support their health and wellbeing. People received kind and compassionate care. Staff developed relationships with people which recognised their independence and promoted their dignity and respect. People received personalised care because staff understood their likes, dislikes and preferences.

People were provided with information about raising concerns or complaints and were happy to speak with staff about their worries. People's opinions were sought and they were involved in reviewing their care. Staff felt well supported and empowered to raise any concerns they had. There were processes in place to ensure the service improved when shortfalls were identified.

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's risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed for people who needed support to ensure they took what they were prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff with the skills and knowledge to care for them. Staff understood the importance of gaining people's consent. People received food that they had chosen and was suitable for their individual needs. People had support from healthcare professionals to support and maintain their wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, compassionate and polite staff. Staff knew people well and respected their privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their preferences and staff understood what was important to them. People and their relatives were involved in the review of their care. People were supported to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led

People were given opportunities to share their views of the service. Staff felt well supported and empowered to raise any concerns they had. Audits were in place to monitor the quality of the service provided.

Always Home Care

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.

This announced inspection took place on 7 December 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available to speak with us.

We checked the information we held about the service and provider. On this occasion we had not asked the provider to complete 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 however we gave them the opportunity to tell us during the inspection. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with five people by telephone and two relatives to listen to their views on the service that Always Home Care provided. We looked at three care plans to see how care was planned to meet people's needs and if it met their recorded preferences. We spoke with the registered manager who was also the provider, the care coordinator and two members of the care staff. We looked at information relating to the management of the service including recruitment records to ensure that all checks were in place before staff commenced working with people in their own homes.

Is the service safe?

Our findings

People were protected and kept safe from harm. Everyone we spoke with said that they or their relatives were safe when the care staff were supporting them. One person told us, "I'm safe and they're very reliable". A relative said, "My relation feels safe and at ease with the staff". Staff we spoke with understood their responsibility to keep people protected from abuse or poor care. One member of staff told us, "I have a good relationship with people I support so I would know if they had something on their mind and I do think they would be able to tell me". Another member of staff said, "If you suspect something maybe wrong it's important to listen to people".

There was a recruitment process in place. Staff we spoke with confirmed they had provided pre-employment information before they were able to start working. One member of staff told us, "I had an interview and provided them with previous employers to contact for references. I also had to have a DBS and when that came back I could start shadowing". The DBS is a national agency which holds information on criminal convictions. This meant staff suitability to support people was checked prior to their employment.

People's risks had been considered and assessed. For example, we saw when necessary, that management plans had been put in place to ensure people were moved correctly and safely. We saw that some people had equipment in their home to enable staff to move them safely. One person told us, "They are able to help my relative transfer safely". A member of staff said, "[Name of person] has a hoist at home so we always have 'double up' calls to support them". Another relative told us, "My relation has had problems with skin pressure in the past and they look out for that every day". Staff were provided with guidance on the way people should be supported which was recorded in their care plans. We saw that the information recorded was consistent with what people and staff told us which meant they received the care that was planned for them to reduce their risks.

Staff supported people with their medicines if necessary. People we spoke with told us, if they needed support with their medicines, staff ensured they took what they had been prescribed, at the correct time. One relative said, "They do my relations medicine and they note it all down and they have a form to fill in as well". We saw there were risk assessments in place to guide staff on the level of support people required with their medicines and there were checks in place to ensure staff recording had been accurate.

Records were kept of any accidents and incidents which occurred. A member of staff told us, "One person had had a few falls recently so we worked with the family, got them an emergency pendant to wear, brought the bed down and arranged for a falls assessment". This demonstrated that staff responded proactively to people's accidents.

Is the service effective?

Our findings

Staff were supported to gain the skills and knowledge they needed to care for people effectively. One member of staff told us, "We get online training and do practical sessions for moving people. There's always access to something, whatever you want". Staff received an induction when they started working for the service and shadowed experienced staff before they worked independently with people. One member of staff said, "I shadowed for a week and then told them I thought I was ready. I learn as I go and they said I was like a duck to water".

Staff were provided with opportunities to discuss their performance and career development. One member of staff told us, "We can discuss anything and everything. Any worries, if we're happy and feedback from people and families". Another member of staff said, "Yes we get supervision around every six weeks. Can talk about training and everything".

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. People told us that staff asked them about their choices and gained permission from them before providing care. One person told us, "The staff are very polite and considerate". A member of staff said, "We always ask if people are happy for us to come in and look after them". 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. Relatives told us that the staff understood how to support people who lacked the capacity to make their own decisions. Relatives said, the staff always act in people's best interest. One relative told us, "They always try and give my relation a wash but some days there's no chance. They know when to gently challenge". A member of staff said, "It's important to recognise a person's ability to make a decision". We saw that people had signed their care plans and a reminder to gain people's consent was documented in their care plans to act as an aide memoir to staff.

People were provided with food and drinks of their preference. One person said, "They help me to have something to eat. Another person said, "They call twice a day to do my meals, help me tidy up afterwards and they are good company". Staff we spoke with knew about people's food and drink preferences which were also recorded in their care plans. One member of staff told us, "[Name of person] eats really well and their favourite meal is corned beef hash". Another member of staff said, "One person likes to get all their own food out ready for us to cook". A relative said, "They encourage my relation to eat and drink. They let me know if they're not eating".

Staff supported people's health and wellbeing. One relative told us, "They alert me if they think my relation needs to see the doctor". We read in people's care plans that staff maintained relationships with other healthcare professionals and sought their advice when required. For example we saw that staff contacted the district nursing team if there were any concerns about people's skin condition.

Is the service caring?

Our findings

Everyone we spoke with was complimentary and positive about the care the staff provided. One person told us, "If it wasn't for them I don't think I'd be here or at home. They have helped me feel better and better. I look forward to them calling every day and they help me stay well". A relative said, "They've been excellent". People we spoke with told us they found the staff polite and friendly. One person said, "I think they do a really good job as my relation has dementia. They stay gentle and patient with them". Another person said, "I get lonely so it's lovely to chat with them. I couldn't do without them".

People's dignity and privacy were protected by staff who respected them. A relative told us, "The care is done with dignity and there's no rushing or hassle". Another relative said, "They take my relation to the bathroom and it's done with dignity". A member of staff told us, "We make sure we close the curtains and doors before providing care and always check if people would rather we stepped out of the room for a while". People we spoke with told us that they had a care plan in their home and staff referred to it. One person said, "They make notes each time they call and leave them out so we or our relatives can discuss it with them". Staff demonstrated to us they knew people well and understood how to meet their care in line with their preferences. Staff provided comments such as, '[Name of person] is a joy', '[Name of person] always has a story to tell you' and '[Name of person] loves sweet food, particularly a slice of cake'.

People felt respected by the staff. One person told us, "They leave everything immaculate. It makes my day, every day". Another person said, "They are very considerate when they're in the house. No muddy shoes or boots". A relative told us, "My relation looks nicer than if they were without help". This demonstrated that staff recognised the importance of respect for people and their property.

Is the service responsive?

Our findings

People and relatives told us they had been involved in the planning and review of their care. One person told us, "The care was all agreed with us. The [registered] manager and the social worker came out to see us together. It was all agreeable and okay with us". A relative said, "Yes, the care has been reviewed. [Name of person] used to have three calls a day but now needs four". We saw from people's care plans that an initial assessment was undertaken to ensure all of their individual needs were considered. People's care plans provided staff with information about people, their social history and their personal likes and dislikes. One person told us, "I've told them about the war and ration books and they said I should write a book". Staff responded to changes in people's needs. Relatives told us that if necessary, there was flexibility in the service they received. One relative told us, "They will get here at six in the morning if we need them very early".

People and relatives were informed if the staff were going to be late arriving. One person told us, "They have regular staff and yes generally they are on time but they let us know". A member of staff told us, "We always say, 'give us 15 minutes', but [Name of person] is a worrier so we always call them even if we're only running a few minutes".

Staff told us communication in the service was good and there were arrangements in place to alert them if there had been a sudden change to a person's visit. For example staff told us they received a call from the office if someone had been admitted to hospital and no longer needed a visit from them. One member of staff told us, "We always get a call if there's a change. If there needs to be a permanent change to care there's a new assessment and the person's care plan is re-written".

People and relatives we spoke with told us they knew how to complain. One person told us, "I've no complaints I'm very happy with them". Another person said, "I've had no complaints but if I did I would tell them". We saw that when people raised concerns or complaints their worries were investigated and if necessary other agencies were informed. This demonstrated that the provider recognised the importance of being open with people who had concerns about the service.

Is the service well-led?

Our findings

People were happy with the support they received. One person told us, "The service is safe and they are very reliable. I'm very satisfied with them". Another person said, "They've been excellent. I would recommend them". The registered manager told us, "We're a small company. The staff go above and beyond and have really strong relationships with people".

People's views about the service were sought. People told us they were contacted regularly to ask if everything was okay for them. One person said, "I can ring them and they ring me so I can let them know how it's going on". We saw from the satisfaction surveys completed earlier in the year that people had responded positively to the questions they were asked. People's comments included, 'My life has been made easier. I'd recommend them without hesitation' and another, 'They are perfect, kind and cheerful'. We saw that there was a programme of spot check visits in place to observe staff providing care and do ad-hoc checks on the paperwork in people's homes. A person told us, "They came to see me a few weeks ago to do a spot check and to see if I wanted any changes. If I do, I only have to ask". We read a report of one spot check which stated 'Good conversation with [Name of person] who confirmed that they got on well'.

Staff told us they were well supported. One member of staff said, "It's a fantastic company. They definitely care for us too. Lovely company to work for". Staff told us there were arrangements in place for them to raise concerns about the service if they wanted to. One member of staff told us, "I have always been told if we have a problem don't keep it to yourself. Don't hold back, you won't get into trouble". Staff were provided with meetings which were used to update them about organisational changes which might affect them. One member of staff said, "We talk about changes taking place, new staff and new people to support".

There were arrangements in place to monitor how people's care and safety were maintained to drive improvements. The registered manager told us people's home based care plans were brought into the office on a monthly basis so that the care coordinator could check them for accuracy. We saw that any shortfalls, for example, gaps in recording were addressed with staff immediately. This demonstrated there were arrangements in place to ensure areas for improvement were identified.

There was a registered manager in post who understood the requirements of their role. The registered manager told us, that for their future development they were planning to support staff to provide a link for specialist areas of care such as dementia and supporting people at the end of their life. This meant they were looking at ways to improve the service they provided to people.