

We (Always) Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

We Always Care Ltd is a domiciliary care service providing personal care to people aged 65 and over. At the time of our inspection the service was supporting seven people.

Not everyone who used the service may receive 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

Management oversight of the service needed further improvement. Whilst the provider had introduced some systems to check the quality of the service provided since our last inspection, further improvements were required for the monitoring of the service and staff support systems. There was no registered manager in post at the time of our inspection.

People's relatives and friends told us they were protected from risks to their safety. People were supported by staff who knew when to report concerns and managed any identified risks. People were supported to receive their medicines as prescribed and quality assurance tools in place supported this process.

People were supported by sufficient staff who had been safely recruited.

People's relatives were satisfied with the care people received. People's care records had improved since the introduction of a new electronic recording system and now showed actions staff took to provide effective care.

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

Rating at last inspection (and update) -

The last rating for this service was requires improvement (published 11 October 2019). There were multiple breaches of regulation in relation to the safe administration of medicines, staff recruitment and governance. The provider completed an action plan after our last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made to systems for management of medicines and staff recruitment. However, despite some improvement in governance the provider remained in breach of Regulation 17 HSCA RA Regulations 2014 (good governance). The service remains rated requires improvement. The service has now been rated as requires improvement for two inspections.

Why we inspected

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained unchanged. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for We Always Care Ltd on our website at www.cqc.org.uk.

Enforcement

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

We have identified a continued breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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

The inspection team consisted of two inspectors

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 although the nominated individual had applied to register as the manager of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. As the company was in liquidation the provider was an administrator for the company. This means they were 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 or senior staff would be in the office to support the inspection.

Inspection activity started on 23 March 2021 and ended on 25 March 2021. We visited the office location on 25 March 2021.

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 all the information we held about the service prior to our inspection, this including any information shared with us by members of the public and other stakeholders.

We used all this information to plan our inspection.

During the inspection

We spoke with eight relatives and friends of people who used the service about their experience of the care provided. We also spoke a social worker and six members of staff including the nominated individual, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safe administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was able to demonstrate they had made improvements in respect of the how they managed people's medicines and was no longer in breach of regulation 12

- People's relatives told us they were confident in the way staff assisted people with their medicines when this was an agreed part of the care provided. One relative said, "I have seen staff take and give medication, [person] will then take it. When re-ordering medicines I'm not aware that there are excess tablets left over." Relatives also confirmed people received their prescribed creams correctly when these were needed.
- Staff told us they had received training in administration of medicines, and this was now been completed through a new training provider which included checks on their knowledge.
- The provider had introduced electronic medication administration records since our last inspection. These showed medicines were given as prescribed. This system also allowed information to be drawn from the system for auditing purposes so the provider would be made aware of any medicines not given.

Staffing and recruitment

At our last inspection the provider had failed to ensure robustly assess the risks relating to the safe recruitment of staff. This was a breach of regulation 19 (Fit and Proper Person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was able to demonstrate they had made improvements in respect of the how they recruited staff and was no longer in breach of regulation 19.

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- People's relatives told us staff arrived at or close to expected times. Relatives told us, "Staff stick to the times and stop agreed times, they are all quite good. It's a double [staff] call but staff turn up at the same time."
- People's relatives told us if there was any expected delay, they would get a phone call from the provider.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the staff understood the different types of abuse and steps, they should take to safeguard people. Staff told us they had undertaken recent safeguarding training.
- The nominated individual had reported any potential abuse to the appropriate authorities.
- People's relatives were aware of who to contact should they have concerns about their loved one's safety and told us they would not hesitate to do so if needed.

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

- Risks to people were identified and staff were aware of these risks and how people should be supported to reduce any avoidable harm. People's relatives told us people's care was provided safely. One relative told us, "Transfers can be quite difficult but there is a plan and staff have worked around and handled insecurities, this without prompting from the family."
- Staff demonstrated a good understanding of how to follow risk assessments without compromising people's rights. A member of staff told us they used the agency's electronic monitoring app on their phone and was, "Able to see a summary of people needs and risks on this application."

Preventing and controlling infection

- People's relatives said staff used personal protective equipment (PPE) when providing care, this including face masks, gloves and where needed aprons. One relative told us, "COVID-19 has caused some issues but [person's name] has never felt unsafe with the carers, they wear all the PPE needed."
- Staff said they were aware of what precautions they should take to protect themselves and people they care for when visiting them. A staff member told us, "PPE, I have a month's supply at a time and also COVID-19 tests weekly."
- The provider and staff confirmed staff were tested for COVID -19 on a regular basis and they ensured the number of staff visiting people was limited to the smallest possible number. This was another factor in helping reduce the spread of infection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. After this inspection this rating for this key question has remained the same.

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.

At our last inspection the provider had failed to ensure there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection whilst improvements had been made, further improvements were required, and the service remained in breach of regulation 17.

- There was no registered manager in post at the service. The previous registered manager had de-registered with us in July 2019. New managers had been employed but had not registered as the manager. The nominated individual had applied for registration as the manager with CQC.
- Since the previous manager left the nominated individual had taken responsibility for the day to day management of the service. However, the nominated individual was not able to demonstrate how the service's governance systems provided a comprehensive oversight of the service's performance. For example, there was a lack of planning in relation to systems for staff support including for example one to one supervision, appraisals, and spot checks.
- Staff training records sent to us prior to the inspection indicated a lack of staff training although individual training records and discussion with staff showed they had registered with a new training provider and were completing or refreshing core training. Whilst staff had completed online training, we discussed with the nominated individual how they would receive face to face training and competency checks from a competent trainer. The nominated individual told us they were going to complete a train the trainer course to provide them with the competence to complete this.
- People's care records, which were kept on an electronic application introduced since our previous inspection, were accurate and well recorded. However, more frequent review of these would be beneficial so any changes in people's needs would be routinely captured and there was documented evidence of people's agreement with any changes to their care plans.

- People's relatives told us the nominated individual visited people who used the service regularly as one of the care staff and would discuss any issues with them during these visits. One relative told us, "I have met [the nominated Individual], if there are problems they will come out on [the care] round. They are approachable, if there are any problems they will help and are down to earth." Other relatives told us they did get in touch by phone. We made a recommendation that the provider should consistently record people's feedback to capture their views as part of the agency's quality monitoring to demonstrate how they captured and acted on people's voice.

- There had been a high turnover of staff at the service and whilst the nominated individual had recruited new staff to ensure people were supported by sufficient staff this had impacted on staff consistency. One relative told us, "Eight months ago would have said they are amazing, but there have been changes of staff so only gets the one regular member of staff now, although the staff member does have a good relationship with them."

- Since the last inspection the nominated individual had introduced some quality assurance systems to audit the service which included for example medication audits, call monitoring and checks on safeguarding alerts.

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 and addressed some areas immediately. For example, we were not notified when the company went into liquidation. This information was supplied the same day as our inspection. In addition, we found the last CQC inspection report rating was not displayed on the provider's website. This is now displayed.

- People's relatives and friends overall were very happy with the service and care the agency provided. Relative's comments included, "[Person's name] has dementia but staff get on well with and for example sing to them, sit with and do a great job" and, "In terms of the care I can't fault [the staff] now".

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

- Whilst there was no evidence of regular formal surveys with stakeholders, relatives told us they were able to share their views with the nominated individual.

- Staff told us opportunities for one to one supervision and support had been lacking with the previous manager although were confident this would be addressed now the nominated individual was in day to day control.

Working in partnership with others

- A social worker we spoke with told us the service had worked closely with nursing staff from another provider in respect of one person's care provision.

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 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 they had sufficient management oversight of the quality and safety of the service.</p> <p>Regulation 17 (1) (2)</p>