

Always Better Care Ltd

# Always Better Care Limited

## Inspection report

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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



### Overall summary

This was an announced inspection carried out on 2 and 20 November 2015.

Always Better Care Limited is a small domiciliary care agency based in St Helens. It offers care and support to people in their own home including personal care. Support in everyday activities such as shopping can be provided, which helps people to live as independently as possible. The agency has offices based in St Helens close to public transport routes. At the time of this inspection the service was supporting five people with their care and support needs.

A registered manager was in place. A registered manager is a person who is 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.

At the last inspection of the service in September 2014 we found that the service needed to make improvements in

# Summary of findings

relation to how they managed their records. We re-visited the service in November 2014 and saw that improvements had been made as to how the service managed their records.

During this inspection we saw that improvements were needed as to the timings of staff arriving to deliver people's care and support. This was because people told us on occasions staff were late which impacted on their day.

Improvements were needed to ensure that all staff had the opportunity to discuss their role formally with their manager on a regular basis.

The registered provider spoke to people on a regular basis whilst delivering their care and support; however, there was no formal system in place for the registered provider to learn from people's experiences of the service to improve the quality of the care delivered.

Improvements were needed to ensure that all records within the service were maintained appropriately. This would help ensure that important information is available when needed.

Prior to a service commencing, an assessment of a person's needs was carried out. This process helps ensure that people's needs were met safely and in a manner they wanted.

Recruitment procedures were in place to help ensure that only people suitable to work with vulnerable people were employed at the service.

Systems were in place to help ensure that people received their medicines safely.

Staff had received training to help ensure that care and support was delivered safely.

People told us that staff were always respectful when they visited and that they always respected their privacy when delivering personal care.

Each person who used the service had a care plan that detailed their care and support needs. Care plans contained specific information about the individual and important information that staff needed to know about when delivering people's care and support.

We saw that records were stored appropriately. Locked cabinets were available to ensure that people's personal information was stored securely. Records stored electronically were password protected.

We have made improvement recommendations in this report to improve the service. We recommend that staff receive regular opportunities to formally discuss their role with their manager; that the service re-introduces their quality auditing system so that people who use the service have the opportunity to give their comment on the care and support they receive.

We have made recommendations that the service develops and implements a robust system that ensures that people receive care and support at the times they require. A further recommendation has been made that records are maintained for the required amount of time.

# Summary of findings

## 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.

People did not always receive their care and support at the planned time.

People told us that they felt safe when staff visited their home.

Systems were in place to help ensure that people received their medicines when they needed them.

Safe recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff were not given the opportunity to formally discuss their role and any further development they may require to carry out their role effectively.

People were supported by staff who had received appropriate training for their role.

Policies and procedures in place offered guidance to staff in relation to obtaining people's consent to the care they receive.

**Requires improvement**



### Is the service caring?

The service was caring.

People told us that they felt the staff were caring.

People told us that staff were always respectful when they visited and that they always respected their privacy when delivering personal care.

Care planning documents for people demonstrated that people's specific needs and wishes had been identified and planned for.

**Good**



### Is the service responsive?

The service was not always responsive.

No formal quality assurance system was in place to gather the thoughts and opinions of people who used the service.

Care planning documents were in place detailing people's needs and wishes in relation to the care they required.

A complaints procedure was in place and people were comfortable in raising any concerns or complaints they may have.

**Requires improvement**



### Is the service well-led?

The service was not always well-led.

**Requires improvement**



# Summary of findings

Documents were not always maintained for the required amount of time.

Policies and procedures were in place to offer guidance to staff on how to deliver safe and effective care.

A registered manager was in post.

# Always Better Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who are often out during the day; we needed to be sure that someone would be in. On the 20 November 2015 we contacted people to ask them their opinions on the service.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service. In addition we looked at records in relation to the running of the service, recruitment records, policies and procedures and staff rotas. We spoke with three people who used the service and the three staff who deliver the care and support to people on a daily basis.

Before our inspection we reviewed the information we held about the service including incidents that the registered provider had sent to us since our last inspection. We contacted the local authority who commission care at the service to obtain their views. They told us that they are continuing to monitor the service provided at Always Better Care Limited.

# Is the service safe?

## Our findings

People told us they felt safe when the staff visited them and when staff were delivering care and support.

People told us that staff did not always arrive to deliver their care and support at the planned time. One person told us that they were “getting a bit fed up” as staff were a “bit late” and another person told us that on certain weekends staff calls were late. This tended to be when people’s regular carers were not on duty. The registered provider told us that it was the service’s policy to contact people if staff were running late. However, people we spoke with told us that they were not always contacted when staff were running late. The registered provider explained that there was an electronic call monitoring system linked to the local authority; however this system was not currently in use by the service.

A staff rota was made available to demonstrate which staff would be delivering people’s care and support at specific times for the week of our visit. We asked for copies of the previous weeks rotas and the registered manager told us that rotas and staff timesheets completed by the staff were destroyed on a weekly basis. Having destroyed the information we were unable to fully assess the times at which people’s care was planned for and actually delivered.

**We recommend that the service develops and implements a robust system that ensures people receive the care and support they require at the times they require it.**

We spoke with all three staff who were responsible for delivering care and support to people. All three staff demonstrated a good awareness of local safeguarding procedures and were able to give examples of potential safeguarding concerns. They were able to describe what action they would take if they thought a person was at risk from abuse. Information was available to staff as to how to

identify and manage safeguarding concerns in the staff handbook. We looked at this information and saw that it gave clear guidance on what action a staff member needed to take, and who to contact if a person was at risk.

Care planning documents contained information about identified risks to individuals. For example, risks had been considered and planned for in relation to people falling; people’s continence and skin condition. In addition to identifying risk to individuals’ people care planning records considered any known risk to people’s living accommodation. For example, one person’s care plan considered whether there were sufficient cleaning products for staff to deliver safe care; whether there were any trip hazards and whether a smoke alarm was operational in the person’s home.

A medicines policy and procedure was in place to help ensure that people received their medicines appropriately. We saw that staff delivering care had received training in administering medicines. People’s care plans contained information as to what medicines they needed support with. One person told us that “They [staff] are always there to get my medicines”.

Recruitment procedures were in place to help ensure that only people suitable to work with vulnerable people were employed at the service. No new staff had been recruited since our last inspection. We looked at the recruitment file for one staff member who had been in post for some time. The information contained on the file demonstrated that appropriate checks had been carried out prior to them starting their employment. For example, we saw that an application form had been completed; two written references had been obtained and a Criminal Record Bureau (now known as the Disclosure and Barring Service) check had been carried out. These checks are carried out to help ensure that only people suitable to work with vulnerable people are employed by the service.

# Is the service effective?

## Our findings

People told us that staff supported them well during their visits. Comments included “They [staff] dye my hair for me”; “They take me shopping” and “They [staff] will always pick up my favourite takeaway for me on their way to visit me. I just need to ask”.

The registered provider told us that no formal supervisions had taken place for a number of months. They told us that they spoke on a regular basis to staff and therefore staff had the opportunity to speak with their manager on a regular basis. A lack of opportunity for staff to have time to discuss their role formally with their line manager may result in a lack of opportunity to discuss any issues and identify any developmental needs they may have.

**We recommend that the service develops and implements a robust system that ensures staff receive regular opportunities to formally discuss their role and that these opportunities are recorded.**

The registered provider told us that the majority of the training arranged and undertaken was delivered by the local authority every three years. This was with the exception of moving and handling training which staff were to complete every 12 months. We looked at the training records for one member of staff which demonstrated that they had received training in relation to emergency first aid; food hygiene; health and safety; equality and diversity; safeguarding; end of life care; awareness in dementia and medication. People who used the service told us that they felt the staff who delivered their care and support were well trained to carry out their role.

A staff handbook was available which contained information and guidance to staff in relation to carrying out

their role in a safe respectful manner. This document included information and guidance to staff in relation to training; dress code; complaints; safeguarding people and confidentiality.

Prior to a service commencing, an assessment of a person’s needs was carried out. The purpose of this assessment was to identify what people’s specific needs and wishes were and to plan how people’s needs were to be met. This process helped ensure that people’s needs were met safely and in a manner they wanted.

Policies and procedures in place offered guidance to staff in relation to obtaining people’s consent to the care they receive. We saw information that demonstrated people had signed to give their consent to the care they received that formed part of their care planning documents. In addition, when a person had been assessed as not having the capacity to consent to their care this was also recorded. For example, one person’s care plan stated that they had been assessed by an appropriate professional as not having the capacity to consent to their care. The care planning record then recorded the name of the individual who was legally able to consent to the care of the person. This demonstrated that people’s ability to make their own decision had been considered.

People told us that when staff visited they always asked what they would like to eat and drink. People’s comments included “They [staff] always ask what I want and if I want them to prepare something for later”. This demonstrated that people were offered and supported to have sufficient to eat and drink to meet their needs.

All three people we spoke with told us that if they were feeling unwell staff would always contact their GP or social worker if they asked them to. One person told us that staff help them maintain their health by always ensuring that they had sufficient medication ordered and available to them.

# Is the service caring?

## Our findings

People told us that they felt the staff were caring. Their comments included “They [staff] are always willing to take me out for things for my home”; “The girls [staff] are alright”; “They always send a birthday card” and “Very respectful”. One person told us that they felt their regular carer was “Absolutely marvellous” and another person told us that staff “Had been very good with me over the past few years”.

During discussion with staff it was evident that they knew the people they supported well and that they were knowledgeable about people’s specific likes and dislikes. People who used the service told us that they had built up positive relationships with the staff that regularly support them.

People told us that staff were always respectful when they visited and that they always respected their privacy when delivering personal care.

Care planning documents for people demonstrated that people’s specific needs and wishes had been identified and planned for. For example, one person’s care planning information stated that “[X] will wash independently but would like care staff to assist if [X] appears to be struggling”.

A service user guide formed part of people’s care planning documents. This guide informed people of the service that they should expect from Always Better Care Limited. For example, it gave information in relation to what services staff could and could not provide; confidentiality of people’s information; people’s rights to privacy and dignity; securing people’s homes and damages and breakages within people’s homes. This information helps people to understand the scope, standards of care and support they should expect from the staff delivering their service.

The staff handbook offered advice and guidance to staff to help ensure that people received the care and support they required appropriately. For example, the handbook offered guidance in relation to gifts and beneficiaries; general behaviour and standards expected of staff.



# Is the service responsive?

## Our findings

People told us that if they had any concern or complaints about the service they would raise them with the staff. People's comments included "I tell my regular staff if I am not happy about something" and "I'd ring them [registered provider] if I wanted to make a complaint".

No formal system was in place for the registered provider to learn from people's experiences of the service to improve the quality of the care delivered. The registered provider told us that they last asked people to complete a survey about the service in February 2014. They told us that they spoke with people on a regular basis however these conversations were not recorded.

**We recommend that the service re-introduces a formal quality auditing system to ensure that people have the opportunity to give their comments on their service. This will give the registered provider the opportunity to assess people's responses and develop a plan of improvement where necessary.**

A complaints procedure was in place and a copy of this procedure was contained in the Service User Guide. The procedure detailed who people could contact if they wished to make a complaint both within the organisation and the local authority. The different stages of the procedure were explained so that people were aware of the timescales of the complaints process.

Since our previous inspection the registered provider had received a number of complaints that they had responded to. We saw that records of these complaints were maintained and the registered provider was able to discuss their findings of the complaints investigations in detail during this inspection.

Each person who used the service had a care plan that detailed their care and support needs. We looked at the care planning document of three people who used the service. We saw that they contained specific information about the individual and important information that staff needed to know about when delivering people's care and support. The documents contained information in relation to people's personal information; the contact details of GP and other health care professional involved in people's life and relevant medical history.

People's specific daily support needs were recorded in their care plans which considered individual's aims, goals and the desired outcome of their care plan. For example, one care plan stated that "[X] would like care staff to switch TV on and ensure she has the remote control to hand" and "[X] would like their walking frame close enough for her to reach as she feels this is important to her goal of maintaining her mobility."

Care planning documents contained a section titled 'About Me' which recorded people's interests and hobbies; regular community activities; family and friends and favourite food and drink.

The registered provider told us that they were in the process of updating people's care planning documents. We saw that two of the three care plans we looked at had recently been reviewed and updated. The registered provider recognised the need to regularly review and update people's care plans to ensure that they received the care and support they require at all times.

# Is the service well-led?

## Our findings

A director of the organisation held the role of registered manager and responsible individual for the service. In addition to the registered manager another partner in the organisation had management responsibilities within the service. During our inspection both explained that they had a joint responsibility for the management of the service and in ensuring that people received the care and support they needed. People who used the service told us that all of the staff were approachable.

We found that records were not always managed appropriately. For example, records of rotas and timesheets that recorded what staff had worked were not stored for reference purposes. In addition, we found that no recruitment and personal information was stored in relation to one of the managers of the service. Following our visit they sent us proof of their qualifications, training and identification. Failure to maintain appropriate records may result in important information not being available which could impact on the care and support people who used the service received.

**We recommend that the service develops a robust system for managing records. This will help ensure that that all appropriate records are maintained for the appropriate period of time they are required.**

We saw that those records that were in place were stored appropriately. Locked cabinets were available to ensure that people's personal information was stored securely. Records stored electronically were password protected. This meant that only authorised staff had access to information contained on computers.

Policies and procedures were in place to support the safe management of the service. These policies and procedures were available electronically and could be printed off at any time they were needed. The registered provider told us that they were in the process of reviewing and updating all of the service's policies and procedures. For example, we saw that procedures in relation to complaints; accidents and incidents; confidentiality and consent to give medicines were in the process of being reviewed.

People's care planning documents had recently been reviewed by the registered provider as part of quality assurance planning. The registered provider told us that they aimed to review and update people care plans every three months or more often if people's needs were changing. They explained that through these reviews they are able to identify whether more staff are required or other services are needed to support people with their needs. On these occasions the registered provider contacted the local authority to discuss people's changing needs. This helped to ensure that people receive the care and support they require.

A number of monitoring forms were available for use in the event of a person requiring particular types of care and support. For example, fluid intake monitoring charts were available in the event of a person requiring their fluid intake to be monitored. At the time of our inspection none of the people in receipt of the service required this type of monitoring.