

Always There Domiciliary Care Limited

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Inspection report

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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

About the service

Always There Domiciliary Care Limited provides care to people living in their own homes. 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.

At the time of inspection, the service was providing care to 30 people. However, only 12 people were receiving personal care.

People's experience of using this service and what we found

People felt safe. Staff had received safeguarding training and knew how to act on any concerns. Risk assessments were in place to help manage the potential risks within people's lives. People received their prescribed medicine by trained staff. Effective infection control processes were in place.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed. Staff received training to develop their skills and knowledge. They were well supported and worked effectively as a team. There were enough staff available to meet people's needs. People did not experience missed or late visits.

People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

People were supported to maintain good health and access health care professionals. Where appropriate, referrals to health care professionals were made and recommendations were followed by staff. Where required, people were supported with their nutritional needs.

Care plans were person centred, detailing how people liked to be supported. People were consulted over their care and support needs and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led. The registered manager provided clear leadership and was committed to providing high quality care. Staff felt valued and well supported. Systems were in place to monitor the quality and safety of the service.

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 11/10/2019 and this is the first inspection.

Why we inspected

This inspection was carried out to check the safety and quality of the care people received.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Always There Domiciliary 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 carried out by two inspectors and an 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 had a manager registered with the Care Quality Commission. This means that they 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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the office of Always There Domiciliary Care Limited.

Inspection activity started on 27 November 2020 and ended on 11 December 2020]. We visited the office location on 11 December 2020.

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.

During the inspection-

We spoke with 16 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and supervision. 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 quality assurance records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff had been trained in safeguarding and were aware of their responsibility to report any concerns.
- People and their relatives spoke positively about their safety. Feedback included, "Oh yes I certainly feel safe with them [carers]." And, "I am absolutely safe and 100% satisfied with my care."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify risks associated with people's care, their home environment, and healthcare conditions they were being supported with. One person told us, "They can do things better than me and that makes me feel safe. They check the bathmat and make sure things are to hand when they finish. I have had no slips in the bathroom."
- Risk management plans were regularly reviewed to ensure they were up to date.
- Changes in people's needs, for example following hospital discharges or changes to prescribed medicines, were communicated to staff via telephone and people's care plans were updated. This meant new care instructions were immediately available.
- Staff were aware of how to report any changes about people's care and support needs and could call for additional support from the office at any time.

Staffing and recruitment

- There were enough staff to meet people's needs and for calls to be completed on time.
- People told us they were supported by a consistent team of staff. Except for one person, everyone we spoke with said staff were generally punctual and they were informed if staff were running late. One person said, "The carers are amazing. I feel safe with them. They arrive on time within 15 minutes. They do phone if they are going to be late because of other busier jobs. I get the same carer each week and there are four different members of staff I see at different visit times. I am told if someone else is going to come. The carer stays the whole hour."
- The provider had safe recruitment processes in place. Prospective staff members suitability was checked before they started work. This included checks with the Disclosure and Barring Service (DBS); this allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- Although systems were in place to ensure the safe management of medicine, we noted one person's medicine administration record (MAR) had been handwritten and there was no record who had completed the MAR. We discussed our findings with the registered manager. They assured us they would take immediate action to ensure these were completed in line with current best practice guidance. They also informed us they were implementing an electronic system in January 2021 which would mitigate the risk of reoccurrence.
- Staff received training and had their competency assessed to ensure they were administering medicines safely.
- The registered manager carried out regular checks and audits of the medicine systems to ensure medicines were being managed safely.

Preventing and controlling infection

- Staff were trained and regularly kept updated with infection control and prevention best practice.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance and personal protective equipment (PPE) was available. One person told us, "They'll have gloves, masks and aprons on before they do anything. They wash their hands and arms and dry them. They wear proper medical face masks."

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents since the service had become operational. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned and would share these with staff to reduce the risk of reoccurrence.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This included shadowing experienced staff.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. They told us they felt they had all the training they needed to meet people's care needs.
- The service had a well-equipped training room. The registered manager and another member of staff were 'train the trainer' in several subjects; this included manual handling.
- Observations of staff practice was undertaken. Staff told us the registered manager was always approachable for support and advice. Feedback included, "I can contact the office at any time. They are supportive and get back to me straightaway. I feel very supported, they explain everything." And, "I have had spot checks and supervision in the last couple of months. They help you improve, and it feels good when you get good feedback. It's also a good opportunity to learn from mistakes and get better."
- People and relatives told us they felt staff had the skills and knowledge to meet their needs. Feedback included, "They have embraced training to enable [person] to engage in their cognitive stimulation therapy during the pandemic." And, "Oh goodness yes they are skilled."

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

- Where required, people were supported with eating and drinking. Their care plans contained guidance for staff to ensure their personal preferences were offered.
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

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

- The service worked closely with health and social care professionals such as social workers, district nurses, occupational therapists and GPs to help support people to maintain their health and wellbeing and achieve good outcomes for people. The registered manager placed great importance on developing these relationships. A relative said, "If they judge medical support is needed, they contact the relevant agencies." Another said, "They reacted very quickly and efficiently at short notice to provide 24 hour care following a hospital discharge; additionally managing [name] medications and services from community nurses,

physios and other professionals using their local knowledge."

- Where required, people were supported to access health care appointments. People told us how they appreciated the flexibility offered by the service as this helped them to attend health care appointments. One person told us, "[Staff] take me to my hospital appointments or to the dentist."

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.

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.

- Staff had received training in the MCA and supporting people to make decisions.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

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 and their relatives were complimentary about the care and support provided to them by staff.
- There was universal appreciation of staff. People told us staff were invaluable for the social time, the chats, politeness and cheerfulness they displayed. One person told us, "The carers give me emotional and physical support. They are cheerful and definitely lift the mood." Feedback from relatives included, "I don't think they realise just how much it means to me to have [name] receiving their kindness and expertise. I really value how they make [name] feel special, happy and safe." And, "Always There have been caring, compassionate and very responsive to [name] needs. All the carers approach their work professionally, positively with energy and a smile, regardless of the tasks."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.

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

- People, and where appropriate their families, had been involved in the development, and on-going review, of their care plans.
- People's views were reflected in their care plans and where possible they had signed these to agree their plan of care and support.
- People had copies of their care plans in their homes. These could be accessed by them at any time.
- People were given the opportunity to provide feedback about the service and the care they received. This was usually done via telephone calls and home visits.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People and relatives' feedback, and care records showed, people's privacy and dignity were respected.
- Importance was placed by staff to encourage people to maintain their independence and do as much as they could for themselves. The registered manager told us, "We have a good relationship with the occupational therapists and physios. We are always talking with the clients as some don't want equipment. We explain and involve them in the risk assessment from beginning to end and explain the benefit of maintaining their independence."

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 Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person centred and included detailed information on how they wished to receive their care and support. Feedback included, "I asked if I could have this and that and was told 'of course you can'". And, "An assessment was done by [registered manager]. Obviously, the care plan was what I wanted. We have adjusted the plan as we went along. I am happy with that."
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs. This ensured staff had access to current and relevant information.
- People benefitted from having regular care staff to promote continuity of care.
- During the Covid 19 pandemic the service had employed a staff member to undertake shopping for people who were unable to go out and a cleaning service.

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.

- Care plans identified people's communication needs. The registered manager told us they would ensure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

Improving care quality in response to complaints or concerns

- There was an effective complaints system in place. Records showed complaints had been responded to appropriately.
- People and relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.

End of life care and support

- At the time of inspection, one person was receiving end of life care. Records showed the person's care plan had been updated in relation to end of life care. This included a care and support plan from NHS about where the person was on the Gold Standard Framework (GSF). The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their life and helping people to live well until they die.
- The registered manager told us they worked with healthcare professionals and the local hospice to

support people with end of life care. They said personalised and comprehensive end of life plans would be put in place to ensure staff had the guidance they needed to support people, and their families. All staff had been trained in end of life care.

- A testimonial received from a relative said, "The company responded with remarkable flexibility and speed at very short notice when they took over [name] personal care during the last days of their life. During this time the care was exceptional. All operatives were courteous, friendly, concerned and engaged. I always felt my [name] was in capable and caring hands. [Registered manager] was particularly helpful and responsible."

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated their commitment and passion to providing a high quality, personalised service to people, achieving good outcomes for them.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff.
- We saw an example of how staff had organised an afternoon tea for a person who was self-isolating to celebrate their 90th birthday. The registered manager told us, "We go above and beyond to make sure clients are safe and have everything they need. During Covid we haven't been popping into clients' homes for social visits like we used to, but we make sure we chat weekly. We know a lot of the time we are the only people they see. I am so proud of my staff they are amazing."
- Without hesitation, people and relatives told us they were happy with the care they received and would recommend the service to others. Comments included, "Yes I would recommend them to others. The quality of their care is their best point." And, "I have already recommended them to others."

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

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.
- The registered manager had oversight of the service on a day to day basis. They delivered care and support to people alongside their staff. They were knowledgeable and committed to providing high quality care.
- Quality assurance systems and checks were in place to monitor the quality of the service.
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued and spoke highly of the registered manager.
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team.

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

- The registered manager encouraged feedback from people and their relatives. This included carrying out

regular telephone reviews and visiting people in their homes to ask them about their experience. The registered manager informed us of their plans to carry out questionnaires to help drive improvements. These had been scheduled to take place in the summer but had been delayed due to the Covid 19 pandemic.

- Regular team meetings were held.

Continuous learning and improving care; Working in partnership with others

- The service was in the process of implementing an electronic care system to help support care delivery. This would enable management to respond to alerts in real time to prevent errors and incidents. The registered manager informed us people and their relatives would also be able to access their care plans online.
- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority, district nursing and hospital discharge teams.
- The registered manager shared their plans on how they were in the process of strengthening networks within the local community to benefit people using the service, however these had to be temporarily put on hold due to the pandemic.