

Always Take Care Limited

# Always Take Care Limited

## Inspection report

9 High Street  
Oakham  
Leicestershire  
LE15 6AH

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13 October 2016

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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

We inspected the service on 13 October 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides domiciliary care; we needed to be sure that someone would be in.

Always Take Care provides 24 hour care to people in their own homes. On the day of our inspection the service was supporting 38 people.

The service had a registered manager. 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 told us that they felt safe. Staff were aware of their responsibility to keep people safe. People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported and that communication between themselves and senior staff was good. Safe recruitment practices were being followed.

People's nutrition and hydration needs were assessed and met. People's health needs were met and when necessary, outside health professionals were contacted for support. People's health records were being maintained.

People made decisions about their care and the support they received. People were involved in reviewing their care and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA).

People were involved in the planning and implementation of the care that was provided. Staff checked with people that the care that they provided was to their liking and met their needs.

Dignity and respect for people was promoted. People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People were supported to practice their religion as they wished.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to

support people who used the service. People contributed to the planning and reviewing of their care.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People and staff were kept informed of changes to the service and their feedback was sought.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made. The registered manager was aware of their responsibilities.

## 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 told us they felt safe and staff knew how to keep people safe from harm. Safe recruitment practices were being followed.

Risks were assessed and managed to protect people from harm and staff understood what to do in emergency situations.

People's medicines were managed so that they received them safely.

### Is the service effective?

Good ●

The service was effective

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. Their nutritional and hydration needs were assessed and met.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring

Dignity and respect for people was promoted. Staff treated people with kindness and compassion.

People's independence was promoted and people were encouraged to make choices and felt involved.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information about people's preferences

and chosen routines.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

People were supported to practice their faith needs as they wished.

**Is the service well-led?**

**Good** ●

The service was well led

Systems were in place to monitor the quality of the service being provided.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

# Always Take 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.

We inspected the service on 13 October 2016. The inspection was announced. The provider was given 48 hours' notice because the service provides domiciliary care for people requiring personal care; we needed to be sure that someone would be in the office. The inspection team consisted of one inspector 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.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

We telephoned six people as part of the inspection to ask them about the support that they received. We spoke with three relatives of other people using the service. We spoke with three care staff, the provider and the registered manager. After the inspection we spoke with a health professional who supported people using the service.

We looked at the care records of three people who used the service, people's medication records, staff training records, three staff recruitment files and other documentation about how the service was managed. This included policies and procedures, staff rotas and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us that they felt safe. One relative told us that they felt that people were safe with staff. They said, "Just by [staff] being here and the care has been superb." They went on to tell us that staff helped to ensure that their relative used their walking frame when required and as a result they no longer worried that their relative would fall. The registered manager told us that staff are well trained, supported and build a relationship with people so that they feel safe.

Staff were aware of how to report any safeguarding concerns that they had about people's safety within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would report straight away." The provider was aware of their duty to report and respond to safeguarding concerns. The registered manager had taken appropriate action when a concern had been raised with them. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. Staff put the policy in place to protect people from harm and abuse.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Some staff who had been working for the provider for over three years had not had their DBS checks repeated in line with current government guidance. We pointed this out to the registered manager. After the inspection they provided us with assurances that they would repeat staff DBS checks. We were satisfied with this response.

People were protected from risks relating to their health conditions. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Where people required specialist equipment to maintain their safety this was in place. We saw that the registered manager had contacted the occupational therapist in order to gain further guidance for staff regarding using a person's specialised equipment. We spoke with staff who told us that this input had been helpful because they were now clear about how best to use the equipment when supporting the person. Consideration had also been given to risks associated with the home environment. For example we saw that staff were required to check smoke alarms were fitted and working in each person's home to protect them and to ensure that people were kept safe.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes were made as a result of the accident or incident where needed. For example, a staff member was reminded of the safe way to use a piece of equipment. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

People could be assured that they received their medicines as prescribed by their doctor. One person told us that staff were, "On top of that job." The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and when. This was then used to check and dispense the medicines. A staff member told us, "I fill out the sheet." We saw that when a person required additional medicines such as anti-biotics these had been added to the MAR charts and given to people in line with the prescribers guidelines. We saw that staff completed training to make sure that they were competent to administer medicines.



# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills to meet their needs. One person told us that staff had, "Not been lacking." Staff told us that they attended an intensive three day training course when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and meet with people using the service before they had been allowed to support people on their own. One staff member said, "We couldn't go into the job before we had had the training." We saw training records that confirmed this. New staff were required to complete induction workbooks within six weeks of being in post to show their learning.

The staff training records showed that staff received regular refresher training and ongoing learning. We saw that the provider had all the necessary training facilities to ensure that staff were able to learn to use people's safety equipment. One staff member told us, "The training was good, I learnt a lot." Staff told us that they had attended courses such as, moving and handling and safeguarding. We saw that staff's understanding of the training materials used had been assessed. Staff were required to complete evaluations to test their understanding of completed training sessions to demonstrate their understanding.

The registered manager told us that staff had access to senior support at all times via the 'on call' telephone number. Staff confirmed this, one staff said, "If we ask for advice they have been very supportive." We saw that staff were provided with guidance of what to do in case of emergency and a 'quick guide' for how to summon help. Staff confirmed that they knew where to get support. The senior staff spoke with care staff on a weekly basis to ensure that they felt supported and to check if there was anything they required or any changes with the person they were supporting. After each placement with a person staff were asked to evaluate their work. The provider told us that they intended to implement more formal supervision meetings with staff every three months to review their work and ensure they felt supported.

People were supported to have sufficient to eat and drink. One person said, "Mostly quite good cooks, produce nice meals. Prepare shopping list together and I make suggestions too." A relative told us that staff ensure that people's meal preferences were catered for. They said, "Yes, certainly what they want to eat, very conscientious." Staff had received specialist training in order to help one person meet their needs. Where staff were required to monitor how much fluid and nutrition people were having we saw that records had been completed. One person told us, "Yes. They record the amount of all liquids." This was important as their health condition meant that they were at risk of dehydration and malnutrition if staff did not follow the instructions closely.

People's health care needs were met. One relative told us, "Yes always accompany him to surgery and other appointments." We saw from people's records that health professionals were contacted in good time when required. A health professional that we spoke with told us that staff were, "Very diligent in contacting us if they had any concerns." We saw that a person was seen by their GP when they were experiencing a problem with their skin. The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people

received the medical care they required and understood how to use their specialist medical equipment, such as providing oxygen. We saw that the support people received had been changed in response to recommendations by health professionals. When people needed emergency care this was provided and up to date guidance was available to health care professionals to ensure that they were kept informed about people's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to ensure that the service met the requirements of MCA. They told us about occasions when they had needed to actively champion people's rights to make decisions for themselves. The service had a policy in place to guide staff and some staff had received training on the subject. One staff member told us, "Everybody is assumed to have capacity."

Some people had a lasting power of attorney agreement in place regarding their care and welfare and finances. This is a legal agreement that allows another person to manage a person's finances or make decisions on their behalf with regard to their care. We asked the registered manager to ensure that they had seen sight of this document when decisions concerning health and welfare or finance were made. They told us that they would.

Staff gained consent from people for the care they gave. One person told us that staff, "Always" sought their consent. A second person confirmed this. A relative told us, that staff explained to people "About why things are being done and need to be done." In order to gain their relatives consent. When we asked staff how they ensured that people consented to the care that they provided a staff member told us they asked the person. Plans of care provided information about how best to gain consent from people. For example, we saw that a person's care plan explained that they preferred to make important decisions after having consulted with their family members. The plan also makes reference to the difficulties that this person had experienced in making decisions when they had suffered an infection. People's care plans made reference to their ability to make decisions for themselves.

# Is the service caring?

## Our findings

People were treated with kindness. One person told us that staff were, "Always very nice and caring people." Another person said that staff were, "Very friendly and confident." One relative told us that staff, "Make sure she is comfortable." Another relative said, "They are exactly what our family wanted. Discrete, charming, effective." A health professional that we spoke with told us that they felt the staff were, "Very empathic and committed to the caring role."

People were supported to maintain their independence. When we asked one person if staff encouraged them to remain independent they told us, "Yes. Very much so." A relative told us, "Yes, they step in if she needs help, but otherwise they let her do what she can for herself." Another relative said, "Yes [staff] encourage a lot, walking around particularly and not sit too much." Staff members confirmed this. One said, "Staff are aware that we are there to help them, we try very hard to let them direct." The registered manager told us, "It's about independence and autonomy." People's care plans offered staff guidance about how to support people to remain independent and the things that they could do for themselves.

People's privacy was protected and promoted. One person had expressed a wish to not be supported for two hours per day when staff took their rest breaks. This was respected and systems were put in place to ensure that they had access to support if required in an emergency. Staff members lived with people in their own homes. Staff confirmed that they understood that people's privacy was important and they knew how to maintain it. One staff explained to us how they ensured that they respected people's privacy "they explained how they used a blanket to maintain a person's privacy. The provider told us that the service was set up with the view to "Making sure the homes are run as the client wants." People confirmed that this aim had been achieved.

People were supported by staff who knew them well and understood their needs. Staff generally supported the same person for three months at a time living in their own home. Staff built a relationship which ensured consistent support. One person told us, "It has not been a problem because of the quality of the staff they employ. We get on very well with them all." Other people and staff confirmed this. A health professional that we spoke with told us that the service provided people with continuity. The provider had recently implemented 'recipe' books. In these books staff put recipes for meals that the person had enjoyed. This meant that new staff members were made aware and were able to make the same meals. The provider told us how they tried to match people with staff who had similar interests and personality traits. This was so that people felt comfortable with their care staff.

People were involved in their care and were listened to. Staff explained how they planned to provide care and checked that this was in line with what the person wanted. A relative told us that staff were, "Very patient with her that way, she does not always take in. Very patient." One staff member told us, "I ask her, 'is there something you need me to do that is different?'" in order to ensure that they were providing the level of care that the person wished to receive.

People were supported to practice their faith in the way that they wanted to. One person told us how they

were supported to go to a church. A relative said, "Anything special at church the carers help to take her." Staff were made aware of people's religious preferences where appropriate and are offered guidance with regard of how to support them to follow their religion.

## Is the service responsive?

### Our findings

People were supported by staff who provided personalised care and were responsive to their needs. A person using the service told us, "They have been jolly good for us." They went on to tell us that staff had, "All made life better for us." One relative told us, "They know what they are doing." A staff member told us, "[Person's name] has a routine. Her routines are taught to us."

The support that people required was assessed before they started receiving care. One relative told us, "Very good assessment at the beginning and constantly reviewed by the carers. Any changes recorded." Staff understood people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans was sufficient so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history.

Staff were required to record the support that they provided in daily notes. We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes. The provider monitored the records to ensure that they were kept up to date and accurate.

People were involved in planning and reviewing their care. People were asked for feedback about the service that they receive. One relative told us that senior staff within the organisation met with them to find out if the service provided is meeting their needs and they are happy with it. They said, "Yes, she also comes here to chat sometimes, very amicable." People that we spoke with, described how they had had review meetings with the registered manager, who would check to make sure that the care plan was up-to-date and whether any changes were required. These happened at least every six months or more frequently if required. The registered manager or senior staff would visit people in their own homes to conduct the review at a time that they agreed in advance. Relatives had been involved in the review process where people were agreeable. A relative told us, "Yes very cooperative. They ask me if any queries." They also told us, "We cooperate and work together." Records reflected that reviews happened regularly, changes to care packages were made as a result and that people were involved. We saw that this had been the case when a person had been in hospital for a long period of time. The registered manager ensured that a full review of their needs was conducted to ensure that staff would be able to meet their needs upon discharge.

People told us that they would feel comfortable making a complaint. One relative told us, "I would speak to the office. We find the office quite helpful." Another relative told us that they had, "Never needed to." We were told by the registered manager that the complaints procedure was available to people who used the service. Staff confirmed this. When people start using the service they received a copy of the service user guide which tells people how to make a complaint if they needed to. The registered manager told us that they had not received an official complaint. We did see that a relative had contacted the registered manager

to make them aware of a concern that had been raised by their relative. We saw that the registered manager had responded to the concern and had addressed each issue with the relevant staff member.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. One person told us, "Yes. They send a form every now and then." One relative told us, "When carer leaves form to fill in." We saw action had been taken as a result of people filling questionnaires in. For example, one person had feedback that they had not always been personally informed of changes. The person's care plan and contact details had been updated to reflect the need to ensure that they were communicated with whenever there was a change. Staff informed us that they were aware of the new process.

People were supported to maintain their interests and engage in activities that were meaningful to them. Some people that we spoke with told us that without staff support they would not be able to access the community. We were told that staff had adapted the way they supported someone when they accessed a community activity to ensure that their needs continued to be met without affecting how they could engage in the activity. Staff knew what people's interests were and how to help them to engage in the activities that they enjoyed. One staff member told us how they spent time cooking with a person as this was a past-time they had always enjoyed. We saw in this person's care plan that cooking was a hobby.

## Is the service well-led?

### Our findings

People told us that they felt that the service was well led. One person told us, "I'm very happy, I'm giving them five stars." One relative told us, "I find this agency very good actually." They went on to say that they are kept informed when new staff are due to be provided to them. They said "I cannot really fault them, always cooperative and helpful. Any changes they are notified [to me] in writing with description of person and qualifications." Another relative told us, "I think they are very good. I would certainly recommend them." A health professional that we spoke with told us that they felt the service was "Well managed."

Staff that we spoke with told us that they felt valued and that the provider and registered manager listened to them and responded to their concerns. One staff member said they were, "Wonderful". They went on to tell us how the registered manager had visited a person and staff at their home and offered guidance in response to a concern raised by staff. Another staff member said, "I am very happy with them." Staff received monthly memos to keep them informed, for example of changes to policy or senior management cover.

Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received a compact disc containing all policies and the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the confidentiality policy. Within each person's home staff had access to the 'Red box'. This contained information regarding the persons' needs, service policies and procedures, emergency contacts and safety checks. The content of these boxes was checked by the registered manager when they visited to ensure that staff had access to all the required information. Staff confirmed that this resource was available to them and relied upon for information.

Through weekly telephone calls and feedback from people and relatives the provider is aware of the values and behaviours of staff. They told us that they made clear with staff what the expectation was on them prior to appointing them, at interview stage, through training and supervision. Staff confirmed this. Staff were kept up to date about what was going on in the service. The provider produced a newsletter which went out to all of the people supported by the service. This included information about changes in senior staff roles, the service aims and objectives and access to local facilities. The provider told us that they sent out newsletters every six months to keep people updated on changes or developments in the service.

The provider had an open and transparent culture. This was communicated to people using the service through the service user guide they were given when they began using the service. Staff told us they felt confident about raising any concerns they had about the service either with the registered manager or senior staff. We saw that the provider had responded to concerns or requests for advice from people and relatives quickly and where appropriate provided them with the outcome of any investigation or actions that they had taken as a result. When we asked for additional information regarding a query that we had this information was readily provided and it was clear what actions had been taken by the registered manager to address to query in a timely manner.

Systems were in place to measure the quality and care delivered and so that improvements could be made. We saw that the registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner and people's care plans were kept up to date. Senior staff completed regular checks to ensure that systems were in place and were working appropriately. These included visiting people in their homes and observing staff practice as well as reviewing records. The provider did not keep records that these visits had taken place or that they had reviewed records and taken action if required. However people and staff confirmed that they had made those visits. One staff member told us that the registered manager had feedback how they should include more detail as a result of reviewing the records that they had completed. The provider told us that they intended to record what checks had taken place and how in the future.

The provider had a clear sense of what they wanted to improve and how. We saw this from their Provider Information Return and from speaking with the registered manager. For example, they intended to implement more frequent visits to people's home to gain 'face to face' feedback and monitor staff practice.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.