

Always Caring Bromley Ltd

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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

Always Caring Bromley Limited is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using Always Caring Bromley Limited receives the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care support to four people.

This inspection took place on 21 September 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager would be available. At our last inspection of the service on 27 May and 01 June 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks were assessed, managed and reviewed to ensure people's needs were safely met. Detailed guidance for staff on managing risks were correctly documented. Accidents and incidents were recorded, managed and acted on appropriately. Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs when required. There were systems in place to ensure people were protected from the risk of infections. Medicines were managed and administered safely. There were safeguarding policies and procedures in place and staff knew what actions to take to protect people from possible harm.

Assessments of people's care and support needs were conducted and documented. Staff completed an induction when they started work and received appropriate training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to meet their nutritional needs where appropriate and people were supported to access health and social care professionals when required.

People told us staff were caring and respectful. People were consulted about their care and were provided with information about the service in a format that met their needs. People received personalised care that met their diverse needs. Assessments allowed for people to document any end of life care needs and wishes they had, should they so wish. People knew about the provider's complaints procedure and how to raise concerns.

There were systems in place to assess and monitor the quality of the service provided. The provider considered the views of people using the service and there was an out of hours on call system in operation

that ensured support and advice was always available. Staff worked closely with health and social care professionals to ensure people received good quality care. Staff told us they felt supported by the registered manager and had access to on-going support and training. The registered manager attended meetings with the local commissioning authority and attended the local authorities' provider's forum to support shared learning and to help drive improvements.

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 remained safe	Good ●
Is the service effective? The service remained effective	Good ●
Is the service caring? The service remained caring	Good ●
Is the service responsive? The service remained responsive	Good ●
Is the service well-led? The service remained well-led	Good ●

Always Caring Bromley 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 announced inspection took place on 21 September 2018. We gave the provider two days' notice as we needed to make sure the manager and staff would be available. The inspection team consisted of a single inspector, who visited the office and spoke with people using the service or their relatives and staff by telephone.

Prior to the inspection we reviewed the information we held about the service and the provider which included statutory notifications the provider had sent the CQC. A notification is information about important events which the service is required to send us by law. We reviewed the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioning authority to request feedback on their views of the service. We used these sources of information to help inform our inspection planning.

There were four people using the service at the time of our inspection. We spoke with two people or their relatives by telephone to gain their views of the service they received. We spoke with two members of staff, the registered manager and the provider. We looked at the care plans and records of three people, three staff records including training, supervision and recruitment records and records relating to the management of the service such as policies and procedures.

Is the service safe?

Our findings

People were supported where required to take their medicines as prescribed by health care professionals. There were systems in place which ensured medicines were managed and administered safely by staff. Care plans and risk assessments recorded the medicines people were prescribed and confirmed medicines administration arrangements for people where this was part of their plan of care. Medicine administration records (MARs) we looked at were completed accurately by staff. MARs were routinely checked for any issues or concerns by audits that were conducted by the registered manager. The registered manager told and showed us new medicines management systems that were due to be implemented within the service. These included further detailed and robust MARs, a staff sample signature list, medicines guidance for staff, as required (PRN) records, body maps and topical creams records and nutritional supplement records to ensure medicines management within the service remained safe. Training records confirmed that staff received up to date medicines training and competence assessments to ensure they had the necessary skills to safely administer medicines.

There were safe staff recruitment practices in place to ensure staff were suitable to be employed in a social care environment. Staff records we looked at included application forms, photographic evidence to confirm identity, criminal records checks, references, history of experience and professional qualifications and eligibility to work in the UK where required. Staff told us they were issued with a staff handbook containing information relating to the service for their reference and wore identity badges to ensure people using the service knew them before they entered their home. They also told us they were provided with personal protective equipment (PPE) to minimise the risk of infection. We saw there was an infection control policy in place and staff had access to PPE including gloves and aprons when required. Staff had received training on infection control and food hygiene.

People told us they thought there were enough staff working at the service to meet their needs and they had regular staff that visited them. One person said, "Oh yes, I have regular carers and they almost always come on time. If they are running slightly late they will call me." Another person commented, "They come on time, I'm happy." There were systems in place that ensured people received their care on time and that staff stayed the required amount of time to ensure people were safe and their needs were met. The service had an electronic call monitoring (ECM) system in place which allowed the registered manager and office staff to see if any staff were running late and to check that staff stayed the full required time. The registered manager told us that staff were provided with a phone that allowed them to electronically sign in with the office once they had arrived for their care visit and sign out when they left. This enabled the service to respond to any late calls or emergencies.

Risks to people's health and well-being were identified, assessed and reviewed to ensure people's continued safety. Risk assessments detailed levels of risk to people in areas such as medicines, moving and handling, nutrition and hydration and the home environment amongst other identified areas. Risk assessments contained guidance for staff on how best to meet people's needs safely. For example, where people required support to mobilise safely, guidance was in place for the safe use of equipment. Staff we spoke with were aware of individual risks to people and the support they needed to reduce identified risks.

Risk assessments also highlighted any associated risks within the home environment including trip or falls hazards and the risk of fire. Smoke alarm checks were conducted by staff on a regular basis and there were arrangements in place to manage emergencies as people were provided with an out of hours contact number should they require support out of office hours. Accidents and incidents were recorded, managed and acted on appropriately. Records demonstrated that staff continued to identify concerns, took appropriate actions to address concerns and referred to health and social care professionals when required.

People told us they felt safe with the staff that supported them. One person said, "Yes, I feel very safe. The carers are nice, and they are good at their jobs." There were safeguarding adults and whistleblowing policies and procedures in place to protect people from possible harm or abuse. The registered manager and staff we spoke with were aware of their responsibility to safeguard people and the actions they would take if they had any concerns including how to report any issues of poor practice. Staff training records confirmed that staff received up to date safeguarding training. We looked at the safeguarding file which contained local and regional safeguarding policies and procedures and saw that records of safeguarding concerns were managed appropriately and audited to ensure concerns were overseen and addressed. Where required referrals to safeguarding authorities were made and notifications to the CQC were sent as appropriate.

Is the service effective?

Our findings

People told us staff understood their care and support needs and were skilled and competent in how best to support them. One person said, "They [staff] do what I need them to do very well and are very good at their job." Another person commented, "They [staff] visit me and do everything that I need them to do. They know how I like things to be done."

Staff had the knowledge and skills required to meet people's needs effectively. Staff we spoke with told us they completed an induction when they started work and were provided with regular suitable training that met the needs of the people they supported. One member of staff commented, "I had a good induction when I started which included shadowing other staff so I got to know people well and did lots of training." Another member of staff said, "The training we have is very good. I feel very much supported by the manager and have regular supervisions." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records we looked at confirmed that staff had completed an induction programme when they started work, received up to date training which included areas such as safeguarding and the Mental Capacity Act 2005 and they received on going supervision and annual appraisals to promote continued good practice.

Assessments were conducted to identify people's care and support needs before they started using the service. Care plans were implemented from assessments undertaken and also contained referral information and assessments from local authorities that commissioned the service where appropriate. Assessments covered areas such as individual physical and mental needs, diversity and cultural needs and preferences, nutrition and hydration requirements and moving and handling support amongst others. Care plans documented the involvement from people and their relatives and information from health and social care professionals were appropriate to ensure all individuals needs and wishes were addressed.

People told us they were involved in decisions about their care and staff sought their consent. One person commented, "They [staff] always ask me what I need help with, they are very respectful." There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The 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. This provides protection for people who do not have capacity to make decisions for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager told us that people using the service had capacity to make decisions independently but if they had any concerns about people's capacity to make specific decisions they would carry out a mental capacity assessment with the person, their relative and professionals where appropriate and consider the person's ability to communicate, understand, weight up and retain information. They understood their responsibilities in relation to the MCA and consent and respected people's decisions and

rights to choose how they wished to be supported.

People were supported with meal preparation and with eating and drinking where this was required to ensure their nutritional needs were safely met. Care plans documented individual's nutritional needs including known allergies, likes and dislikes including cultural diets and any risks such as swallowing difficulties. Staff were aware of people's nutritional needs and risks and supported them appropriately.

People told us they arranged their own health care appointments, but staff would support them with accessing health care services if required. One person commented, "I can visit my doctor when I need to, but I know the carers would call for help if needed." Staff we spoke with told us they monitored people's health and wellbeing on a daily basis during visits and if they had any concerns they would refer people to appropriate health care professionals. Care plans documented the support people received from health and social care professionals so staff were aware of whom to contact if required and care plans contained guidance for staff on how best to meet people's health and social care needs.

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person said, "They [staff] are very good. My carers are so nice and friendly." Another person told us, "I am very happy with the service. The carers are very kind and caring."

Staff we spoke with were knowledgeable about the people they supported and had built good relationships with them. The registered manager told us they always aimed to ensure regular staff were assigned to support people when possible to promote consistency of care whilst enabling relationships to form. People's preferences with respect to completing personal care were recorded in their care plan and people were given a preference of a male or female member of staff.

People told us staff treated them with respect and their independence and privacy and dignity was supported and maintained. One person commented, "They [staff] are always polite. They help me with the things I can't do but know that I can do other things for myself." Staff told us how they maintained people's privacy and dignity giving examples such as, closing doors and drawing curtains when providing personal care. One member of staff said, "I never forget that I'm going into people's homes and I always treat people how I wish to be treated myself."

People's diversity and cultural needs were assessed and documented as part of their plan of care. They included information about people's cultural requirements and spiritual beliefs which we saw staff were aware of. Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they may have in line with the Equality Act 2010.

People told us they were consulted about their care and support needs and were provided with information to help support decision making. One person said, "Yes, they ask me all the time if everything is ok. I have a book that gives me lots of information, but I can always call the office if I need to." Care plans confirmed that people received appropriate information in a format that met their needs and that people were consulted and chose how they wished for their needs to be met.

People were provided with information about the service when they joined in the form of a 'service user guide' which was kept in people's care files for their reference. The registered manager told us this was given to people when they joined the service in a format that met their needs and included information on the provider's values, standards of care and their complaints policy and procedure.

Information about people was treated confidentially and people's records were stored securely and was accessed by authorised staff only. The registered manager told us they sought people's consent to share their information with relevant parties where appropriate and we saw signed consent forms were in place within individual care plans. People were provided with a copy of their care plan which was kept within their homes, so they could access information at any time.

Is the service responsive?

Our findings

People told us they received personalised care and support that met their needs. One person commented, "The carers know what to do to help me and they get on with it. I am very happy with the support they give me." Another person said, "Yes, I think they are responsive. They do all that I need them to do and more if I ask."

Care plans were developed in cooperation with people and from information gathered about them to reflect their individual needs and preferences. Care plans recorded how staff were required to support people to meet their needs and detailed their chosen visit times, the duration of support visits and tasks to be undertaken by staff to ensure people's needs were met appropriately. We saw that care plans were reviewed on a regular basis to reflect changes in people's needs and reviews were conducted either in person within people's homes or by telephone discussions with people and their relatives where appropriate. Staff kept daily records of each visit showing the support they provided.

People told us they received the support they needed at the times they requested. One person commented, "They [staff] are very good really. They do come when I want them to and always stay and do the job they need to do." The registered manager told us that they tried to accommodate people's preferences for their support and the call monitoring system allowed them to ensure that visits were completed as detailed in individual's care plans.

Care plans and assessments considered the support people may require with regard to any protected characteristics under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Care plans documented guidance for staff on the support people required, for example, to practice their faith and to meet any cultural, spiritual and dietary needs. People we spoke with confirmed that staff supported them to meet any diverse needs they may have. Assessments allowed for people to document any end of life care needs and wishes they had, should they so wish.

The registered manager told us that people using the service could communicate their needs effectively and could understand information in the current written format provided to them, for example, the service user handbook and complaints policy and procedure. However, they told us that if someone was not able to understand this information they could provide it to them in different formats to meet their needs for example, in large print, easy read versions or in different written languages in line with the Accessible Information Standard.

People were supported to engage in community and social activities that reflected their interests where this formed part of their plan of care. Care plans allowed for details of people's chosen leisure activities such as maintaining family and social networks and attending social clubs or events to be recorded and met.

People told us they knew how to make a complaint. Comments included, "Oh yes I would contact the office if I was not happy with anything but I am. I am very pleased with the help I get", and, "I am very happy, no complaints at all. I do know what to do if I wasn't though." We saw there was an up to date complaints

policy and procedure in place which was provided to people within their care plans and contained guidance on what people could expect if they raised a complaint. This included the timescale in which they could expect a response and guidance on how to escalate their complaint if they remained unhappy with the outcome. We looked at the complaints file and noted that one complaint had been made in October 2017. We saw that complaints were managed and responded to appropriately in line with the provider's policy to ensure best outcomes for people and the provider had a complaints log in place which monitored and enabled learning from complaints received.

Is the service well-led?

Our findings

People spoke positively about the management of the service and the care and support they received. One person said, "I am very happy with the service I get. I think it's well run and the staff are all very nice." Another person told us, "I am more than happy with the service. I have two regular carers that are lovely, and they do a great job."

There was a long standing registered manager in post who knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return as required in good time. They were aware of the legal requirement to display their current CQC rating and told us they were currently in the process of updating their website. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Staff told us they felt supported by the registered manager, had access to on-going support and training and the registered manager was available to offer them support or guidance on the telephone any time or day of the week. One staff member commented, "The manager is very supportive and available anytime for advice or support. I visit the office when needed and we have one to one meetings. I think it's a really good service and we all support each other well to ensure people get good care." We saw that communication within the service was good and the registered manager conducted staff meetings on a regular basis to ensure the service ran smoothly and staff were provided with opportunities to discuss any concerns or issues and to share good practice. The registered manager told us they were in the process of implementing a 'carer of the month award' to recognise and praise good staff practice.

There were systems in place to ensure care plans and records were appropriately maintained, care visits were conducted as requested by people and staff provided safe and responsive care to people as appropriate. Records showed that the registered manager conducted spot checks on staff working within the community to seek feedback from people and their relatives where appropriate, and to ensure staff visited people at the correct times and for the correct duration. Other systems in place included telephone monitoring calls which we saw were conducted regularly and showed positive feedback from people about the care they received and annual satisfaction surveys that were sent to people and their relatives for feedback on the service they received.

There continued to be effective systems in place to assess, monitor and improve the quality of the service. Various checks and audits were conducted to identify any issues or concerns and to help drive improvements. These included quality monitoring checks within the community, telephone reviews, care plans and risk assessment audits, staff files and records, medicines management audits and electronic call monitoring daily checks amongst others. We saw that audits undertaken were up to date and conducted in line with the provider's quality assurance processes.

The service worked with external organisations including health and social care professionals to ensure people's needs were safely met and to help improve the quality of the service provided. The registered

manager told us that they communicated with local authorities, GPs and other professionals when required. People's care records confirmed that staff worked closely with health care professionals when planning people's care. For example, we saw communication records with local GP's and district nurses. The registered manager told us they attended meetings with the local commissioning authority and attended the local authorities' provider's forum to support shared learning and to help drive improvements.