

Always Take Care Limited

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Inspection report

21a Burley Road
Oakham
LE15 6DH

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23 May 2019

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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 Take Care Limited is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of inspection, 38 people were receiving personal care from the service.

People's experience of using this service:

People felt safe using the service and systems were in place to protect people from abuse and neglect. People's needs were assessed, and they received their care as planned with preferences for certain staff to meet their needs mostly met. The service had arrangements in place so there was always enough staff to provide timely support.

People were always treated with kindness and dignity. People trusted the staff that cared for them. Staff were recruited safely and trained to meet people's needs effectively. People's care plans were person centred. People and their relatives were involved in designing and reviewing their care and support. The service took account of risks to people, managed them well and supported people to be independent. People had faith in the service. Managers and staff listened to them and no complaints about the quality of service had been received.

People were protected by the prevention and control of infection and their medicines were managed safely. People were supported to eat and drink and when required, this was monitored.

Staff were regularly supervised and felt supported by the registered manager.

Staff worked well together, and they shared information when necessary and people's confidentiality was respected.

Systems were in place to continuously monitor the quality of the service.

The service met the characteristics for a rating of "good" in all five of the key questions. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: GOOD (Report published 08 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Always Take 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one 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. Our expert by experience had previous knowledge and experience of physical and sensory impairments.

Service and service type:

Always Take Care is a domiciliary care agency. The service provides care to people in their own homes. At the time of our visit there were 38 people using the service.

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:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office. We needed to be sure that they would be in. The inspection was carried out on the 23 May 2019 by visiting the office location to meet with the registered manager and review records, policies and procedures. Our expert by experience made telephone calls to people using the service on the 23 May 2019.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR 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 looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also contacted the local authority.

During our inspection we spoke with three people using the service, three relatives, two care staff and the registered manager. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included three staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people and quality assurance audits.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place to protect people from harm. All the people we spoke with said they felt safe. One person told us, "I am definitely safe with staff." A relative told us, "Without a doubt [named person] is absolutely safe with staff. They are very well looked after indeed."
- Staff had undertaken safeguarding training and knew how to raise a concern. One staff member told us, "If I had a concern I would report it straightaway."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and were reviewed regularly and when people's needs changed. Records showed staff how to support people safely and reduce any known risk. For example, we saw care plans identified people's allergies.
- Staff told us they had the information they needed to deliver care in a safe way. One staff member told us, "An environmental risk assessment is always carried out. This ensures we are all safe."
- Staff told us they read people's care plans and when they were updated were supplied with a copy. Staff knew people well and they told us they had a deep understanding of the people they supported and quickly noticed changes in people's health.

Staffing and recruitment

- People mostly received their care from the same staff. People were given a "carer profile" providing information about the staff member before their care commenced and when there was a change in staff.
- One person told us, "There is continuity with the same carer which is important to me." Another person told us, "We generally have the same carers." One relative told us, "[Person] has the same two carers usually. They cover for one another when they go on holiday."
- Rotas confirmed there were enough staff deployed to meet people's needs.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Policies were in place for the safe management of medicines and staff were trained effectively. Records confirmed people were given their medicines as prescribed. Medication administration records (MAR) were completed by staff and audited by the registered manager.
- People felt safe with staff supporting them with their medicines. One person told us, "Yes [staff] make sure

I have my tablets." A relative told us, "They give [person] their tablets and they are conscientious and precise."

Preventing and controlling infection

- Staff told us, and records confirmed they were trained in and followed safe infection control procedures. Staff were supplied with personal protective equipment (PPE), including aprons and gloves when supporting people with personal care.
- People felt safe from the risk of infection. One person told us, "All the staff are very hygienic and are very clean and always use gloves."

Learning lessons when things go wrong

- Systems were in place to ensure staff completed records detailing accidents and incidents. Records confirmed the registered manager reviewed all incidents to ensure the appropriate action had been taken and to look at any learning that could be shared with staff.

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

Good: 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 had a comprehensive assessment of their needs before they received care. The registered manager visited every person to ensure the service could meet their needs safely.
- People's equality and diversity was always considered. This included details about their gender, disability and cultural and spiritual needs.
- People told us they were involved in planning their care. One relative told us, "We were involved from the start."
- All of the people we spoke with said staff knew them well and were confident in them delivering their care as it was arranged. One person told us, "[Named staff] supports me well and does everything I need doing."

Staff support: induction, training, skills and experience

- People received care from competent, knowledgeable and suitably skilled staff who had the relevant qualifications to meet their needs.
- Staff received three days of induction training and an annual refresher training programme was carried out. This included, but was not limited to, manual handling, medicines, safeguarding, health and safety and record keeping.
- Staff felt supported by the registered manager. They told us they had regular supervision and could discuss concerns and seek advice at any time.
- People told us carers were trained well and had confidence in their abilities.

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

- People's nutritional needs were met. Where people's fluid intake needed monitoring we saw records had been completed.
- People made their own choices and were satisfied how staff prepared meals. One person told us, "My carer does all the meals and is a very good cook." Another person told us, "They do some lovely meals and always make sure I have plenty to drink as I become dehydrated very easily."

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

- Care files contained all the relevant details of professionals for staff to contact should they need to.
- People told us staff supported them to any healthcare appointments they had.
- Staff recognised the signs of changes to people's health and reported their concerns to the appropriate service. For example, we saw one person had been referred to a district nurse when concerns were raised regarding the condition of their skin.

- Relatives told us staff informed them of any concerns they had for their relatives. One told us, "Communication is very good between us. They keep me up to date."

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, and we found they were.
- Staff had received training and had a good understanding of MCA legislation. Care files showed people's consent had been obtained before care was delivered.
- One person told us, "We used to discuss what I wanted. There is no need now, we have a routine and we just get on with it." One staff member told us, "Clients are involved in their decisions, it's like a partnership." Another staff member told us, "I ask people how they would like to be supported."

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

Good: □ 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

- All the people we spoke with told us staff were kind, caring and patient. One person told us, "Absolutely, without a doubt. They are all very kind, nothing is too much trouble for them." One relative told us, "Very much so, [relative] is immobile so it takes a while to do things and [staff] are very patient."
- Records showed people were spoken about in a compassionate manner. Staff used information in care plans to provide care to people how they had chosen it.
- People benefited from positive relationships staff had developed with them. One relative told us, "They treat [person] like their family."

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

- People and their relatives confirmed they were offered a choice of male or female carers. All the people we spoke with confirmed their preference was mostly met. One person told us, "I made it clear I only wanted female carers." A relative told us, "[Person] has a male carer which is what was asked for."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt staff were always respectful and upheld their privacy and dignity. One person told us, "Yes I feel very comfortable. When I am having a shower they [staff] respect my privacy and will leave me alone." Another person told us, "[Staff] do not intrude in any way. They are respectful towards both of us."
- Staff we spoke with recognised the need to make sure people's privacy was respected. One staff member told us, "I listen to what [person] wants and I always respect this."
- Staff encouraged people to remain independent. One person told us, "I do bits and bobs but [staff] step in when they see I need help."
- There was a policy and training on confidentiality to provide staff with guidance on the importance of confidentiality. Information about people was shared appropriately. We saw people's files were kept secure in filing cabinets and computers were password protected.
- Carers were provided with all the information they needed to support people in a 'red box'. Staff told us this was stored securely where they provided care and people confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had flexibility about how their care was arranged. They called the registered manager and changes were made mostly straight away.

- Care records contained personalised information such as likes, dislikes, preferences and life history. One person told us, "I have a care plan and I am involved in all the meetings." Another person told us, "I have a complete care plan."

- Staff had good knowledge of personalised care and people confirmed staff supported them taking account of their preferences.

- People we spoke with confirmed people knew them well and they had confidence in them to deliver their care as they wished.

- The service made sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats and languages to meet people's diverse needs.

- Records we reviewed took account of people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People confirmed they were provided with a copy of the policy before their care started.

- Nobody we spoke with had ever made a formal complaint. One person told us, "We are more than able to make a complaint but have never needed to."

- People we spoke with felt confident in raising a minor concern and told us these were promptly dealt with. One person told us, "If we have had any issues, they have been relatively small. Even so, everything is sorted straight away so there's never a need to make a formal complaint."

- Staff understood the importance of people's rights to make a complaint.

- All of the people's care files we reviewed contained positive feedback about the care they received. For example, one person said, "We have been very happy with [named staff]."

End of life care and support

- There were policies and procedures around end of life care. Although no one was receiving end of life care during our visit, people's care plans had a mandatory section for this to be considered and staff received training for when people required this support.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager in place. 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 we spoke with told us there was always someone at the office they could speak too. If a message was left it was always responded to quickly.
- People knew the registered manager. One person told us, "Yes we know them, they are always on hand and helpful." Another person told us, "Yes, we know the manager and see them a lot."
- Staff felt supported by the registered manager. One staff member said, "My manager is easy to talk to, I have supervision and I can call the office at any time for support."
- The registered manager told us prospective employees were always tested for their 'desire to want to care for people' during the recruitment process.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- Audits were in place to check the quality and safety of the service.
- Staff were clear about their roles and trained effectively to carry them out. The registered manager told us, "I have confidence in the staff, and feel they are trained well to support people we care for safely." People's feedback confirmed this.
- People told us the registered manager carried out spot check visits on carers. One person told us, "They watch the carers quite carefully, they pop in often and make sure everything is ok." One relative told us, "Yes they drop in from time to time. They take their responsibility seriously."
- The rating of the previous inspection was displayed as required.

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

characteristics

- People had opportunities to share their views about the service informally, directly with the staff or the registered manager, and through feedback forms. One person said, "The manager is always dropping in, so we give our feedback then." Another person said, "We receive questionnaires regularly."
- Everyone we spoke with told us they would recommend the service. One person told us, "Without a doubt I would recommend them." Another person said, "I have told my GP about them, they are that good."
- The registered manager held regular supervision meetings with staff. All staff were required to have their training refreshed. An annual training programme was in place to ensure they could continue to meet the needs of people safely and in line with best practice guidelines.

Continuous learning and improving care

- The provider was a member of a nationally recognised association of home care providers which supports services to improve quality of care, so people can remain independent in their own homes for longer. The registered manager used the resources available through the membership to develop the service. For example, using training workshops on recruitment, dementia and medication.

Working in partnership with others

- The service was provided nationwide and effective relationships had been developed with health and social care services in the areas that care, and support was delivered.
- The local authority told us they were satisfied with the quality of care provided by the service and had no concerns at the time of our inspection.