

Always Caring Solihull Limited

# Always Caring Head Office

## Inspection report

The Grange  
37 Alcester Road (Room 6)  
Studley  
B80 7LL

Tel: 01527351210

Website: [www.alwayscaring4you.co.uk](http://www.alwayscaring4you.co.uk)

Date of inspection visit:  
07 September 2021

Date of publication:  
21 September 2021

## 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 Caring is a domiciliary care agency providing personal care to adults in their own homes. This includes people with dementia and physical disabilities. 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 personal care to 20 people.

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

People were supported by consistent staff who had time to get to know them and develop a positive working relationship which supported the delivery of person - centred care. People felt safe with their care workers because they had confidence in their knowledge and skills. Staff had access to up to date information regarding risks to people's health and how to manage those risks safely. People received their calls on time because the provider ensured staff had enough travel time between their calls to avoid them rushing.

Staff were trained through a mixture of online, mandatory modules and face to face training. Their competency and confidence to apply their knowledge and skills in practice was monitored through spot checks, supervisions and 1:1 appraisals. The registered manager valued and promoted continuous learning and development and supported staff to complete additional qualifications in health and social care. Staff felt confident that their training provided them with the knowledge needed to support people safely. Some staff were due to start specific 12 week training programmes on diabetes care and supporting people with behaviours that could be challenging to manage.

People 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.

We received positive feedback from people and their relatives who felt staff were kind, caring and had the time they needed to support them safely, with respect, kindness and sensitivity. Some relatives told us that they felt cared for too and that care staff did more than what was expected of them.

People were involved in their assessments and decisions regarding care planning to ensure it was developed in partnership with them and, where appropriate, their relatives. Care plans were person centred and promoted independence by recognising what people could do for themselves.

Information about how to complain or provide feedback was provided in welcome packs including how to request accessible information. Relatives knew the names of the managers within the service if they wished to complain and were confident their concerns would be listened to.

The registered manager created an open culture which valued continuous learning and had an open door policy. Staff told us that the service was very friendly and that management were supportive and approachable. Feedback was gathered by people and staff to identify areas for improvement and the provider worked with external agencies to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 14/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

## 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 Caring Head Office

## Detailed findings

### Background to this inspection

#### Background

##### 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

The inspection team consisted of three inspectors.

##### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

##### Notice of inspection

We gave a short period of notice of the inspection to ensure the registered manager was available. Inspection activity started on 3 September 2021 and ended on 8 September 2021. We visited the office location on 7 September 2021.

##### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. . This information helps support our inspections. We used all this information to plan our inspection.

##### During the inspection

We spoke with one person and five relatives of people who use the service about their experience of the care

provided. We looked at three people's care plans, two recruitment records and a variety of information relating to management of the service. We spoke with five staff including a care coordinator, care staff and the registered manager and received written feedback from an additional two members of staff.

After the inspection

We continued to seek clarification regarding medication administration to validate evidence found.

# 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

- Staff were trained in safeguarding and when potential safeguarding incidents were identified these were recorded and reported to management.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were assessed with guidance for care staff to manage those risks. For example, the risk of skin damage was managed through clear information in care plans. Records included the type of equipment to use to provide pressure relief, directed staff to monitor people's skin and to contact the doctor or district nurse about any changes.
- People were protected against risks to their health from missed care visits. The provider's electronic system alerted office staff if care visits were not carried out as planned so they could send alternative staff to deliver the support people needed.

Staffing and recruitment

- Recruitment processes ensured that relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. The DBS helps employers make safer recruitment decisions so only suitable people were employed to work at Always Caring.
- Staff were paid for travel time and calls were planned to allow enough time in between calls to ensure staff did not arrive excessively late. Monitoring and feedback from staff enabled the provider to increase travel time accordingly.
- Permanent staff had regular 'rounds' which meant people received support from a consistent staff team who understood their health and support care needs and the provider's own bank staff provided cover for planned absences.

Using medicines safely

- Staff were given medicine training and their competency assessed through observation and spot checks.
- People's medicines were managed and administered safely. Care plans included medicines risk assessments, which determined whether people were able to administer their own medicines, whether they received support from relatives or whether staff needed to support them to take their medicines safely.
- The electronic care records would not allow care staff to 'log out' of a call until they had signed to confirm

they had given people their medicines. This ensured people received their prescribed medicines in accordance with their care plans.

#### Preventing and controlling infection

- Staff were provided with Personal Protective Equipment (PPE) and trained in infection prevention and control.
- Reminders in care plans provided prompts to support good infection control and remind staff to wear PPE and maintain good hand hygiene.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Where issues were identified, improvements were supported through investigation, communication, and one-to-ones 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.

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

- Prior to people receiving care the service completed a comprehensive needs assessment. This was done in consultation with people, advocates and family members and ensured there were enough sufficiently trained and skilled staff to provide the support people needed.
- People's care and support was planned with them and developed into a care plan for staff to follow.

Staff support: induction, training, skills and experience

- Relatives felt staff had the skills they needed to effectively support them. One relative said, "I have complete confidence in them all the time. I cannot fault them in any way – they all know what they're doing."
- The provider's induction procedures, ongoing training and spot checks ensured staff had the skills and competencies to carry out their role effectively. Staff were also provided with face to face training and some were due to start bespoke 12 week training programmes in diabetes and managing behaviours that challenge.

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

- Support plans contained information about people's nutritional likes and dislikes and the support they needed to ensure they ate and drank enough to maintain their health.
- Some people received input from specialist health professionals to help manage risks related to nutrition. Recommendations were reflected in people's care plans to ensure staff had access to the information they needed to support people effectively.

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

- Relatives told us that staff were quick to recognise changes in their loved ones' health and tell them about it. One relative said, "They noticed some redness on [person's] skin. They were quick to tell me and arrange for the district nurses to come out."
- Managers and staff worked with other healthcare professionals to support people's health and maintain their wellbeing. For example, one person had been referred to an occupational therapist after they had slipped from their chair to ensure the chair was appropriate for the person's needs.
- Staff could identify potential complications associated with people's care and took timely action to ensure they saw health professionals such as district nurses, G.Ps and occupational therapists

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 when this is in their best interests and legally authorised under the MCA.

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

- The registered manager followed the principles of the Mental Capacity Act 2005 (MCA) and assumed everyone had the capacity to make their own decisions, unless it was determined through an assessment by a health or social care professional that they did not.
- People's capacity to make decisions was considered during the assessment process. This included an assessment of people's capacity to understand and weigh information to make decisions about their health and support needs.

# 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

- Staff were regularly allocated to the same people, so they were supported by staff familiar to them. Staff were introduced to people before providing support. Our conversations with staff confirmed this. One staff member said, "There is consistency on our rotas, before working with a new client we are introduced, we don't get asked to just turn up."
- Staff were kind, caring and attentive. One relative said, "They're very kind people and help as much as they can – they look after [person] very well. We're very fortunate that we have such good people".
- We received positive feedback from people about care staff and how they and their loved ones felt well looked after. One relative said, "They usually spend more time than is needed. They care for me too and do things to help me such as the laundry and putting the washing out. They over care actually and bend over backwards to help me".
- People's cultural and religious beliefs and traditions were identified during the assessment process.

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

- People were involved in assessments and care planning to ensure it was person centred and reflected their wishes and choices.
- When people struggled to contribute to decisions about their care their next of kin or Lasting Power of Attorney were encouraged to be involved. A Lasting Power of Attorney is a legally appointed representative who can help make decisions about a person's finances, their health and welfare, or both.

Respecting and promoting people's privacy, dignity and independence

- Information and language recorded in care plans was respectful and ensured care was carried out in a dignified manner.
- Information about people's abilities helped to maintain a focus on encouraging people's independence as much as possible.

# 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 had individual care plans which detailed how their needs should be met in line with their choices.
- Information about people's histories, interests, families and preferences supported personalised care planning and recognised the individuality of the people receiving support.

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.

- The provider ensured that information was accessible to people. This included producing information in formats people understood.
- The provider was committed to ensuring information was easy to understand and was in the process of reviewing their website to make it accessible for everyone.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care including how to contact us, CQC, to give feedback.
- Where concerns or complaints had been reported these were recorded, reviewed and investigated to improve care quality. People and their relatives knew who to contact if they needed to report any concerns and were confident they would be listened to and their concerns addressed.

End of life care and support

- At the time of our inspection no one was receiving End of Life care. The registered manager took a sensitive approach to end of life care planning and recognised the importance of adapting care to changes in people's wishes and feelings.
- Care plans included information about whether people had a DNACPR decisions in place.

# 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; Continuous learning and improving care

- Staff told us that the registered manager and director were approachable and supportive. One staff member said, "I could raise any concerns with them and wouldn't hesitate to get in touch if there was something I was concerned about." Another staff member said, "The manager is the most approachable person I've ever worked for."
- The provider had a 'critical friend' outside the organisation to provide advice and support and ensure issues had been responded to appropriately. The registered manager told us, "We would go to the critical friend if there was something we are not sure of or if we feel staff feel we are out of place. We ensure she is there to come in."
- Systems and processes monitored the quality and safety of services and looked for continuous ways where improvements could be made. Audits included checks on medicines, care competency and daily records.

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

- The registered manager understood their role and knew their responsibilities regarding regulatory requirements. However, there was one occasion when the registered manager had raised a safeguarding concern with the local authority but failed to notify us. Whilst the safeguarding concern did not relate to the care provided by the service, we reminded the registered manager of their responsibility to notify us of all safeguarding referrals.
- Staff and people were supported 24-hours a day through an 'on call' system to ensure that the service could respond to incidents or concerns outside of daytime hours.
- Contingency plans were in place in the event of an emergency such as severe weather which could impact on service deliver. This included identifying those people at most extreme risk if a call was missed or delayed.

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

- People and staff were encouraged to provide feedback and annual surveys were carried out to gather people's views on the quality of care.
- The provider analysed and shared the results with their customers including changes they had made in

response.

Working in partnership with others

- The provider worked closely with external health professionals and the local authority to promote positive outcomes for people.