Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Allways Care Community Support Agency

113 Drummond Road, Skegness, PE25 3EP

Tel: 01754612720

Date of Inspection: 12 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs S Ghent
Registered Manager	Mrs. Susan Jackson
Overview of the service	Allways Care is a domiciliary care service based in Skegness, Lincolnshire. Care workers provide personal care and support to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

On the day of our visit Allways care community support agency was providing services to approximately sixty people. After our visit we spoke with people who used the service or their family members. One person said, "I wouldn't change them for anything, I have no problems". Another person said, "I can't speak highly enough about them, they are all very kind and caring." A family member said, "They enable them [relative] to do things for themselves."

We looked at four care records and saw people's written consent had been gained for planned care and support. These were written in a way that promoted each person's independence and respected their privacy and dignity.

We saw people's needs were assessed and individual care plans were developed. Individual risk assessments were undertaken and control measures put in place. People and family members confirmed they had been involved with care planning and delivery.

Procedures were in place for management of medication. Staff had received medication training and medication administration records were accurately completed.

New staff underwent an induction and shadowed staff. Staff received comprehensive training and told us they felt supported in their role. People we spoke with told us staff were good at their jobs.

We found systems were in place to assess and monitor the quality of service provision. People's views were obtained and acted on.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The manager told us each person had a copy of a service user handbook. We looked at four care records these were in a variety of formats. For example one used pictures and text. This person had physically been involved in writing the plan.

We saw that the people or their representatives had signed the care plans to show their agreement with them. This was confirmed by people we spoke with. We also saw people had completed consent declaration forms. These identified things the person was giving consent to and included things like sharing information. We also saw medication consent forms signed by the person. This was to give the provider permission to assist with medication. This demonstrated the provider gained consent and delivered care in accordance with people's wishes.

Staff told us they gained consent from people on a daily basis. This was done by asking people what they wanted help with. This was confirmed by people we spoke with. One person said, "The staff do what I ask them," This showed people's views were obtained.

People we spoke with confirmed they had a copy of the care records in their home. This included a copy of the care plan. People told us staff wrote in the care records each time they visited. One person said, "The staff write in the record and I sign to confirm what is written." This showed people were in agreement with the care delivered.

The manager told us reviews took place annually or when there was a change of need. Staff we spoke with told us that if they felt a review was needed they would speak to the manager. People we spoke with confirmed they were involved in reviews and changes to planned care. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw copies of assessments that recorded whether the person had capacity or needed support in order to make decisions for themselves. The provider may find it useful to note that mental capacity assessments should be completed in line with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) is legislation used to protect people who might not be able to make informed decisions on their own about the care they received.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their care plan. We looked at four care records and saw the provider had completed assessments of people's needs. People and family members we spoke with told us they had been involved in the assessment. This meant people's care and support was planned to meet their needs in the way they wanted.

We saw care plans had been developed. Examples of things included in the care plan were, medical history, medication, hobbies and interests, professionals involved and peoples personal preferences.

The care to be delivered was detailed. For example, the information identified whether the person preferred a bath or shower, items to be used such as toiletries and where they were located as well as where items should be returned to. Another person had been asked if they wanted staff to wear a uniform when staff supported them. The person's views were recorded and respected. This meant staff had access to information they required to meet people's needs and preferences.

People were able to tell us how they were supported. One person told us they were hoisted and said, "Two staff hoist me, they always work well together." A family member told us how their relative was supported. This included leaving items so the person could easily access them when staff had gone.

One family member said, 'They [relative] are enabled to do things for themselves, they like routine." They went on to say, "Staff respect their dignity and privacy by closing the door." We found this to be in line with the person's care plan. This showed people's independence was promoted and their dignity and privacy respected.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw potential hazards had been identified as part of the assessment process. We saw an individual risk assessment for a person who was at risk of slipping out of their electric wheelchair. Control measures included staff prompting the person to use aids to get things rather than stretching for things. This showed systems

were in place in order to manage and reduce risk to keep people safe.

Systems were also in place to monitor people's health status. Care plans identified professional's involved with the person's health and welfare. For example, one person had support from a community nurse another person had support from psychiatrist. Where required, health monitoring sheets would be completed. Examples included food, fluid and bowel monitoring charts. This meant appropriate professionals could be contacted if there were concerns about the person's health.

There were arrangements in place to deal with foreseeable emergencies. The manager told us they operated an "on call" system for out of office hours. This meant people and staff could contact the provider at any time. For example if a member of staff was taken unwell they could call the on call number so arrangements could be made for another member of staff to attend to deliver planned care and support.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Procedures were in place for the management of medication. The procedure included obtaining, storage, safe administration and disposal of medication. If a person was assessed as requiring support with their medication this would be recorded in the persons care plan. We saw one care plan that identified the person required assistance with eye drops. We saw the person had signed a medication consent form. Staff told us most people's medication was supplied in blister packs.

Staff told us medication was either delivered to the person's home or in some cases staff collected the medication. Medication was checked on receipt. Any errors would be reported to the pharmacy. This meant people were protected from receiving incorrect medication.

Medication was stored in people's homes. Staff told us people's medication was usually stored in people's kitchen cupboards or in their wardrobes but in some instances it was kept in a safe in the person's home. This was dependent on the person's preferences and risk assessments. This ensured people were protected against risks associated with unsafe use of medication.

Medicines were safely administered. All staff had received medication training as part of their induction. We saw accurate medication administration records that showed the medication prescribed, who had administered medication and when. A person who used the service told us staff gave them their tablets and explained how. This included staff wearing gloves and placing tablet in a small plastic cup. This showed people received medication that was handled appropriately and as prescribed.

If a person refused medication this would be recorded on the medication administration record and reported to the team leader. The manager told us that if patterns developed this wold be looked into further. This ensured people were protected from the risks associated with medication.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Systems were in place for the induction of new staff. This involved four days of mandatory training. Staff then shadowed experienced staff. New staff were not allowed to work alone until they had shadowed experienced staff. This was confirmed by staff we spoke with. This meant care and support was only delivered by people that were competent.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. The provider showed us a schedule of training for staff. We saw that training was very comprehensive. Staff told us that training was very good. Examples of training included safeguarding, moving and handling, infection control and medication.

A new training package had been developed for personal care. This taught fundamental principles in how to respect people's privacy and dignity. The provider used test papers to gain insight as to the persons understanding following any training. This meant systems were in place to ensure staff had the appropriate skills and knowledge to meet people's needs.

We asked people who used the service if they felt staff had the skills and knowledge to meet their needs. People spoke highly of the staff. One person said, "They all know what they are doing," Another person said "yes, I think they are very experienced and they never complain." Another person said, "They are always going on training."

The manager told us staff had an annual appraisal and supervisions took place every four months. We saw samples of supervision records that had taken place in November. We saw issues such as late visits had been discussed. Most staff we spoke with had recently participated in supervision. The manager showed us a new supervision scheduled that had been developed to plan supervisions for the year. This meant staff systems were in place to support staff.

Staff were able, from time to time, to obtain further relevant qualifications. The manager told us staff would be supported to obtain further qualifications appropriate to the work they performed. This was confirmed by a member of staff who told us they had been asked if

they wished to enrol on nationally recognised qualifications.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us a number of monthly checks took place. These included documentation checks and medication checks. The manager showed us records of analysis that had taken place. These included things such as missed or late calls, cancelled services, and adverse comments.

We were told action was taken where required by management. For example the manager told us about on incident where it was established the timing of the medication impacted on one person's behaviour. Appropriate timing of administration of medication was identified and the care plan changed. This showed systems were in place to assess and monitor the quality of service provision to allow the provider to take any necessary action.

People who used the service and their family members or representatives were asked for their views about the care and support delivered. We saw an annual questionnaire had recently been sent out and returned. Examples of comments received were, "Your carers arrive on time", "Staff are respectful of the fact it is also my home" and "Time keeping is not always on schedule."

Where people had said there had been issues with staff being rushed or late visits people had written that these had now been rectified This demonstrated the provider gained people's views and acted on them.

The manager told us they undertook spot checks and rang people who used the service to ask people's views about the care and support they received. This was confirmed by some of the people we spoke with. One person said, "The supervisor usually rings me." Another person said, "A member of staff rings me, to ask me if everything is alright." This meant systems were in place to allow the provider to come to an informed view of the standard of care and support provided.

Staff supervisions were undertaken by the manager and team leaders. This gave staff the opportunity to provide feedback on their role and the service they delivered. In addition to this we were told staff meetings take place every three months. We saw minutes of a team

meeting that had taken place in August 2013. We saw some peoples care and support had been discussed so suggestions for improvements could be made. A member of staff had suggested designing a clock face with happy and sad faces to help the person tell staff how they were feeling. The manager told us this suggestion was implemented. This showed staffs views were obtained and acted on.

We saw systems were in place to record accidents or incidents. We saw that analysis was completed. This meant the provider would be able to identify any trends and take action to ensure appropriate safe care and support is delivered.

People were made aware of the complaints process. We were told people were issued a copy of the service user handbook which contained details of how to make a complaint. One person said, "I have all the contact details." Another person said, "Yes I would know how to make a complaint but I have never needed to."

The manager told us they were introducing a process for the analysis of significant events. We saw a copy of the form that would be used to allow the provider to learn from significant events so they could make improvements to the quality of service delivery.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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