

Altogether Care LLP

Altogether Care LLP- Bradford on Avon Care at Home

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

About the service

Altogether Care LLP Bradford on Avon is a domiciliary care service providing personal care to people living in and around Bradford on Avon, Trowbridge and Westbury.

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. On the day of the inspection, 51 people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person said, "I am very happy with the carers I have and feel extremely safe with them." There were enough staff available to meet people's needs. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. One person said, "The carers have received enough training for them to be capable of doing my care. If there are ever new carers, they always shadow a more experienced one." 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. People and their relatives told us staff supported them to access healthcare and other support services.

People told us they were cared for by kind and compassionate staff. Comments included, "I have a great connection with my carers. They chat away to me and my [relative]. We know we can have a laugh and a joke with them" and "I have a good rapport with all the carers who come and we do have a laugh and a joke." One person's relative said, "When [relative] is down in the dumps the carers cheer her up and one carer in particular is good at this. [Relative] really likes her." Staff understood the need to respect people's privacy and dignity.

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. People's feedback was sought. There was a complaints procedure in place and people knew how to complain if they needed to.

Systems were in place to monitor the quality of care provided and continuously improve the service. Staff spoke highly of the manager and said the service was a good place to work. One staff member said, "I love the bosses, I feel very reassured and love my job." We have made a recommendation about the oversight of

staff testing for Covid-19.

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

Rating at last inspection

This service was registered with us on 15/07/2020 and this is the first inspection.

Why we inspected

This inspection was planned, as the service had not received a comprehensive inspection or been awarded a rating since registration.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Altogether Care LLP- Bradford on Avon Care at Home

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. 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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November and ended on 19 November. We visited the office location on 15 November.

What we did before the inspection

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 of this information to plan our inspection.

During the inspection

We spoke with one member of staff, the registered manager and the quality and compliance manager. We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with six people who used the service, five relatives, and five staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and procedures. We spoke with one professional who had regular contact with the service.

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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- One person's relative said, "I think my [relative] is safe with the carers and they are always very kind."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I know that I have a duty to report any worries about abuse of any kind."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I'd go straight to [registered manager]. She's so approachable and easy to talk to. If it wasn't sorted out, I would go higher."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Care plans contained guidance for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- People and their relatives felt that risks were well managed. One person said, "I feel safe with the carers. I have to use a standing frame and they know how to use it." One person's relative said, "[Name] feels very safe with the carers as mornings are a bad time. He uses a walking frame and the carers make sure he holds onto the handrails when standing."
- Risks to people's safety were identified and managed well. The provider's auditing process included a system to ensure checks were completed and any safety issues had been identified.

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- There was enough staff on duty to meet people's needs. The service used an electronic rota system and the registered manager had oversight of when staff attended and left home visits. The registered manager told us there was a recruitment plan in place in order to attract new staff.
- Some people and their relatives said staff did not always attend visits on time. However, other people and their relatives said staff always attended when they were due. The majority of people we spoke with said that if staff were running late, the office team let them know. Comments included, "If the office knows [staff are running late] they will ring me" as well as "They never ring and let us know if they are going to be late."

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies assessed.
- Medicines administration records showed that people received their medicines as prescribed. The service used an electronic system which meant the registered manager or supervisor was able to check daily that all medicines had been given to people on time. When medicines were time specific, the registered manager told us visit times would be set to meet the prescribed time.
- Any changes to medication prescriptions were communicated amongst the team immediately using the provider's electronic record keeping system.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Most people and their relatives told us staff wore the correct PPE during visits. One person's relative said, "Staff do wear full PPE. As soon as they arrive, they go to the cloakroom and wash their hands before putting on gloves." However, another person's relative said that not all staff wore face masks correctly. We discussed this with the deputy manager, and they informed us they would address this feedback with immediate effect.
- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I wear a mask, apron and gloves in all client's homes. I change my gloves and apron after every task and dispose of all PPE when I leave."

Learning lessons when things go wrong

- Incidents and accidents were logged. The reporting system showed that these were fully investigated and resolved.
- Lessons learned from incidents and accidents was shared with the team and internally within the organisation.

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

- People's needs were assessed prior to starting the service. One staff member said, "Today I did an assessment. I ask about people's past medical history, medication, their background and any interests. I ask what care they want from us and what times they prefer."
- One person's relative said, "We are really happy with [relative's] care. We were both involved in the setting up of the care plan and [provider] was very accommodating as [relative] didn't want any really early morning calls so they re-arranged timings to suit." Another person's relative said, "I and my [relative] were involved in the setting up of the care plan. We went through everything required and they [staff] recorded it all."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and spot checks of their care practices were carried out. Staff said they felt trained to carry out their roles. One staff member said, "This is my first job in care. I learnt loads on my induction training, like medication, hoisting people, how to change a bed. It was really good. I felt able to do the job afterwards."
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them. One member of staff said, "I did some training and then did some shadow shifts. I was booked to do two but was told I could do extra if I needed to, which I did, and it was no problem."
- Staff had regular supervision sessions. All staff spoke highly of how supported they felt in their role. Comments included, "[Registered manager] always praises us when we do something well. We get recognised when something good happens. If a client gives good feedback, she lets us know" and "We all work together and support each other. Even when we couldn't have face to face meetings because of the pandemic, I never felt alone."

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

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences. One person said, "They ask me what I would like. They usually give me two eggs for my breakfast and prepare a sandwich for lunch. My daughter does my evening meal. They give me several cups of coffee when here and leave water in my lounge and bedroom for me to drink." One person's relative said, "When it comes to drinking [relative] won't drink unless prompted so the staff do that regularly whilst they are there. They also leave out a sandwich for [relative] or she will forget to eat."
- Staff respected people's choices in relation to what they wanted to eat. One member of staff said, "I always check the fridge then ask what they want. I then tell the client or show them what there is. You get to know people's preferences. I always make sure people get what they want." Another member of staff told us

they collected fish and chips for one person every week because that was what they preferred to eat on Fridays.

- Staff supported people to maintain their independence to prepare food and drink. A member of staff said, "One person can't pull the tab off the milk so I will ask if they want me to take it off before I leave."

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

- People said staff recognised when they were unwell. One person said, "If I am unwell the carer reports back to the manager and she will contact the GP or district nurse if she thinks it necessary." One person's relative said, "The carers have been very helpful when my husband has been unwell. They know he has good and bad days and will discuss how he is with me."

- One professional said, "They are quick to make contact regarding any extra support needs that they think people have. They also let me know if people need less support which is really good." One person's relative told us staff had helped them to access respite care which they valued.

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.

- People's capacity to consent to their care and support had been assessed.

People told us staff gained consent before supporting them. One person said, "We always agree at the start what I want doing and they don't cross those lines." Another person's relative said, "They always ask her what she wants them to do."

- Staff were aware of the principles of MCA. One staff member said, "Everything I do in someone's home is their choice, their decision, and I respect that." Another member of staff said, "I always ask, 'what would you like me to do', 'have you had a wash yet, or do you want a hand with anything.' I let people be as independent as possible."

- One professional said, "[Registered manager] has a high degree of autonomy and isn't afraid to speak up for the clients." A member of staff told us, "We're people's voice. If we don't speak up for them, who will."

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

- Systems were in place to ensure people were treated with kindness and compassion. This included regular spot checks of staff's performance, and staff training.
- People told us they had been asked for their preference regarding male and female staff providing their care and that their choices had been respected. Comments included, "I was asked and told them I didn't mind having male carers. The one I have had is very respectful" and "I was asked if it was okay to have male carers and I have no preferences." One person's relative said, "I expressed a preference for female carers to provide my relative's care. They did phone me once to see if they could send a male carer, but I refused."
- People and their relatives told us staff were kind and caring. One person's relative said, "They really are kind and compassionate not just to [relative] but to me as well. I do try not to show how tired, worn out and depressed I am, but they talk to me and encourage me to carry on when they notice I am struggling. They have a good working relationship with me as well, which I value."
- There was a staff charter in place, which promoted making a difference to people's lives. The charter described the responsibility of staff in relation to trust, respect, compassion, positivity and safety. However, not all staff we spoke with were aware of the contents of the charter.
- Staff spoke highly of their roles. Comments included, "It's so rewarding to go in and make a difference to someone's day. I get all the jobs done then sit down and have a chat with them. Honestly my heart is full to bursting doing this job" and, "I love my job. I dance with one person every time I visit, and I make sure [they're] smiling before I leave."
- The service promoted equality and diversity and respected people's cultural needs. For example, the registered manager explained how visit times had been adapted for one person in order to fit around prayer times.

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

- Records showed that people and their relatives were involved in care planning. For example, in one person's plan it was documented, "The most important thing to me is staying at home and remaining independent. I can get upset and frustrated when I can't do things for myself."
- Staff knew and respected people's decisions on how they wanted to be supported. One staff member said, "I never do anything without asking. I ask which side people want washed first, I even ask if they want the curtains closed. I give them a choice for every decision. I want them to feel in control of their care." Another staff member said, "I always ask 'Is this the way you'd like to do it?' A lot of people have their own way. People have their own idiosyncrasies. Some people don't like soap on their face for example."

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. One person said, "They shut the doors before starting my care. If I need the toilet, they will leave me to do whatever in private and come back to help me when I shout to them."
- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this such as, "I always respect people's dignity, keep them covered up. There are some clients on my run who prefer only female care staff so male staff wouldn't get sent there." Other comments included, "I always ask clients before doing anything and tell clients what I'm doing every step of the way. If family are at the home, I always make sure I still close the door. It's important to never assume, so I always ask if people can still do things for themselves."
- People told us staff promoted their independence. Comments included, "I do as much as I can for myself and the carers support me with that" and "The carers encourage me to do things myself, for example washing my face and areas I can reach."

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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan it was documented, "I would like carers to gain access by knocking loudly on my front door and letting themselves in. I would like staff to announce themselves loudly when entering my property so I am aware they are here as I may be asleep."
- People's care and support needs were reviewed. One person said, "I have had one review but didn't require any changes. The workers do all I ask of them."
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting. Staff recorded the care they provided onto the system which was reviewed daily by the registered manager. Staff spoke highly of the system. One staff member said, "The app is amazing. It gives us the exact detail we need, like, 'I would like to walk to the bathroom. I would like to use the blue flannel.' It's really detailed."
- Staff said scheduled visit lengths provided them with enough time to meet people's needs. One staff member said, "If we need more time, we can raise it. It then gets checked and they might need to extend the visit length." One person said, "I am never rushed, and they always ask if I want anything further done before they leave me."

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 registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information was available in a variety of formats, such as in large print. They said, "We used to have a client with poor eyesight, so we would print the rota for [them] in large font and laminate it so that they could see it easily and knew who was visiting each day."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. One person said, "I've not complained but they did give me all the information on how to go about complaining if something did crop up."
- The service reported and responded to complaints and concerns in a timely manner.

- There was a compliments and concerns log in place. Compliments included, "[Relative] really does get on well with you guys and it's such a relief knowing how well you guys work and really do put [relative's] best interests at heart" and "Thank you again for all your help and support, you have been amazing."

End of life care and support

- End of life training was provided for staff. The registered manager said the staff team worked closely with the local hospice and community nurse team to support people at the end of their lives.

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.

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

- A Covid-19 testing programme was in place. Government guidance is that all homecare workers are eligible for weekly testing and the provider's policy stated that weekly testing was available for staff to be part of. Records of staff test results were maintained.
- The registered manager was encouraging and supporting homecare workers to complete weekly testing but not all staff regularly undertook weekly tests.

We recommend the provider consider ways of assuring themselves and the people who use the service that all staff are monitoring and preventing the spread of Covid-19 infection.

- The registered manager and quality and compliance manager showed us how head office maintained an oversight of activity at the service. This included a range of quality assurance reviews and spot checks of all aspects of the service. When issues were identified they were promptly resolved by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the registered manager was "Very good at her job", "literally amazing" and, "unbelievably good." A professional said, "I think [registered manager] is doing really well. She's very personable."
- Staff spoke of a positive culture of team working where all the staff supported each other.
- Staff said they felt valued. One member of staff said, "If a client gives praise about you, [registered manager] lets you know" and another said, "[Registered manager] lets you know if you're doing a good job. Morale is really good."
- The provider had a rewards-based system in place for staff where staff could nominate each other when they had gone above and beyond. Staff were allocated points which could then be cashed in for money when they liked.

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

- People and their relatives told us the registered manager was approachable and easy to contact. Comments included, "The manager is so very helpful and easy to contact. She is very approachable and helped me sort some funding issues. I believe she is a good manager" and "The manager is lovely and very good. She is approachable and will help if she can. She has a heart of gold."

- Feedback about the management team in general was positive. One person said, "We think the manager and her deputy are very good. They are approachable and take their time so you can talk to them and they do listen. I know if any issues arose, they would deal with them right away and sort it out to our satisfaction."
- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision, staff meetings and newsletters about what was expected of them. The management team communicated clearly with all staff to ensure all staff received the same message.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Regular staff meetings took place and minutes were given to staff. Due to the pandemic, these had been held virtually. All the staff said they felt able to speak up during these meetings. The registered manager also sent monthly newsletters to staff to keep them updated.
- Annual surveys had been carried out. We saw a copy of the latest survey results from April 2021 which showed positive feedback from people. Examples included, "Staff are brilliant, they know what to do as soon as they get here" and, "They [staff] are all so lovely."
- Regular staff surveys were carried out. There was an ongoing action plan in place based on staff feedback, but all actions had been completed. Examples of actions included improving continuity of care.

Continuous learning and improving care

- The registered manager told us they visited people within the service. They said, "I spend a lot of time getting to know all the clients really well. I'm very involved with their plans and their care."
- Some people told us they would like to know which staff were due to visit them each day. The registered manager told us they had been working hard to improve the service and aimed to inform all clients of staff names and planned visit times. Although some people told us they were informed and that visits took place at their preferred time, this was not consistent. One person said, "I know things crop up but having to wait for a two-hour frame for carers to turn up is far too long." However, another person told us, "We don't think anything requires improvement to the service we receive especially as we have had a previous company that was really poor. This service is far superior."
- All of the staff said they felt the care provided was of a high standard. The registered manager said they emphasised the importance of continuity of care and had implemented set visit schedules so that a regular group of staff saw the same people. One member of staff said, "The good thing working here is that I have the same clients. Regular clients mean I get to know their routines and they get to know me." Another member of staff said, "Because of the continuity of care, I get to have lovely connections with clients and have developed friendships with clients."