

Almost Family Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Almost Family is a small domiciliary care service providing the regulated activity of personal care to ten people in their own homes in the Dorking, Leatherhead and surrounding rural areas. Other people use the service to support them with activities such as shopping or social activities, but these are not regulated activities so did not form a part of this inspection. Packages of care varied from providing 24 hour live in support, to people who received a few hours a week. The service had a policy that their minimum care visit would be for an hour's duration. They did not provide a service to children.

This inspection took place on 8 November 2016. The provider was given short notice of the inspection date as the service provides care to a small number of people and we needed to ensure that people would be available for us to speak to at the service office.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the inspection we met with the nominated individual from the registered company which operates the service. They told us the registered manager would be making application to remove themselves from the registration of Almost Family. The service had already appointed a new manager who we met on this inspection. They told us they would be making an application to register, but as they were not yet registered are referred to throughout this report as the manager.

As part of this inspection we received positive feedback from people receiving a service and staff working for the agency. All of the people we spoke with told us that they had a regular small team of carers that knew them well, staff arrived on time, and they never had any missed visits.

People were supported by sufficient staff who had the skills and knowledge to meet their needs. There were clear training programmes for both individual staff and the service as a whole. Although these were not yet completed for all staff, staff were working to complete these in a short time framework. Staff were supported through regular supervision, spot checks and appraisals of their work, and told us they felt the management were approachable and they had the skills they needed.

People were protected from the risks associated with poor staff recruitment. A full recruitment procedure was followed for new staff. This included disclosure and barring (police) checks, references and checks on people's identity.

People were protected from risks associated with their care because the service carried out regular assessments of the risks and mitigated these where possible. People's care plans included assessments of people's skin, falls risks, nutrition, mobility, moving and positioning. They also covered any concerns about their home such as access issues.

People received their medicines safely where this was a part of their care plan. One person told us about how staff were very careful when dealing with their medicines which gave them confidence. Other people were able to maintain their independence with medicines as staff would guide and prompt them to take them when needed.

People's healthcare was supported because the agency liaised with community healthcare professionals where there were concerns over people's wellbeing. We heard of how staff had for example contacted community nursing teams in response to concerns over a person's well being, and in another recent incident had contacted the paramedic service as a person had been found on the floor. They waited with the person until the person was taken to hospital.

People were supported to eat regular healthy meals where this was a part of their care plan. This included being supported and encouraged to eat a healthy diet where this was possible. Records helped ensure that people received a varied diet where staff provided this.

People were protected from the risk of abuse through the provision of policies, procedures and staff training. Staff understood how to raise concerns about people's well-being and how to 'whistle blow' about the organisation if they suspected people were being abused. Policies were in place to ensure staff were clear about areas such as supporting people with their finances or receiving gifts.

People's needs were met by staff who related to them in a friendly and positive manner. Staff expressed positive feelings towards the people they were supporting and this was also evidenced in the way records were written, reflecting people's positive qualities in respectful language. People receiving a service told us how they enjoyed the relationships they had built up with staff and how important they were to them. People's privacy and dignity were respected and supported, and their confidentiality was respected. Records were maintained securely and computer passwords protected information from people who did not need access to this, for example financial transactions.

People benefitted because staff ensured they understood and respected their wishes and choices about their care. People receiving a service from Almost Family had the capacity to make decisions for themselves and staff supported them with this, by encouraging them to express their wishes. These were then reflected in their assessments and care plans, which people signed to confirm their agreement.

People were protected from the risks of cross infection as staff understood how to reduce these risks. Staff told us they had a plentiful supply of gloves, aprons and hand cleansers to help support good infection control practices in people's homes.

People benefitted from safer care because the new manager had begun a programme of auditing of the service to identify what was working well and what could be improved. This already had covered areas such as medicines, supervision and recruitment files. The manager and nominated individual took advantage of learning resources to improve the service, including use of the intranet, CQC reports and membership of the United Home Care Association.

People and relatives were able to make changes at the service as they were consulted about their views on how the service could be improved through annual questionnaires. Quality assurance systems were independently operated and audited by an external consultant to help ensure people could feel they could be as honest and open as they wanted to be about the services they received.

People could be confident concerns and complaints would be investigated and responded to. Systems,

policies and procedures ensured that complaints would be listened to and actions taken to address any concerns identified.

Good record keeping helped ensure people's needs were understood and met. Records seen were up to date and well maintained. There were safe facilities for disposal of records no longer needed, and the provider had clear information available about notifications that needed to be sent to the CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff. There were enough staff available to meet people's needs when they wanted support.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks associated with their care because the service carried out regular assessments of any risks and mitigated these where possible.

People received their medicines safely.

People were protected from the risks of cross infection as staff understood how to reduce these risks.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff were supported through regular supervision, spot checks and appraisals of their work.

People receiving a service from Almost Family had the capacity to make decisions for themselves, which were respected by staff.

People's healthcare was supported because the agency liaised with community healthcare professionals where there were concerns over people's wellbeing.

People were supported to eat regular healthy meals where this was a part of their care plan.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who related to them in a friendly and positive manner. Staff respected people's individuality and spoke about them with affection.

People benefitted because staff ensured they encouraged people to be independent and have a say in the way their care was delivered.

People's privacy and dignity were respected and supported. Confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes regarding their care were reflected in their assessments and care plans.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

A new manager had been appointed. People were benefitting as they had begun a programme of auditing of the service to identify what was working well and what could be improved.

People and relatives were able to make changes at the service as they were consulted about their views on how the service could be improved.

People benefitted because the manager took advantage of learning resources to improve the service.

Good record keeping helped ensure people's needs were understood and met, and the home was well managed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016. The inspection was announced. The provider was given short notice of the inspection date as the service is small and we needed to ensure that people would be available to speak with us at the service office. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in October 2013 we found the service was meeting all the regulations we checked.

On this inspection we visited the registered office of the service, and spoke with the nominated individual from Almost Family Limited and the manager. We contacted four people receiving a service and spoke with two people's relatives to discuss the services they received. We spoke with three staff members about working for the organisation. At the service's office we looked at five people's care plans and records, policies and procedures, staff training records, two staff personnel files (including recruitment records) and risk assessments for people and safe working practices.

Is the service safe?

Our findings

People we spoke with told us the staff provided them with safe care and support. One person said staff were "very thorough" in meeting their needs and another said "They all know what they are doing and I trust them". All of the people we spoke with told us they had a regular staff team to support them, who knew them well and understood how to deliver their care safely.

People's needs were met safely because the agency employed sufficient staff. People told us that staff had never missed a visit and were always on time. The agency had a policy of a minimum visit time of one hour, but some people received considerably more support, including packages of 'live in' care to provide support over a 24 hour period. The nominated individual and manager told us they did not take on any contracts they could not confidently fulfil with their staff group, and were actively recruiting for additional staff at the time of the inspection due to increased demand in the area.

Staff recruitment practices were safe and relevant checks had been completed. We looked at the recruitment files for two staff members, including the most recently recruited staff member. Both files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support. In the last year there had been a high turnover of staff at the service. The nominated individual told us this was in the main due to staff leaving for personal reasons or for developmental jobs elsewhere.

There was an on call system for staff and people to ring in the event of an emergency out of office hours. People and staff told us this system worked well and there was always someone to seek advice from.

People benefitted because staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. For example, staff told us they would inform the manager immediately if they had any concerns over people they were supporting. One said "I wouldn't hesitate to whistle blow if I was worried". The manager had recently identified that there was a need for more face to face training in safeguarding procedures and practice and was organising this for staff. Staff told us they felt confident the manager or nominated individual would respond and take appropriate action if they raised concerns. The nominated individual told us they had raised safeguarding concerns with the local authority when they had identified people they were supporting were at risk, but there were no open safeguarding issues at the time of the inspection. Policies were available to support staff understanding of how to protect people from abuse, such as for the management of keysafes, access to people's property, management of finances and gifts and legacies. These helped ensure if there were any financial transactions between people being supported and staff, clear records would be kept.

Risks to people's health and safety had been assessed and regularly reviewed. People's files contained risk assessments for nutrition and hydration, falls, moving and positioning, and pressure area care. The manager told us there was no-one receiving care at the time of the inspection who was at risk of choking. When this

had been an issue previously risk assessments had been in place including guidance on how the person was to be supported to eat and drink. Risk assessments also considered the safety of the environment for both the person and the staff providing care, for example lighting levels, stairs and the safety of equipment.

Staff had identity badges and uniforms, and the nominated individual told us where there were specific issues in relation to their safety, for example through late night lone working or as a result of mental health issues, risk assessments would be in place. Discussion was held on safe working practices and increasing safety for lone workers in community settings.

People's safety was supported because staff had guidance on what to do if they could not gain entry to a person's home and in case of an accident or injury. One staff member told us about a recent incident when they had found a person on the floor when they visited. They had called for paramedic assistance and stayed with the person to support them until they were taken to hospital. The person's family had been informed and information relayed to the main office. The service kept records of any accidents or incidents which were 'signed off' by the manager to help ensure actions were taken where possible to prevent a re-occurrence.

The service had clear policies and practices which promoted the safe administration of medicines. The nominated individual told us the service supported one person with their medicines, and other people needed prompting or reminding to take these themselves. The manager carried out spot checks to ensure medicines were administered safely, and regularly audited the medicine administration records (MAR) and followed up any recording errors. MAR were returned to the office each month, and we saw previous months copies. These sheets were fully completed and this showed the person had received their medicines as prescribed to promote good health. We spoke with a person who received some support to administer their medicines. They told us staff were "very careful" with the way they looked after their medicines. This was important to them as they had a complex medicine regime and appreciated the staff oversight and support.

People were protected because safe systems were in place to manage risks of potential cross infection. People told us that staff wore gloves and aprons when supporting them with personal care. Staff confirmed these were freely available from the office, which we saw on the inspection visit. Records showed staff were provided with infection control training and spot checks of staff's care practices demonstrated the service took their responsibility to reduce the risk of cross infection seriously.

Is the service effective?

Our findings

People told us they were happy with the care and support they received, and were supported by regular staff who knew them well. One person said staff were "extremely obliging –always on time. I have a team of carers and I love every single one of them" and another told us "They have a good quality of carer. We can have a laugh and they fit in with my lifestyle".

Staff had the skills and knowledge to meet people's needs. There was a programme of core staff training, and both individual and whole staff team training needs assessments in place. There were some gaps in the training programme where training had not yet been completed, but staff told us they were working through these and had access to senior support and advice at any time if they had concerns. Staff told us they had received training immediately on working at the service and were individually shown how to support each person at introductory visits with more senior staff. Where people had been identified as having a particular healthcare condition, information was placed in their care plan to alert staff to any signs that might indicate a deterioration or change in their condition. The manager confirmed that no staff member would be asked to support a person they had not previously met and been shown how to support. Some training was available online but the manager had identified that more face to face training was needed to meet individual staff learning needs and styles. This was being arranged. Staff told us they were supported to undertake further qualifications if they wished, for example one staff member was in discussions about taking a level 3 (senior level) award.

Staff told us they felt well supported by the management team. Staff received regular individual supervision where they were able to discuss people's care needs, identify any concerns and plan their training and development support. The manager carried out observations of care being delivered in people's homes. These observations included how the staff member introduced themselves and whether they were safe and respectful when carrying out care tasks. Records of these spot checks were maintained and used to support staff supervision and to identify training and development needs.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The nominated individual of Almost Family told us everyone being supported by the service had the capacity to make decisions about their care.

People's healthcare was supported because staff from the agency liaised with healthcare professionals where there were concerns over a person's health and well-being. For example we heard that district nurses had been contacted where there had been concerns that a person had developed a urine infection which was making them unwell. This was then successfully treated, improving the person's health. In another situation the service had raised concerns over a person's well-being that was addressed through a referral to the local authority.

People were supported by staff to eat a balanced diet of their choice where this was a part of their care plan.

We looked at the records kept for one person with regard to their meals. Staff had prepared a menu plan for this person and daily records were kept to try to encourage the person not to eat the same meal all the time. The manager told us this was monitored on spot checks and planned reviews. People told us staff helped them shop for or prepare the meals they wanted (where this was a part of their care plan). One told us "I get what I like – it may not be what everyone wants but I like it". The manager told us how they tried to encourage this person to eat a healthy diet.

Is the service caring?

Our findings

People were very positive about the care they received from Almost Family. One person told us "I'm very, very happy with this care company...they care for you very much, really almost like your own family". Another person told us the staff were "Highly recommended – If I could give them all an MBE I would".

People told us it was the 'little extra' things that staff did for them that helped demonstrate their caring values in practice. For example one person told us "If they can deal with a little thing that is annoying me they will do it – that's how kind they are". They told us about small everyday kindnesses that staff did for them, such as sorting out a sticking key safe or filling a bit of plaster on a wall. They said "It makes it easier for people who are disabled" and "they keep me cheerful".

People told us staff respected their dignity; they said staff always attended to them with care and professionalism. Policies in place reflected the organisational values about respecting people, for example with staff dress codes and uniforms policy. For example, the manager and staff told us that some people receiving a service had requested that when staff were supporting them in the community they not wear uniforms or identity badges. This was because they did not want to be identified as having a carer with them. Staff told us they understood each person's views and were happy to comply with the person's wishes. The policy reflected that staff "may feel it is more appropriate to remove or cover their ID badge so as not to broadcast that they are a care worker who is escorting a service user".

People were encouraged and supported to make choices and retain their independence through staff working alongside them where this was possible. For example, a relative told us that the staff who supported their relation who had dementia were very good at communicating with them, and encouraging them gently to do things for themselves. People told us staff from Almost Family gave them very flexible support to meet their needs and wishes. For example one person said about their care "Its always what I want. They listen to me". They told us how staff members helped them with their memory problems with prompting and reminders that came from a good knowledge of what they enjoyed doing and their preferred routine. The manager told us how they supported a person with their personal care needs. They told us the person was able to tell the staff if they wanted any changes made to their routine, which would be followed.

Staff told us the way the agency worked meant they had time and regular contact with people, so got to know them well. They spoke about people with affection and compassion. Staff received training in respecting people's equality and diversity as a part of their Induction; Staff practices in relation to respecting people's dignity were part of the observations made through the spot checks undertaken by the manager. These also covered observations of politeness, consideration and effective communication.

People could be confident their private information was retained confidentially. Records were locked away at the main office and there was password protection on computer files to ensure people who did not need to know people's private information did not have access to it.

No-one receiving care from Almost Family was receiving end of life care at the time of the inspection,

however the agency had recently supported a person at this time. The manager told us about the steps they had taken to make this time as easy for the person as possible, for example by ensuring the number of staff supporting them was kept to a minimum to avoid disruption. The manager could show us letters of thanks they had received from families who had used the service to support their relation at the end of their life.

Is the service responsive?

Our findings

People told us they were very happy with the care they received from Almost Family and people compared the service positively to other care providers they had used. One told us "definitely the best agency we have been involved with".

People could expect to receive a service from Almost Family that was tailored to suit their individual preferences and wishes. Prior to anyone receiving a service from Almost Family, the person was visited in their own home so that an assessment of their needs and wishes could be made. Following this a care plan was set up which the person or their advocate signed to confirm their agreement. The manager told us that time was spent trying to match the person to staff who had similar interests or personality to support them. For example a staff member told us about one person they supported who was younger, with whom they shared a similar outlook on life. This had led to a positive working and care relationship. The plans described the support people needed to manage their day to day needs. This included information about their personal hygiene care needs, their mobility as well as their preferred routine, and any specific instructions. At the time of the inspection no-one needed to be transferred or positioned using hoisting equipment.

Plans were being reviewed regularly and also when there was any change with people's needs or wishes. People had a copy of the plan in their home and a copy was kept on file in the office, and daily notes were completed after each visit. This helped ensure any changes were passed on clearly to the following staff member. One person told us "They have a folder and they write notes in the folder and notes to each other" each day.

We looked at the care and support plans for five people receiving a service. The manager told us they were in the process of changing plans to a newer format. The newer plans had more detail about people's specific needs, but the older plans still gave sufficient detail for the person's needs and any risks to be understood. Staff told us they read the care plans and they contained sufficient detail to help them support the person and understand their wishes.

Care plans reflected people's strengths and contained information about their personal preferences such as how they wanted to be addressed and life history which helped staff understand them better as people. For example one person's plan contained information about their previous employment, hobbies and interests as well as their current care needs. People's preferences about how they were cared for were noted and respected, for example with regard to the gender of their carers.

All of the people and relatives we spoke with said they felt able to raise a complaint with the service if they needed to and had information on how to contact the office at any time. The nominated individual told us in their PIR they had not received any complaints about the service in the last 12 months. Two concerns had been received by CQC in 2016. The provider supplied us with information and evidence about the allegations which were not substantiated.

Is the service well-led?

Our findings

People and staff told us the service was well led. People told us "I am very happy with this care company - 100%" and "they are very good indeed".

The service had a registered manager. However we did not meet with them on the inspection and the nominated individual told us they would be relinquishing their registration in the near future. A new manager who we did meet had been appointed and was already working at the service, although they had not yet made application for registration. People told us they liked and respected this person. A staff member told us "(Person's name) is only new and he's just been promoted. He deserves it – he's very good". The manager was enthusiastic about the service and changes they wanted to make, including expansion and making the service more 'visible' in the local community.

People benefitted because staff understood their role within the organisation, and staff told us they were happy to be working for the service. One told us "I just enjoy working for Almost Family – they are a really good firm to work for", and another said "I just love it" and "they seem very well organised". Staff could access their rotas online, so could see in advance when they could be working. One staff member told us this helped them ensure that childcare arrangements could be made in advance. Adjustments had been made to support staff who needed additional time to absorb training, and the manager made sure everyone was confident they had the understanding and skills needed to support people before being expected to do so.

The registered provider ensured each member of staff was provided with the guidance and support they required to understand their role and what was expected of them as an employee of the service. Staff had access to policies and procedures through the office computer systems or on paper copy if needed, and were given information about expected codes of conduct for staff.

The nominated individual had regular involvement with the service. They knew the people being supported and had been working with the new manager on identifying strategies for change at the service. The company had a written ethos and set of values in place, which the nominated individual told us they demonstrated to staff in discussions, meetings and learning opportunities. The service did not hold regular staff meetings due to 'logistical problems', although one had been held on 28 September 2016. However staff were regularly updated through newsletters, calls, supervisions and appraisals and contacts with the manager. Staff told us they attended some meetings but as the company was very small they mostly relied on the contact with the manager and office to update them. Staff carried mobile phones so they could be quickly updated by text if there were short notice changes to their rota.

Systems were in place to monitor the quality and safety of the services provided. The manager carried out audits on care planning, supervisions, training and medicines practice. Where any concerns were identified, for example with medicines, action plans were put into place and the staff member given re-training. Arrangements were in place to manage emergencies such as computer system failure which helped to ensure that people could be confident their care would not be disrupted.

People benefitted because the service monitored the quality of the care delivered through quality assurance and quality management systems. Questionnaires were sent to people using the service and their relatives to gather their views about the operation of Almost Family. Following the return of the questionnaires in 2015 the results had been analysed by an independent consultant and an action plan drawn up to improve the consistency of carers. In the 2016 survey we saw that the scoring had improved for this question. The provider told us they used a private consultant to carry out this service as they felt it would give people the opportunity to give more 'honest responses'.

The manager kept themselves up to date with events and best practice within the care sector by reading the care press, through membership of the United Home Care Association, and keeping up to date with information from CQC. They also had some links with other local providers. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were also in place for the reporting of notifications to CQC.

Records were well maintained and up to date. The provider used specialist software designed for domiciliary care agencies to help them manage staffing and care packages effectively. Care plans were regularly reviewed and policies and procedures reflected current legislation. Facilities were available at the office for the secure destruction of records no longer needed and information was available to ensure staff understood the length of time required by law for which records should be kept.