Altogether Care LLP

Altogether Care LLP Live In Service - Care at Home

Inspection report

10a South Street
Wareham
BH20 4LR

Tel: 01929556566
Website: www.altogethercare.co.uk

Date of inspection visit:
23 August 2018
24 August 2018

Date of publication:
19 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 24 August 2018 and was announced.

Altogether Care LLP Live in Service – Care at Home is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection they were providing personal care and support to 77 older adults living in the general geographical area of Wareham.

The service supported people who received care from live in carers. Live in carers, lived in people's home for periods up to nine months at a time. At the time of the inspection there were 20 people receiving this service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Individual risks to people were not always identified to ensure measures were in place to help keep people safe and prevent harm. There were inconsistencies in how staff reported accidents and incidents. This meant there was a risk that appropriate action would not be taken by the service to, identify themes, learn lessons and prevent future occurrences taking place.

People told us they received their medicines safely. However, management of people's prescribed medicines required improvement to ensure people received their medicines in a safe way. Care plans, Medicines Administration Records (MAR) and daily records showed conflicting information about people's medicines. Systems around auditing records in regards medicines were not being thoroughly undertaken, to ensure any errors or shortfalls were addressed.

People told us they felt consulted in regards choice and decision making. The registered manager told us information had been gathered in regards consent for people who lacked capacity to consent. However, we found these decisions were not documented in peoples' care records.

There were policies and procedures in place to help keep people safe from abuse. A safeguarding procedure with the information staff would need to follow if they had concerns about people was available, and staff told us they would be confident to raise concerns. People told us they felt safe and knew who they would talk to if they did not.

People told us they had regular staff to support them who were on time, and received a rota in advance which informed them who would be visiting them. They told us staff stayed their allocated time and treated them with dignity and respect.

Care plan records did not always provide the person centred information necessary for staff who did not know a person well to continue to provide the same good quality care as regular staff.

Staff were recruited safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People were supported by staff who respected their individuality and protected their privacy. Staff understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected.

Staff had undertaken training in equality and diversity and understood how to use this learning in practice.

The provider had systems and procedures in place designed to enable them to seek and document people's consent to care. However, although the provider told us best interest decisions had taken place there were no records in place to identify the discussions or outcomes.

People were protected from the spread of infection by staff who understood their role in infection control and used appropriate Personal Protective Equipment (PPE).

Environmental risks inside and outside people's homes were documented to keep people and staff safe from hazard.

People were supported to have enough to eat and drink. People's preferences for meals were well known and staff offered people choices about what they ate and drank.

Quality assurance systems in place did not ensure that improvements we identified during our inspection were always effective. The registered manager told us, "Communication had not been taking place as it should".

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which are listed in other areas of our report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Accidents and incidents were not always responded to. This meant actions required were not always completed to keep people safe, and enabled learning from accident and incidents.

The administration of people's prescribed medicines within their home were not always managed in a safe way.

People were supported by staff who were aware of safeguarding processes and reporting any concerns they had.

Robust recruitment practices were in place to safeguard people from unsuitable staff.

There were sufficient numbers of staff to make sure people received care at a time which met their needs and wishes.

People were protected from avoidable risks of infection.

Is the service effective?

Good

The service was effective.

Where people lacked capacity to consent to aspects of their care records were not always kept. However, staff were aware of the principles of the Mental Capacity Act 2005

People had access to health professionals, however information was not always shared with the relevant staff or managers of the service.

People were supported to received their meals at appropriately spaced times which were flexible to meet their needs.

People received effective support from staff who received training and supervision to give them the skills they needed to carry out their roles.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives told us they were involved in their assessment and care planning process.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plan records did not always provide the information necessary for staff who did not know a person well to continue to provide personal centred care.

People and their relatives were listened to and felt involved in making decisions about their care.

The complaints procedure gave people the information they needed to know should they wish to raise a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurances arrangements were not always applied consistently which ensured communication was effective in regards monitoring the service.

Systems and processes were not effective in assessing, monitoring and reducing risks to people.

Monitoring processes were in place to check the safety and quality of the service. However these had not been effective in identifying areas that required improvement.

Altogether Care LLP Live In Service - Care at Home

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.

The inspection took place on 23 and 24 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector on the first day and by two inspectors on the second day. We visited people in their own homes on the first day of the inspection, and also met with the registered manager and office staff to review care records and policies and procedures. On the second day we remained in the office interviewing staff and reviewing records. A third inspector made telephone calls to people using the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

During the inspection we visited four people who used the service and spoke with one relative. We also

spoke with seven members of staff, the registered manager and operations manager.

We looked at a range of records during the inspection, these included six care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records. We looked at four staff files, the recruitment process, complaints, training and supervision records.

Following our inspection visit, we requested further documentation from the service in regards the inspection. This information was provided within the time scales specified.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe, as safety concerns were not always shared or reviewed.

Some risks were not managed appropriately. Staff reported incidents in a variety of ways via daily records, telephone calls to the office or accident and incident report forms. However, no action had been taken to identify trends to reduce the likelihood of reoccurrences or identify a need to refer to specialist services. The registered manager told us they had not been informed of the level of risk of falls for some people.

The service had an out of hours on call system. The on call communication book held information about incidents or accidents which had occurred when the office was closed. For July 2018 it was recorded, five people had experienced a fall; there were three near misses and two medicine errors. The information in regards falls, near misses and the medicine errors had not been transferred to the provider's monitoring system. The registered manager told they were not aware of the falls. This meant there was a risk that appropriate action had not been taken by the service to ensure risks were reduced and themes identified to learn lessons and prevent future occurrences.

People did not always have their safety monitored or managed so they remained safe. One person's care records detailed they were at risk when alone, therefore staff should ensure the person was always wearing their care line when left alone. The person told us they were not wearing their care line as "It had been broken for a number of months". The person had no other way of calling for support if they required assistance in between care visits. The registered manager informed us they were not aware the person did not have access to their care line as this information had not been passed on to them.

There were inconsistencies in the safe administration of medicines. Information in care plans guided staff on who could self-administer their medicines, and who required staff to administer their medicines. One person's care records stated they needed full support to administer their medicines. The daily records identified that medicines had been 'left' for the person, the MAR charts were signed by staff to say they had administered the medicines. The person informed us staff did not administer their medicines. They said, "They [staff] always leave my medicines on my table just before they leave. Although the registered manager advised us the person would be able to take their medicines without staff present. They agreed the care plan held different instructions,

Another person's records stated that staff did not have to administer their medicines. We observed in the person's daily records that staff supporting the person were administering medicines on a daily basis. This meant that there was a risk of errors being made by new staff or staff who did not normally support the person as they would not be clear what they were expected to do. The provider told us, the person should be administering their own medicines in line with their care plan.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support vulnerable people. Pre-employment and criminal records checks were undertaken. Records included photo identification, interview records and references which provided evidence of previous conduct and full employment history.

People told us they were supported by staff at the right time, and received rotas letting them know which staff members would be visiting them. People told us that they were supported by familiar staff, who they had got to know and saw regularly. Staff told us that their visits were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. Comments from people included, "I get a rota to let me know who is coming. They always turn up on time" and "I know the staff who come to visit me. They are reliable".

There were sufficient staff to meet people's needs. The registered manager told us they had sufficient staff to keep people safe. They told us they adjusted staffing levels to meet people's needs. Office staff told us they supported people in the community when staffing levels were low due to sickness. One member of office staff told us, "Our staff team is very reliable but sometimes we have sickness so have to support. I don't mind as I like to go back out caring."

Staff told us, and records seen confirmed that, all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Records demonstrated where safeguarding concerns had been highlighted. The registered manager had used local safeguarding procedures to ensure investigations were dealt with in a transparent and objective way.

General environmental risks to people were assessed such as fire safety and home security and action taken. The service had a business contingency plan which included prioritised visits for the most vulnerable people in the event of unforeseen events such as heavy snow or flooding.

Staff were trained in infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable gloves and aprons. Staff told us they understood their responsibilities for infection control and food hygiene. People confirmed staff used PPE to ensure they were protected from infection. One person told us, "Staff always wear gloves and aprons, not only to protect me from infection but also themselves."

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People told us they felt consulted in regards choice and decision making. The registered manager told us information had been gathered in regards consent for people who lacked capacity to consent. However, we found these decisions were not documented in peoples' care records. The registered manager informed us that although best interest meetings had taken, they did not have records to support these meetings. They informed us they would take action to ensure the arrangements for consent to care were improved with immediate effect.

There was a risk that people would not always receive timely support from health professionals. We found occasions when staff had made referrals or had spoken with the person's GP or health professional but had not kept the office or registered manager informed of the outcomes of the visit. This meant that there was a risk the provider may not make effective judgements about the level of support the person may require to ensure they continued to receive effective support. Following the inspection, the provider told us a new weekly monitoring form was being implemented which checked if there had been any visits to health professionals and the outcome of the visit.

The provider completed initial assessments with people to establish whether they would be able to meet their needs. A member of staff told us that they visited people in their own homes to complete pre-assessments, so that they could see the person in their own environment and understand how they wished to be supported. Pre-assessments were completed before a care package was agreed. The assessments included details about people's preferences and risks they faced. They considered whether people had religious or cultural needs which staff needed to be respectful of and formed the basis of the person's ongoing care plan. People and those important to them were involved in these assessments.

People expressed confidence in the skills of the staff supporting them. Staff had completed an induction and told us they received on going training. For some staff induction included the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. Staff told us their workbooks in regards completing the care certificate had not been signed by senior staff. However spot checks and competency checks were completed by senior staff.

Staff continued to receive training opportunities following their induction. This included training courses specific to the needs of people they were supporting, for example dementia, manual handling, food hygiene, and safeguarding vulnerable adults. One member of staff told us, "Training opportunities are good." Staff

had received training in equality and diversity, and demonstrated they understood how to put this training into practice.

Staff told us they received regular supervision where they could raise issues freely and were encouraged to think about their professional development and how the service could improve. Records confirmed this.

Some people were supported with preparing and eating their meals. There were appropriate gaps to ensure that people received their meals at the correct time. Staff knew people's dietary requirements and we observed that they were provided with appropriate food for their needs.

People told us they choose what they wanted to eat and received appropriate support to eat and drink. One person told us, "They always ask me first what I want to eat and leave my kitchen lovely and clean". People had drinks left for them to try to encourage them to drink between staff visits. Staff completed food and fluid charts to monitor whether people were eating and drinking enough and highlighted any concerns.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We asked people if staff were kind and caring when they supported them. People's responses included: "I like my carers, they don't go over the top, it's just right" and, "I am very happy with the company. If I need anything I get it and it's not a problem."

Staff were respectful of people's homes and privacy. People told us that staff entered their homes in the way they wished, staff held information on entry to people's homes and told us they were respectful not to share any confidential information. We observed staff being respectful when entering someone's home, by wiping their feet and calling out for permission to enter. Staff were discreet, aware of issues of confidentiality, and did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

People and their relatives told us staff consistently promoted people's privacy, dignity and independence. One person explained, "My personal care is done with respect and dignity. I can take my time, they [staff] are guided by me and what I want to do. They listen to me." Another person told us, "I started off with three visits a day, but I'm more independent now so don't need three visits". The staff we spoke with understood people's right to privacy and dignity and gave us examples of how they promoted this right in their daily work practices. This included closing doors and curtains and protecting people's modesty during personal care, and also not talking over people when speaking to work colleagues.

Some people receiving a service had carers that lived with them for either weeks at a time or months at a time. People told us they were happy with their live-in carers and did not have a lot of staff changes. One person told us, "I am happy with the service. The carers are all nice and kind". They told us the carers do not change a lot which made them happy. People who received care from visiting care staff on a daily basis also told us they were supported by familiar staff who they had got to know and trust. One person told us, "If you came in and the carers were here, there is so much laughter you would think they were family. [Carer's name] lights up a room". One carer told us, "I know when I can have a laugh and when to be quieter with my clients."

People who were able to consent told us that they were able to make decisions and express their views about the care and support they received. Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. People were keen to tell us how staff respected their rights to, "Remain in control" of their lives. One relative told us, "We are a team, the carers have become part of our team. They don't just come to look after [relative's name], they check I'm ok. We all work together, I respect that, they are a great bunch of carers." One member of staff told us, "They [people] can make decisions and then change their mind. I respect their choice, and try to guide them to make good choices."

Staff knew about people's past interests, jobs, hobbies and interests. Conversations between staff and people reflected this knowledge. We observed conversations about people's families and others important to them. The conversations generated laughter and enabled positive, respectful interactions between

people and the staff visiting them.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care that was responsive to their needs.

Care plan records were not up to date, and did not always provide the person-centred information necessary for staff who did not know a person well. Some people told us staff knew them well, and they were able to speak to staff about their wishes. However, risks were increased when people were not able to communicate or staff did not know the person so well. One carer told us, "I did not know the person I had come to look after and stay with". The care plan was out of date". They informed us this made it difficult to support the person. People who were receiving support by familiar staff told us they were happy that staff knew them well.

The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. Staff discussed how they adapted the way they communicated to ensure people understood. One staff member told us "I always give eye contact, get close to the [person's] ear and use my hands to explain what I'm saying", before adding, "If a person wears hearing aids I make sure these are on and working."

The registered manager told us, "We have different formats we can use, and will consider a variety of ways to support people, such as rotas in different formats. At initial assessments we always ask people how they would like their communication needs met. We can adapt our support to meet individual needs."

There was a complaints policy and procedure that was given to people when they began receiving a service. There was a system in place for receiving, investigating and responding to complaints. At the time of the inspection there had been no complaints.

People told us they would be happy to raise a concern. Comments included, "We have a number to ring if we are not happy", "I have never had to make a complaint, but would if I needed to" and, "I do get calls to ask if I am happy from the office." Staff told us they felt comfortable speaking to the management team if they had any concerns or wished to raise a complaint.

No one accessing the service was receiving end of life care at the time of our inspection. Some people had medical decisions in place regarding their death and copies of these were kept on file to ensure that people's wishes would be followed and respected. The registered manager informed us that they understood the importance of being aware of people's wishes for their end of life care and would ensure that people's choices and preferences were consistently discussed and reflected in people's care plans.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager told us they kept their skills up to date with on going learning and consistent support from other managers and the provider.

Auditing of records were not effective. The provider needed to ensure that systems around auditing records were being thoroughly undertaken, to ensure any shortfalls were addressed. Some information shared during our inspection could have potentially put people at unnecessary risk. For example, staff were signing to state they had given people their medicines when they had not witnessed them taking them. Although a general memo was sent out by senior staff in July 2018 reminding staff of 'the importance of only signing for medicines they had administered'. There was no further checks or auditing of the practice. The registered manager told us they would review with immediate effect their monitoring processes to improve the quality of administration of medicines.

There was a risk that the provider did not keep under review the day to day monitoring of the service, as attention had not been taken to identify and report new risks. Although monitoring visits to people's home were taking place, and staff were recording day to day events in daily logs. New and potential risk were not being identified or shared by the provider to other external health professionals. The registered manager told us, "Communication had not been taking place as it should" which would have identified the risks". On the second day of the inspection the registered manager reviewed the risks identified at our inspection, and sought the appropriate professional advice to reduce the risk.

The registered manager sent a weekly report to the provider which included information on safeguarding alerts, staffing, details of accidents and incidents, notifications to CQC, and details of significant events. One person had been admitted to hospital following a fall. Notification had not been sent to CQC or other relevant bodies in regards the fall or action taken to reduce further risk to the person. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. The registered manager told us they were aware of their responsibility in regards notifications and this had been an oversight.

Staff told us sometimes they felt "isolated," and had not always met the person they were going to care for. The registered manager told us that changes to live in support, "Often took place on a Friday". They informed us this meant staff did not always have an opportunity to meet the person prior to supporting them, but had the support of the on -call system." Staff and relatives informed us there were times they did not always get a response from the on -call service "Particularly at weekends". This meant there was a risk that staff did not always feel supported or people using the service did not have support when required.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staff received regular unannounced spot checks which meant that their practice and interactions with people were observed and monitored in areas including infection control, communication and respecting dignity. Staff told us they felt supported when senior staff came to visit. Senior staff told us if they did not visit staff, they made contact by phone. Staff told us they could visit the office and seek advice if needed.

Technology was used to provide feedback to staff via an on-line app, email and telephone support. One live-in staff member told us, "I can get anything I want. I just email if I need more gloves etc. I get a visit once a month to see if I am ok. They speak to my client to ensure all is well too." The provider informed us that feedback was sought from people about new care workers.

The service had received many thank you cards and compliments included: "I would like to thank Altogether Care for the wonderful care my [relative] had in the last year and half of [name] life" and, "It was lovely to be able to go away in the knowledge that [name] was in safe hands."

Staff told us they used team meetings to share information. The most recent team meeting held in July 2018 addressed issues including staff workload, training, and the need to get paperwork up to date in line with the provider's policies. Staff told us they felt there was an open approach and were confident to call into office at any time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was not doing all that was reasonably practicable to mitigate risks in regards people's health and safety concerns.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The leadership and governance of the service was not effective in regards the monitoring of the service.