Altogether Care LLP

Sturminster Newton - 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

This inspection took place on 13, 17 and 18 May 2016. It was carried out by one inspector.

Sturminster Newton Care at Home is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 49 people. The core hours of the service were 7 am to 10 pm. There was a 24 hour on-call service available.

There was not 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. The previous registered manager had de-registered in December 2015. A new manager had been appointed and had applied to the Care Quality Commission to be a registered manager, their application was in progress.

People were positive about the care and support they received. They told us staff treated them kindly and we saw people engaged in conversations and light-hearted discussions. Staff demonstrated that they knew individual preferences. Care plans were person centred and took into account people's social and personal histories so that care was individualised and represented what the person hoped to achieve.

People were supported to ensure they had enough to eat and drink and staff had an understanding of how some people needed to be encouraged to eat their meals. We saw staff monitored what some people ate where it was needed and actions taken to ensure people's nutritional needs were met.

Staff were aware of what constitutes abuse and what actions they should take if they thought someone was being abused. Relevant checks were carried out before staff started work. For example references were obtained and criminal records checks were completed.

Medicines were managed safely. Staff had received training and there were monitoring systems in place to check people had received the correct medicines at the right time.

People's risks were assessed and plans developed to minimise the risk of them coming to harm. There was sufficient guidance for staff to ensure they supported people safely. Such as one person was at risk of skin damage , there was detailed guidance for staff to support the person in such a way to reduce the risk of them developing skin damage.

Staff had an understanding of the requirements of the Mental Capacity Act (2005) and talked to us about how they supported people to make their own decisions. People were provided with choices about how they would like to receive care and support.

Management were committed to making continual improvements to the quality of care. This included a

commitment to fostering community links such as dementia awareness and expanding what the service was able to offer people.

There were sufficient staff to ensure people received their visits as planned. People told us they mostly received visits on time and were contacted if the care worker was running late due to traffic or an emergency.

The quality of the service was monitored on an on-going basis through observations of staff during visits as well as consideration of accidents and incidents and feedback from people and staff.

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's risks were assessed and care was delivered to minimise the risks to people.

There were sufficient staff to meet people's needs.

Staff were aware how to identify and respond to actual or suspected abuse.

Medicines were administered safely.

Is the service effective?

Good

The service was effective. The service worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

People received care from appropriately trained and experienced staff.

People received care and support by staff who were supported to do their jobs through regular supervision and appraisal.

People were supported to have sufficient food and drink.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People had personalised plans which took into account their likes, dislikes and preferences.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well led. There was a clear management team and staff had clearly defied roles and responsibilities.

People told us they could contact the management team and felt they were listened to.

Staff told us the management team were supportive.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

Sturminster Newton - 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.

This inspection took place on 13, 16 and 17 May 2016.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 to assist us to arrange home visits.

Before the inspection we reviewed all information we had about the service. This included notifications which the provider had informed us about such as safeguarding or changes to the service. A notification is the way providers tell us important information that affects the care people receive At the time of our inspection a Provider Information Record (PIR) had not been requested. A PIR 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 gathered this information from the provider during our inspection.

We spoke with three people in their own homes and observed interactions with three staff. We contacted a number of people who used the service, seven people and one relative spoke with us. We spoke with 12 staff which included the management team and seven care workers. We looked at nine care records and five staff files. We also spoke with one healthcare professional and contacted a representative from the local authority who had knowledge of the service. We saw staff training records and other information about the management of the service.

Good

Is the service safe?

Our findings

The service was safe. One person told us, "They make sure I am safe when they leave." We saw there were risk assessments which identified people's individual risks as well as risks within the home environment. For example one person was at identified as at risk of skin damage. There was a care plan developed to provide guidance for staff to support the person safely to reduce the risk of skin damage occurring. This included detailed guidance on how to support the person with personal care and which creams to be applied and specific clothing requirements. People were supported to ensure their homes were safe for example one person used a mobile oxygen device which was a potential trip hazard because of trailing wires, as well as being a fire hazard. There was guidance for staff to remind the person of the risks as well as ensuring the person was safe before leaving them.

There were contingency plans in the event of emergency situations such as extreme weather conditions. The operation manager told us they used a traffic light system which identified people who needed to be prioritised during an emergency situation.

People were at reduced risk of harm and abuse. The staff we spoke with told us their responsibilities to keep people safe. They were able to describe to us how they would recognise potential abuse and knew how they would report any concerns. Safeguarding training was part of the providers training plan for all staff. The provider had managed a safeguarding incident appropriately and taken action to ensure that people received a safe service.

Staff were aware of how to report accidents and incidents. For example, one person had fallen out of bed and this was recorded in the accident and incident log. There was a record of what actions had been taken. There was a procedure for ensuring the accidents and incidents were monitored to ensure that actions could be taken to prevent a reoccurrence.

There were sufficient staff to meet people's needs. People told us staff generally arrived on time. One person told us staff occasionally ran a few minutes late but they understood this could be to do with a hold up at their previous visit or traffic. People told us staff were unhurried and gave them the time allocated. One person told us, "Staff always have time for a natter."

The manager told us the agency was well established with a core staff team who had worked there for several years. There was a turnover of newer staff and these were recruited safely. Relevant checks were carried out before staff started work. For example, checks with the Disclosure and Barring Service were undertaken to ensure that staff were safe to work with vulnerable adults. Other information such as previous employment and references were also retained on staff files.

People required different levels of support with their medicine. This was recorded in people's care plans. For example some people were able to manage their medicines independently and some people needed either prompting or needed to have staff administer medicines for them. Staff had received appropriate training to ensure they were competent to administer people's medicines. There were processes in place to monitor

the Medicine Administration Record (MAR) to ensure that people had received their medicine at the right time. Where people required cream to be applied, there was a body map and instructions for staff. This meant people had prescribed cream applied correctly. Eye drops were stored and administered correctly.

Good

Is the service effective?

Our findings

People received effective care. One person told us, "Everything they do, they do right." People expressed confidence in staff providing them with the care and support they needed. For example one person told us how staff understood their needs and ensured, "I am comfortable, have everything I need - I have absolute faith in them."

Staff told us they had received sufficient training to enable them to carry out their roles effectively. One member of staff told us they had completed recent updates in their training such as refresher training in administering medicines. They told us training supported them to keep doing their job "right." The operational manager told us they had responded to feedback from staff and had reviewed how training was delivered. There was more interactive and face to face training built into the training plan. Staff told us they found this style of learning more helpful. During our inspection we saw four staff received face to face training in the Mental Capacity Act (MCA). New staff undertook an induction which included an office based day and three days of training. Staff then carried out shifts shadowing an experienced member of staff for however long it took them to feel confident and meet the competencies required. One member of staff told us they had a positive induction and experienced it as supportive.

Staff told us they felt supported and received regular supervision and an annual appraisal. Records confirmed this. There was a system for carrying out spot checks of staff. These were carried out when people were receiving care and support from staff. They were carried out initially after eight weeks of new staff starting and then at six monthly intervals. This meant management were able to ensure staff were carrying out their roles to an acceptable standard.

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 by 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 had an initial assessment which took into account whether they were able to understand and retain specific information. Staff had an understanding of the MCA and were able to describe to us how they supported people to make their own decisions, such as offering choices and seeking permission before providing care and support. The manager told us that people who received care and support had capacity to consent. They understood the correct processes to follow if this changed, and described how they would ensure a decision was made in a person's best interest. This meant the service was working in accordance with the requirements of the MCA.

Some people required support at mealtimes to ensure they had enough to eat and drink. People were assessed and if they had a poor appetite or were unable to prepare their own food this was identified in their care plan. A care plan was developed to provide detailed guidance for staff on what actions they needed to take, such as when to prepare a meal, the person's food preferences and if the person needed

encouragement. One member of staff told us they kept accurate records of what people had eaten so people's food intake could be monitored. We saw one person who needed encouragement to eat and their meals prepared had not eaten their breakfast. It was picked up at lunchtime and the member of staff sat with the person to encourage them to eat their lunch.

Staff gave examples to us for when they would have concerns about a persons' health and what actions they would take. A healthcare professional confirmed the staff made appropriate referrals to them and followed recommendations, such as management of certain skin conditions. The manager told us they requested help from healthcare professional for advice regarding equipment used to assist people to be transferred.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People were positive about staff. For example one person told us, "They are brilliant, all of them. I couldn't fault them." Another person told us, "Nothing is too much trouble, they are all very kind."

Staff engaged fully with people during our inspection. People were comfortable with staff and we heard light-hearted conversations taking place. One person told us they appreciated being able to have a chat, another person told us, "I love to hear them come through the door, they make my day." Staff demonstrated they knew people well by the flow and content of their conversations, such as asking about family members and trips out as well as knowing how people liked to receive care and support. One person told us staff were respectful of what they liked and how they liked it. They told us, "I can be a bit fussy but they don't mind-we laugh about it."

Staff told us they enjoyed their work and spoke warmly about people. The manager told us they were passionate about the provision of domiciliary care to support people to remain in their own homes. They told us they get job satisfaction seeing the difference it makes to people's lives and explained that the agency is flexible to people's needs. This meant that if people's needs changed the agency could adapt the level of care they provided so people could remain as independent as possible in their own homes.

People told us they were involved in planning their care. One person told us, "I dropped into the office and told them what I wanted and they put it in writing for me." They told us they felt in charge of the care that was being provided and commented, "I keep my eye of things and let them know if I want anything different."

People were supported to maintain their dignity. One person told us staff were respectful during personal care. The manager told us they checked staff were mindful of people's privacy and dignity during spot checks. Staff gave examples of how they supported people to maintain their privacy and dignity such as closing doors during personal care and talking with people. One member of staff told us, "I always ask what people want me to call them." One member of staff told us they were a dignity champion which meant they received information about dignity issues and cascaded it to staff, as well as talking with staff and monitoring staff to ensure that they maintained people's dignity during personal care and support.

The operations manager told us they had training booked to work towards accreditation in the Gold Standards Framework; this is a nationally recognised training to ensure people receive quality care and support during their end of life care.

Good

Is the service responsive?

Our findings

People received care and support which was tailored to their individual needs. A care plan was developed with people during their initial assessment which took into account their likes, dislikes and preferences. For example, one person liked chatting and reading the paper. People's care plans were individual to them and gave information about their life story and background. This meant that people's care plans were centred on them as a person and what was important for them. The information in the care plans demonstrated that people had been involved in formulating them. Such as people's care plans contained details on where the person was born where they grew up and their occupation. Staff told us this was useful as it gave a starting point for conversations. The assessment took into account people well -being and their social and leisure activities.

People's care plans focussed on what people would like to achieve with the support of staff. They described what a good day is like for each person such as going out in the village as well as what a bad day looks like. This meant staff could easily identify if someone was having a bad day such as experiencing pain so that they could adapt their level of support according to the care plan. One member of staff told us this might include use of medicine as required for pain relief. People were involved in a review of their care plan. We saw where reviews had taken place and where necessary changes made to a persons' care plan. For example, when a person needed either an increase or decrease in support.

The manager told us they had a plan to introduce a keyworker scheme which would mean each person had a named main care worker. The aim of the key-worker was to build up a professional and trusting relationship.

Staff were responsive to people's changing needs. The manager told us they were proud of how staff responded when one person became unwell. They told us staff responded quickly and stayed with the person. Staff requested help from the emergency services. The staff received an achievement award from the provider to acknowledge their responsiveness and action they took.

People knew how to make a complaint if they wished to. One person told us, "I would just ring the office." Another person told us they had not had cause for complaint however they knew there was a policy which they could refer to. We saw people had a copy of the complaints policy in the same folder as their care plans. One person's had out of date information on, we told the manager about this and they confirmed they would ensure this was amended. There had not been any complaints recorded in the 12 months pre-ceding our inspection.

Good

Is the service well-led?

Our findings

The service was well led. The manager was having their application to be a registered manager processed by the Care Quality Commission. The previous registered manager had deregistered in November 2015 and the current manager had been in post since then. The manager and deputy manager had responsibility for two locations. They were supported by the operational manager. The local office of Sturminster Newton Care at Home was manned on a daily basis by the Care Co-Ordinator who's responsibilities included receiving enquiries, planning people's schedules and being first point of contact. There was also a field care supervisor who carried out people's assessments and developed care plans, conducted reviews and did spot checks on staff. Both the coordinator and field care supervisor both worked shifts sometimes so they had hands on experience with people and the care and support they received.

There were systems in place for monitoring the quality of the service. For example, there was a care and support plan audit which was used on all new care and support plans to ensure they met the quality standards required by the provider. There were monthly audits of MAR and daily records as well as office quality audits, which was a check to ensure the office was meeting health and safety requirements.

The provider sent out annual surveys to people and staff. We saw feedback from people was mostly positive although on the most recent survey the manager told us they had not received the number of responses they had hoped for. They had sent feedback to people and were resubmitting another survey to include a stamped addressed envelope. This showed that the provider was open to hear people's views and was proactive in seeking them.

There was a system for weekly reporting, the manager collated key information about the service and sent it to the operational manager. This meant there were on-going quality checks on the weekly activity such as if there was an incident or a staffing issue. This was reported to senior management through the weekly report and the manager was able to have support to address any issues as they arose. For example, one member of staff reported an incident and this went through the usual reporting mechanisms and the manager received support to make sure they had completed all the required actions.

The operational manager told us about their commitment to facilitating links within the local community. Staff talked to us about the location as being in the "heart of the community," and people told us they were able to "just pop in." The operational manager was a Dementia Friends Champion and told us about plans to increase dementia awareness within the local community. They also talked with us about future plans to widen what the agency provided. One of the suggestions was that they link into a local hub or exchange to provide further resources for people. The manager and operational manager were keen and motivated to make further improvements and expand what they were able to offer people.

The manager told us they valued staff and thought it was important to give positive feedback, verbally and through recognising staff achievements. There was a "carer of the month," which the manager told us was shared with head office. The operational manager told us they had planned a fun day for staff and some staff had been nominated for specific awards. They told us they wanted staff to primarily enjoy the day.

Information was shared with staff through talking with them or memos. Staff meetings were held on an adhoc basis. Staff told us this was sufficient and they felt they had enough information to support them to do their jobs.