Altogether Care LLP

Beaminster - 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 was announced and took place on 5 January 2017. The provider was given 48 hours' notice of inspection to ensure the registered manager would be available to meet us at the provider's office, and also to make arrangements for us to visit some of the people in their own homes.

The last inspection of the service was carried out on 27 November 2013. No concerns were identified with the care being provided to people at that inspection.

Beaminster Care at Home is registered to provide personal care to people living in their own homes. At the time of the inspection the service provided personal care and support to 72 people living in the Beaminster and surrounding areas.

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.

People and their relatives were very complimentary about the quality of the service provided and about the management and staff team. They felt the care was good. One person told us, "They [care workers] are all lovely, it doesn't matter who you get".

People had positive relationships with the staff members who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People's privacy and dignity was respected and information personal to them was treated in confidence.
People we spoke with felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people. They confirmed care workers arrived on time and had the skills and knowledge to provide the support they needed. One person told us, "They [care workers] turn up when they should and always stay the right time."

The provider had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The provider had a recruitment procedure that ensured the suitability of staff was checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them. Staff kept daily records about the care provided and these records were used to review people's care by the registered manager.

The provider identified and assessed risk to people's safety and well-being. These included risks associated

with the person's physical health, moving and positioning needs, their home environment and eating and drinking. There were documented strategies for managing and reducing risks and identified actions for staff to take in response to risks.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.
The provider had a clear vision, which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were staff recruitment procedures which helped to reduce the risk of abuse

Is the service effective?

Good

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Good

The service was caring

The registered manager and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

Relatives felt staff went the extra mile to provide compassionate and enabling care.
People were supported by a small team of staff who they were able to build trusting relationships with.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

Beaminster - 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 5 January 2017. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The 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 also reviewed the information we held about the service and notifications we had received.

During the inspection we met and visited five people in their own homes and spoke with four relatives. Following the inspection we contacted three people who were using the service by telephone to discuss their experience of using the service, and two health professionals who .was regularly involved in supporting people who used the service.

We looked at the care records of five people who used the service and recruitment records for five staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted their care workers. One person told us, "Staff always check I am safe and have my frame next to me, so I don't fall". People wore pendants which they could use if they needed to call for help in an emergency. People told us that they felt safe knowing this system was in place. One relative said, "I know they make sure mum is safe I don't have any concerns at all".

People told us they were supported by enough staff to meet their needs. People told us they received a rota each week telling them who was supporting them and confirming the time of the support. One person said, "We always know who is coming to help us". Another person said, "Sometimes there is a new carer but they are all good and arrive when they should". Staff confirmed they had enough time to support people.

Staff members told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff members described the appropriate checks that would be undertaken before they could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. We saw records where these checks had been completed and recorded.

People were protected from avoidable harm and abuse. Care workers were provided with training in safeguarding people from abuse and understood their roles and responsibilities regarding safeguarding, including how to report concerns. We saw evidence that when any concerns about people's safety were raised the service worked with the local authority and multi-disciplinary teams to keep people safe. One professional told us the service was very good at keeping them informed of any concerns regarding people's safety. This meant there were systems in place to ensure people were kept safe from harm or abuse.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. For example following speech and language assessments (SALT) measures had been implemented to manage risks. Staffs spoken with were aware of people's risks and the correct procedures to minimise the risks. An initial assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs on a regular basis. Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I look after my own [medicines], they [care workers] keep a check." Another person told us about the support they received with their medicines which made them feel safe, "They always check that I have taken my tablets as sometimes I forget, that makes me feel safe".

Where staff administered medicine this was done from blister packs prepared by a pharmacist and the person's medication administration record (MAR) chart was completed and signed by staff. The majority of

people required only prompting in regard their medicines. However, where staff administered medicines to people they recorded this on the medication administration record. Records seen were well completed making it easier for other carers or visitors to see if the person had taken their medicines. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people. Where people needed support with prescribed creams, records showed the creams had been applied consistently.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. Records of action taken had been recorded within the accident and incident book. This showed us that the provider had systems in place to record and review information.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "They [care workers] are very efficient and certainly know what they are doing. They care without showing they are caring, they don't make a fuss they just get on with it".

People told us they had developed meaningful relationships with their care workers. They confirmed care workers arrived on time and had the skills and knowledge to provide the support people needed. They stayed the agreed length of time and helped people to be as independent as possible. One care worker told us, "If I am running late it is normally because of traffic, but I always stay the correct amount of time and never cut anyone's visits short".

People received a rota informing them who would be visiting. One person told us, "We get the rota weekly. Sometimes there are care workers we don't know or have not met, but generally we know them all". Keyworker roles were being developed. One person told us, "I have a keyworker now, they are special to me and make sure everything is being done the way it should be". The registered manager told us some people had been allocated a key worker whose role was to identify any changes in the person's care and support needs.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. The registered manager told us new staff attended an extensive training programme over a three day period. One member of staff told us, "We had to complete induction training and then shadowing visits with a more experienced worker. We were not allowed to move anyone until we had been shadowed by a more senior member of staff".

New staff confirmed they were working through the care certificate as part of their training. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of the induction training of new care workers.

Staff told us they received the training they needed to meet people's specific needs. The registered manager maintained a staff training matrix which detailed training completed by staff and when refresher training was due. This helped to make sure staff knowledge and practice remained up to date. All staff spoken with confirmed they had lots of opportunities for training. One member of staff told us, "The training is good, my last training really made me think about the changes in legislation, particularly the equality's act. It makes you think about what you are doing".

Staff told us they felt supported by their colleagues, office staff, the registered manager and deputy and the provider. They received staff supervision sessions, annual appraisals and support visits from senior carers. Records showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice through regular supervisions. One member of staff told us, "I enjoy my supervisions they are an opportunity to ask about training or discuss anything nice that

has happened". This showed that systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

People only received care with their consent. Care plans contained copies of up to date consent records, which had been signed by the person receiving care or a relative if they had the relevant authority. For example where people had a key safe, consent forms were signed by the person giving consent for staff to access their property. Everybody spoken with confirmed staff always asked them first before they carried out any care and they had choice in how their care was delivered. Staff were clear about the rights of the people they supported.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to domiciliary care services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The provider was not currently providing support to anyone who was subject to a Court of Protection assessment.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. One health professional told us, "The agency is good at keeping us informed of any changes in people's health or welfare".

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "They [care workers] are all lovely, it doesn't matter who you get". One care worker told us, "We know people well and can tell if they are having a good or bad day. Sometimes people just need a little more time". Another care worker told us, "Because I visit people on a regular basis I can spot things if they are not feeling themselves. It is nice to build relationships with people we care for".

During our visits to people's homes we observed staff were very caring and compassionate. Staff were respectful and ensured the person was given choice to talk with us alone or with staff support. Staff always called out their name and knocked before entering a person's home. People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice.

People's independence was promoted and respected. One person told us, "I just need help with my personal care. They help but let me do as much as I can for myself". Care workers confirmed they supported people to remain as independent as they could. One member of staff said, "We really do try to ensure people do not lose their skills to be as independent as possible." People's records provided guidance to care workers on the areas of care that they could attend to
independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity.

People were supported by staff who had undertaken dignity champion training. A dignity champion is someone who believes that being treated with dignity is a basic human right. The registered manager told us, "There are many examples of my team going above and beyond in supporting people with dignity and respect particularly when supporting end of life care". One relative told of, the dignity and respect their relative received as they approached the end of their life, they said, "The care they [care workers] gave was exceptional in ensuring dignity was maintained throughout a very difficult period for us all. They did not leave us, but recognised if we wanted privacy and made sure we were able to spend time alone. They were there for us. Dignity champion certificates were displayed around the office alongside a picture of a dignity tree guiding staff to the values of treating people with dignity and respect.

The registered manager had recently completed gold standard framework training. The gold standard framework (GSF) use a model that enables good practice to be available to all people nearing the end of their lives. In their PIR they said, " We plan to improve and make our service more caring through, signing up to the social care commitment affiliated with GSF ensuring people have a revised care plan for end stage of life." One relative confirmed the service had gone "The extra mile" when supporting them with a recent bereavement.

People told us that they felt that their views and comments were listened to and acted on. People's care records identified people's preferences, including what was important to them, how they wanted to be

addressed and cared for. Records showed that people had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

Staff we spoke with did not support people who had specific needs or preferences arising from their religious or cultural background. However the providers training included information about equality and diversity, which meant staff, were aware of issues that might arise in this area.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support and that their needs were met. One person said, "I feel very consulted about my care and support". A relative told us, "[person's name] is listened to. They are very capable of saying if the care workers were not doing what they want".

Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. The assessments gave details about the assistance the person required and how and when they wished to be supported. The registered manager told us, "Field care supervisors carry out the initial assessment of people's needs". One professional told us, "People receive an effective initial assessment. They are very flexible in meeting the needs of people they support and tailoring the support around those changing needs". They gave an example of how the service had changed their approach as their client built their confidence up with the support being offered. They told us, Initially their client would not let the care workers help them at all, but with effective and responsive support, they now allowed them to support them in different aspects of their care.

Following the initial assessment care plans were developed. They included personal information and identified the relevant people involved in people's care, such as their GP, next of kin or other health professionals. Care plans were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. They were presented in an orderly and easy to follow format. One member of staff said, "When I first started I was guided by the care plans. Now I know what is expected but still check them if we are told the support is changing".

Care reviews were held which included consultation with people and their relatives, where appropriate. Where reviews had taken place the reviewer had signed and dated the plan. The registered manager told us annual reviews took place unless people's needs changed. Information contained in the care and support plans detailed what support people wanted from staff.

Daily visit records showed staff had carried out the care and support in line with people's care plans. Staff told us they felt the information available regarding people's needs was good. One care worker said, "It is important that we always complete these records, so we can see if there have been any issues or changes to the support" The office are really good and always contact us if there are any changes". Another care worker said, "We can call the office any time there is always someone there for support". Daily records seen were up to date. Each month the daily records were taken back to the office for auditing by the registered manager and provider.

Staff were knowledgeable of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. People told us they found the service was responsive and open. Most people had little need to contact the office, but found communication was good if they did. Information about how to contact the agency out of normal working hours was made available to

people. Staff told us what actions they would take in an emergency and this involved always reporting an accident or incident.

The provider had a complaints process which was made available to people along with other information about the service. People told us they knew it was there but had not needed to use it. One person told us, "If I am not happy I ring the girls in the office, they are very good at dealing with any issues I have. I would definitely recommend this service to others". Complaints and compliments received were logged and audited monthly. The provider's complaints management policy sets out the procedures to be followed to ensure a full investigation is carried out, including the expected timescales for responses. The registered manager was able to demonstrate any concerns or complaints had been actioned, responded to and resolved in a timely manner and in line with the provider's policies.

Good

Is the service well-led?

Our findings

There was a management structure which provided clear lines of responsibility and accountability. People told us that they felt the service provided good care, was well-led and that they knew who to contact if they needed to. One professional told us, "I'm not aware of any problems with the service provided by the agency, and the manager is always quick to respond to or report any issues affecting the service users".

The registered manager was appropriately qualified and experienced to manage the service. They were supported by the provider, operations manager, deputy manager, care coordinators, field care supervisors and administration staff. The registered manager told us, "To ensure consistency of care we keep up to date information on our clients on our computer system". They told us this enabled all office staff to access key information on people at any time. Care Co-ordinators arranged visits to ensure consistency of staff was achieved and made sure staff had sufficient time on visits to respond to the needs of people. Care workers told us sometimes they felt they did not have sufficient time to get to people. One care worker told us, "It can be difficult sometimes to get from one client to the next. We ring the office and they let people know we are running late". People confirmed staff stayed with them for their allocated time.

People told us they felt involved and informed about the service they received. People knew who the management team were and how to contact them should they need to. People felt confident and able to contact the management team or any one at the office for support if they wanted. Throughout the conversations we had with people regular reference was made to the management and office team and how supportive and approachable they were.

Staff members felt valued and supported by the provider. They understood what was expected of them and were aware of guidelines and procedures informing their practice. Comments included, "The office staff are great always there to help". "We are sometimes short on staff due to sickness the office staff are all trained carers and will step in where needed". "We all get along, the registered manager is really good. I can always go to them any time." "Registered manager is very nice, I would challenge if I was not happy but they all listen in the office so no problem."

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

Systems were in place to monitor and improve the quality of care provided. These include formal sign off that care workers were trained, prepared and briefed to support people they were assigned to. There were regular spot checks, audit of daily care logs, and other records which included supervision and appraisal records, which monitored care workers performance.

The registered manager discussed the aims, ethos and vision of the service. They told us, "We provide a service which values the people using the service, promoting independence, dignity and respect. We also ensure staff feel valued and appreciated. We have an open and honest culture and an open door policy. I am

available any time and staff can pop into the office to see me. I make regular contact with our clients ensuring they are happy and receiving a high quality service". From our observations and discussions with people who used the service, their visitors and staff, it was apparent that the provider's ethos and vision for the service had been adopted by staff.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Where needed records demonstrated the appropriate professionals had been involved. For example where a notification had been sent to CQC following a safeguarding alert, the provider's records showed full compliance with the appropriate referrals and actions taken. Where lessons needed to be learnt these had been addressed.

Records demonstrated the service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment

Staff confirmed they received regular training and monitoring and staff meetings. The last staff meeting dated 22 November 2016, evidenced the registered manager had addressed issues raised, for example the importance of care workers calling the emergency services and not the office if they felt people using the service were at immediate risk.

The agency had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative. The provider undertook regular quality checks in order to drive improvements. Where
appropriate they gave contact details to enable staff to seek further advice.