

## Care Solutions (St Helens) Ltd







# Together Care

## Inspection report

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### Ratings

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

### Overall summary

This was an announced inspection, carried out on 08 & 12 January 2016. We gave 48 hours notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Together Care is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in St Helens Chamber, close to the town centre.

The service has a manager who was registered with CQC in March 2015. 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.

# Summary of findings

The last inspection of Together Care was carried out in June 2013 and we found that the service was meeting all the regulations that were assessed.

We have made a recommendation about the recruitment of staff. The registered providers recruitment policy and procedure was not followed. Only one reference was obtained in respect of some staff prior to them starting work, as opposed to two references as set out in the registered provider's recruitment procedure.

People received care and support from the right amount of staff.

People told us they felt safe when they used the service and they had no concerns about the way they were treated by staff. There were systems in place to protect people from abuse including training for staff and policies and procedures for staff to follow. Staff recognised what abuse was and they were confident about reporting any concerns they had.

Staff were confident about dealing with emergency situations. They knew who to contact if they recognised deterioration in a person's health. There was a system in place to enable staff to contact someone for advice, guidance or support at any time of the day or night.

Staff received the training and support they needed. They completed an induction programme and received ongoing training in key topics and topics specific to people's needs. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they provided a service to.

The registered provider had a policy and procedure relating to medicine management. Staff responsible for administering medication completed the relevant

training and their understanding and competency regarding the management of medicines was regularly checked. This helped to ensure people received their medicines safely.

Staff knew the people they were supporting well and provided a personalised service. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to obtain people's consent prior to them providing any care and support.

People who used the service felt they were treated with kindness and they said their privacy and dignity was respected. People's independence was promoted, they were supported to do as much as they could for themselves so that they did not lose their independence.

People's wishes and preferences were accurately reflected in the care plans. Contact records were maintained detailing the support people received and they were an effective way for staff to communicate important information about people.

Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised. People and their family members told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Recruitment procedures were not followed in line with the registered provider's requirements.

People told us they felt safe using the service. Staff were confident about dealing with any concerns they had about people's safety.

Risks people faced were identified and managed. Medicines were appropriately administered to people.

People received support from the right amount of staff who had received training and support appropriate to the work they carried out.

Requires improvement



### Is the service effective?

The service was effective.

People made choices and decisions about their care and support. The registered manager and staff understood the legal process which they needed to follow when decisions had to be made for people who lacked capacity.

Prior to people using the service their needs were assessed identified and planned for. People were involved in planning and reviewing their care and support.

People who needed it were provided with the support they needed to maintain a healthy diet.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and their privacy and independence was promoted and respected.

People had built trusting relationship with staff and felt relaxed around them.

Staff knew people well, including their likes and dislikes.

Good



### Is the service responsive?

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and were responsive to their needs.

People had information about how to complain and people's complaints were listened to and dealt with promptly.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There were systems in place to assess and monitor the quality of the service and make improvements.

People were positive about the way the service was managed.

The service was managed by a person who was described as being approachable and supportive.

Good



# Together Care

## 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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours notice because we needed to be sure that someone would be at the office.

During our inspection we visited the office and met with the registered manager and registered provider. We checked a

selection of records held at the office, including care records for four people who used the service, staff recruitment and training records for three newly recruited staff, policies and procedures and other records relating to the management of the service. With their prior consent we held telephone discussions with two people who used the service, relatives of six people who used the service and three staff.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

# Is the service safe?

## Our findings

People told us they felt safe with the staff and that the staff took care when assisting them with taking their medication and with personal care. Family members said they trusted the staff to care for their relatives safely.

Recruitment processes were not followed in line with the requirements set out by the registered provider. The registered provider had a recruitment policy which clearly described the procedure for recruiting new staff. The procedure stated that at least two references are required prior to appointment of new staff, at least one employer reference and one character reference. Despite this only one reference was obtained for two staff members even though they provided details of for two referees. The registered manager said they had requested in writing a reference from the contacts stated on the application form but the contacts failed to respond. The registered provider's recruitment procedure also stated that if there was a delay in obtaining references a telephone call is permissible but the referee must confirm in writing what was said on the telephone. The registered manager did not follow the registered provider's procedure by contacting the referee by telephone or explore with the applicants an alternative reference and allowed them both to commence work prior to receipt of two satisfactory references. We recommend that the service follow the registered providers recruitment policy and procedure when recruiting new staff, to ensure they are of suitable character and fit for their role.

All staff files had evidence that a recruitment interview had taken place. In addition, appropriate checks had been completed by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff were suitably trained and had been assessed as being competent to administer medicines. They told us all medicines people required were detailed in their care plans

and recorded on a medication administration record (MAR) which was kept at the person's home. Staff said they signed the records when they were sure people had taken their medication and if they had any concerns with medicines they would contact the on call person. A staff member said, "I have received training to give people their medication and I know I can call the on call if I had any problems". People told us they had a MAR at their homes which staff had signed after administering their medication and people also told us that they had always received their medicines on time.

A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and they knew the procedure for reporting any concerns they had about abuse. Staff comments included "If a person told me they had been mistreated I would report it straight away to my manager" and "I'd definitely report abuse without any hesitation". The registered manager understood her responsibilities in relation to reporting safeguarding concerns.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people's needs. For example, people who had difficulties with their mobility and received care and support from two staff.

Staff told us they supported people to take risks without minimising their freedom. One staff member said, "I encourage people to be independent and to do whatever they can for themselves, but only as long as I am sure they are safe". Another staff member said, "All of the people I visit have a care plan in their home and they tell us how to keep people safe. If I thought a person wasn't safe I would contact the office and let them know right away."

Assessments were undertaken to assess any risks to people who used the service and to staff who supported them. This included environmental risks and any risks associated with people's health and support needs of the person. For example, moving and handling, finance, falls and use of equipment.

# Is the service effective?

## Our findings

People who used the service and family members told us that they thought the staff were well trained. Their comments included, “They [staff] know what they are doing” and “They [staff] are all very competent and I have no concerns about their ability”.

All staff completed an induction programme when they first started work for the service. During their induction staff completed training in key topics such as safeguarding, first aid, infection prevention and control and moving and handling. Staff spent a period of time during their induction out in the community shadowing more experienced staff prior to them working unsupervised. Further training was provided to staff on an ongoing basis. They accessed training in a number of different ways including e-learning and by attending classroom training which was delivered by accredited training providers, including the local authority. Training completed by staff included; medication, first aid, food hygiene and dementia awareness. Staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff told us they received a lot of training and that they found it beneficial to their role.

Staff received the support they needed to carry out their roles effectively. Staff told us that the management team were all very supportive and that they felt they could telephone or call into the office at any time if they needed to discuss anything related to their work. The registered manager held one to one supervision sessions with staff and staff were invited to attend regular discussions at the office. The registered manager also carried out spot checks on staff whilst they were supporting people in their homes. During the checks they obtained the views of people who used the service about staff ability and performance. This enabled the registered provider to assess staff performance and plan with them any future training and development needs.

People told us that they dealt with most of their own health care appointments and health care needs with the help of relatives and relevant others. However, care plans provided staff with information about people’s healthcare needs and any support staff that were required to provide people with

support, should they need to. Staff had supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people’s care. People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health. Staff were confident about what to do if they had immediate concerns about a person’s health. A family member gave us an example of when a staff member had contacted their relative’s GP and a district nurse when they recognised concerns about the person’s health. They told us that the staff member stayed with their relative until the GP arrived. A staff member told us that they would call the emergency services if a person collapsed or if they found a person presented as seriously ill.

People who required it were supported at mealtimes to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. Staff members reheated and ensured meals were accessible to people who used the service. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us that food and fluid charts were in the homes of people who needed them. People who used the service and their family members also confirmed this.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. Staff had received training in the Mental Capacity Act, 2005 (MCA) and they showed an understanding of the basic principles of the act.

# Is the service caring?

## Our findings

People who used the service told us that staff were caring and treated them with respect. Their comments included, “Very caring” and “They [staff] are always nice and very helpful”. A family member told us that staff were attentive to their relatives needs and commented “They go beyond their duties”. Another family member said, “They [staff] don’t just carry out tasks, they spend time sitting with her [relative] and they listen and show a lot of interest in her”. People told us they felt relaxed around staff and that staff respected their homes.

People’s independence, privacy and dignity was respected and promoted. Staff told us that where appropriate they encouraged and prompted people to undertake certain tasks rather than doing it for them. One member of staff said, “I encourage people to do whatever they can do for themselves, so they don’t lose their independence. Another member of staff said; “The task may take longer but having some independence is important for the person”.

Staff explained how they ensured people’s privacy and dignity. Examples they gave included; involving and talking to people about the support they were about to provide. Ensuring curtains were closed and rooms were warm when providing people with personal care and ensuring people’s records were put in a safe place before leaving their home. Staff told us they always knocked on people’s doors before entering their homes even if they had the authority to enter using key code access. A member of staff said, even though I can enter their home using the key code I always knock out of courtesy to let them know I’m coming in”.

People and family members told us that staff knew them well. One family member that their relative particularly enjoyed banter with the staff and that staff appeared to enjoy it too and joined in. Staff told us that information was contained in the person’s care plan, including their personal histories and their likes and dislikes.

People and their family members told us that they were introduced to staff before they supported people in their homes. One person told us that this was important as they like to ask questions which helped them decide if the staff member was going to be right for them. A family member told us that their relative was mostly visited by the same staff that they were familiar with. They said the consistency of staff was very important to their relative as they had strict routines which they needed to follow and the staff who knew her [relative] was very aware of this. One person who used the service said “I’m used to the same ones [staff] because they know me and what I need”

People told us that their visit times were discussed and agreed in advance. They also told us that staff were punctual and always remained at their homes for the full duration of the contracted call. One person said, “They [Staff] often call early and have a cup of tea with me, which I enjoy”. Another person said “They are always here at the right time and never leave early”. A family member told us that on one occasion staff were late calling but that was down to an administration error which was sorted out and they were very apologetic”. Another family member said, “They are very reliable and always on time. If they finish what they need to do early, they spend time socialising with him [relative]”.

People were given a booklet about the service which they kept at their home. The booklet included such things as how to complain and who to contact both during and outside of office hours. The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.



# Is the service responsive?

## Our findings

People who used the service told us that staff provided them with the right care and support. People's comments included, "I helped with my care plan so know it is right" and "They [staff] read my care plan and write in it". Family members told that their relatives had a care plan which accurately reflected the care and support staff were required to provide during their visits.

People needs had been assessed, identified and planned for prior to them using the service. Care plans were developed on the basis of assessments carried the registered provider as well as those carried out by other health and social care professionals. People who used the service or where appropriate those acting on their behalf were involved in the assessment process. This ensured that people's needs were fully captured in their care plan.

Care plans were kept in people's homes and with the person's consent a copy was held at the office. The plans provided staff with information about people's needs and how people wished to receive care and support. For example, they provided staff with instructions about how people liked to receive personal care, how they liked to dress and specific routines, such as when people liked to get up, retire to bed and the times people preferred their meals. Care plans were reviewed each month or sooner if there had been a change in a person's needs. People and their family members confirmed that care plans were made easily available to staff in the person's home. They also told us that staff completed a contact sheet prior to leaving a person's home. This was used by staff to record a summary of any tasks and activities which they carried out during the visit as well as any significant observations, which needed to be communicated onto other staff or relevant family members. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care were also entered onto the contact sheet. Any changes made to people's care plans were recorded and reported to the management team at the office.

People who used the service received personalised care from staff that understood and met their needs well. One person said, "I helped with my care plan and it's all about

me and what I need them to do for me" A relative family member said, "My [relative] gets used to the same faces and has built up really good relationship with staff who know her well, which is important. This gives me peace of mind".

The provider sought feedback from people or their family members through the use of survey questionnaire. This was sent out to people at different intervals throughout the year seeking their views about the service they received. The questionnaires invited people to rate and comment on aspects of the service including; the standard of care provided and the punctuality and friendliness of staff. The results from the latest "service user satisfaction survey" which were completed in 2015 were all positive. A comment made in one survey included; "Our girls are fantastic and we are very pleased indeed. Keep up the good work everyone".

People who used the service and where appropriate those acting on their behalf were provided with information about how to make a complaint about the service should they wish to. People confirmed that they had this information at their home and they said they were confident about complaining if they needed to. One person said, "I have no cause to complain but if I did I would not have a problem calling the office and telling them and I am pretty sure they'd sort it right way". A family member told us that they had in the past raised some minor issues with the registered manager who dealt with them quickly and to their satisfaction. Staff were familiar with the registered provider's complaints procedure and they told us that they were confident about how to assist a person to make a complaint if they raised one. One member of staff said they would try to resolve any concerns there and then with the agreement of the person but recognised that it would depend on the nature and severity of the complaint.

People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours. People told us they had used the on call system and it had worked well.

# Is the service well-led?

## Our findings

People and their family members told us they were familiar with the management structure of the service. They told us that they had met both the registered manager and the registered provider. People, their family members and staff told us that they thought the service was well managed and they made positive comments about the registered manager, including, “She always listens to what you have to say,” “She is approachable and keeps us up to date with things” and “The manager is supportive. I feel well supported”.

The service had a manager registered with CQC. 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 service was located in a large office within a business centre near to St Helens town centre and was easily accessible to people who used the service, their family members and staff. People and staff told us they thought the service operated an open door policy whereby they could visit the office at any time during office hours or telephone to speak with a member of the management team.

There were systems in place for assessing and monitoring the quality of service provision, which aimed to protect people who used the service against the risks of inappropriate or unsafe care, treatment and support. This included regular reviews of care plans and spot checks at people’s homes to check on staff performance and the

maintenance and accuracy of records, including care plans, contact records and medication administration records (MARS). However there was a lack of monitoring of staff recruitment processes, which meant staff had started work without all the appropriate checks in place.

People, their family members and staff were asked for their views about the service, the support they received and any concerns they had were acted upon. Staff told us that they felt able to discuss ways of improving the quality of service provision. They said they had attended staff meetings and held informal discussions with the registered manager and registered provider, which had provided the forum for this.

The registered provider had a complaints policy and procedure in place. People told us they knew how to make a complaint and that they were confident that they would be listened to. Staff were able to talk us through how they would support someone to make a complaint and the registered manager was aware of local advocacy services available to support people with this.

There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people’s safety.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a staff handbook, which included copies of them. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations without the fear of reprisals.