

Altogether Care LLP

Weymouth - Care at Home

Inspection report

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17 November 2016
22 November 2016

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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 the 14, 17 and 22 November 2016. It was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Weymouth 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 137 people.

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 were positive about the care and support they received. They told us staff treated them kindly and we saw people were comfortable with staff in their homes. Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were motivated to provide the best care they could and told us they felt supported in their roles. They had received training that provided them with the necessary knowledge and skills to do their job effectively. Staff kept accurate records about the care they provided and these records were used to review people's care.

There were enough safely recruited 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.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Care plans reflected care was being delivered within the framework of the Mental Capacity Act 2005.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to.

People's medicines and creams were administered safely although one person was not receiving their medicines at the correct time. This was rectified immediately.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by staff they told us this was prepared well. People were left with access to appropriate drinks and food between visits.

Management were committed to making continual improvements to the quality of care. This included development of new skills and expertise amongst the staff team such as the introduction of training in end of life care. There were systems in place to review and monitor the quality of the service people received including feedback from people and staff.

People were positive about the care they received and told us the staff were friendly and compassionate. Staff treated people and each other with respect and kindness throughout our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

There were enough, safely recruited, staff to meet people's needs.

People were at a reduced risk of harm because staff knew how to identify and report possible abuse.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective. People were supported by staff who 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's views were sought as part of this process.

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

People were supported to access healthcare and with their diets where this was appropriate.

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 been involved in developing individual care plans which took into account their likes, dislikes and preferences.

People knew how to make a complaint and where they had made complaints these had been responded to appropriately.

Is the service well-led?

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

People and staff spoke highly of the management team.

The service that people received was monitored and there were systems in place to continually improve the quality of the service.

Good ●

Weymouth - 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 the 14, 17 and 22 November 2016. The provider was given notice of our inspection 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. It was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service. This included notifications from the provider; a notification is the way providers tell us important information that affects the care people receive. Before the inspection, we also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information before we visited the service.

We spoke with three people in their own homes and observed interactions with four members of staff. We also spoke with people who used the service or their relatives by telephone. In total we spoke with 21 people and seven relatives. We spoke with 13 staff and the registered manager, area manager and nominated individual from the provider organisation. We reviewed records relating to 10 people's care and support. We also looked at records related to the management of the service. This included three staff files, training records, meeting minutes and the documentation of audits and surveys. We also spoke with two representatives from the local authority who had knowledge of the service.

Is the service safe?

Our findings

People received their medicines safely although one person had medicines that needed to be taken at specific times and these had not always been given as prescribed. This had not been a daily occurrence and the situation was rectified immediately. People required different support with their medicines and the support they needed was recorded in their care plans. In some cases staff observed that people were taking their medicines themselves and we saw examples where they had identified problems and helped people get medicines when they needed them. Other people needed prompting or needed the staff to administer medicines for them. Staff had received training and been assessed to ensure they were competent to administer people's medicines. Records related to medicines administration were reviewed monthly and any errors not picked up as they happened would be addressed at this point. This meant that staff understood the importance of notifying the office of changes and completing these records.

People told us they felt safe whilst receiving their care. One person told us, "I am getting everything I need from Altogether Care. I always feel safe." People were protected from harm because assessments had been carried out that identified the risks people faced including individual risks and risks within their home environment. For example one person was identified as at risk of developing sore skin. There was a care plan in place that they had contributed to, that provided guidance for staff about how to support them safely to reduce this risk. This included guidance on how to support the person with personal care, which creams were needed and guidance about encouraging them to eat and drink enough. People were supported to ensure their homes were safe for example some people needed to use equipment to help them to move safely. There was guidance for staff to remind people about how to reduce risks in between visits alongside ensuring that they were safe and had what they needed before leaving them.

People were at reduced risk of harm and abuse because the staff were confident about how to identify and report abuse. They were able to describe to us how they would recognise potential abuse and how they would report any concerns that they had. We saw records that showed the provider had managed safeguarding incidents appropriately and had taken appropriate action to ensure that people received a safe service. Staff were also clear about their willingness to challenge poor practice and knew how to raise any concerns; including how to whistle blow if required.

Staff were aware of how to report accidents and incidents. For example, a person had fallen and this was recorded in the accident and incident log. There was a record of what actions, such as staff training, had been taken after accidents to reduce the risk of them reoccurring. Where people needed medical input we saw that staff had waited with people, sometimes for substantial periods of time to ensure they were as safe as possible. There were plans in place to cover for emergencies such as adverse weather or reduced staffing and this information was always available to the person on call when the office was closed. This meant that the most vulnerable people would be prioritised if the service could not operate fully.

There were enough safely recruited staff to meet people's needs. People told us staff generally arrived on time although some people complained they were not always told if their staff were running late. However, most people told us that someone called them to let them know if there was a delay. One person told us:

"They never miss coming. The traffic can be busy here in the summer. There is no way they can get here on time but the office calls..." Another person said that times usually worked well unless staff changed. They told us that staff turnover was not a problem. We looked at the visit schedules that people had received during our home visits and saw that they reflected a core group of staff working with people. Staff working in the office explained that they tried to achieve regular staff for people and we saw that majority of people did have regular staff providing their care and support.

Is the service effective?

Our findings

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. 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. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did so both by agreeing their care plan and on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They always ask me what I want." People had an initial assessment which took into account whether they were able to understand and retain specific information and at the time of our inspection everyone was able to make decisions about their care when given information in the way that suited them. Staff understood the MCA and were able to describe to us how they supported people to make their own decisions and what they would do if this changed to ensure that care was provided in people's best interests. This meant that people received care that was not restrictive and reflected their wishes.

People told us the staff had the skills they needed to do their jobs although five people felt that new staff could have more training. This related to these people's perception of the new staff's confidence in respect of their skills and communication. They told us they did not feel unsafe with these staff. Most people however were confident in the skills of the staff to provide their care and records reflected a robust induction process. One person said "They are very well trained. New staff get on well. They shadow them, an old one and a new one." Staff had all found their induction to be appropriate and explained they could ask for guidance and support whenever they needed it. People receiving care were asked about how new staff were doing and this information was used to help identify competence and training needs.

Staff told us they felt they were trained and supported to do their jobs appropriately and described how people's care plans enabled them to keep up to date with people's current needs. One member of staff described this support by saying: "There is always someone there if I need them... I never feel hurried if I have a question." Another member of staff said "I feel supported by the staff in the office and on call." Staff spoke confidently about the care needs of people they provided care to. Staff were also positive about their supervision and appraisal processes. They felt these supported their professional development and reinforced the values of the organisation.

There was a robust system in place for ensuring that staff kept their training current and the registered manager reviewed this on a monthly basis. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria.

People who had help with food and drink commented that this was done to a good standard. One person told us they "heat things up and cook from scratch". They told us that "Their cooking is very good." People were left with access to drinks and snacks between visits. Staff were aware of people who were at risk of not eating or drinking enough, or had difficulty swallowing safely. They explained this information was always in people's care plans and described the records they kept to monitor nutritional intake when appropriate.

People told us they were supported to maintain their health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. For example one person's health was variable and the support they needed was regularly reviewed in conjunction with health professionals. Staff fed any concerns back to the office where the staff who coordinated care had regular contact with district nurses and GPs. Changes and health updates were communicated effectively to staff and care plans updated in a timely manner.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People and relatives made comments like: "The carers are all really lovely" and "they are so kind and helpful". People were positive about the caring nature of staff and we heard about and saw records relating to times when staff had shown this kindness in ways that people valued. For example, we heard about two occasions when people had been waiting for ambulances following falls and staff stayed with them keeping them warm and reassured for substantial periods of time.

We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar and warm and respectful at all times with people being encouraged to make decisions about their care whenever possible. One person told us: They are all respectful. Always." Another person said: "They always ask you first if there is something new. There is respect."

Staff demonstrated they knew people well through their conversations; they asked after family and recent significant events in people's lives. People told us they appreciated this familiarity and kindness. They also told us that they never heard about other people or staff from the staff who visited them. One person said: "They don't talk about anyone else."

People were supported to retain their independence. We saw that staff asked people to undertake the tasks they were able to do for themselves and people also told us that they had regained skills whilst being supported by Weymouth Care at Home. For example, one person described how they could now undertake more of their own personal care.

Privacy and dignity were reflected in spot checks made on staff and reinforced through supervision and at team meetings. Dignity champions had been identified and trained and were developing their roles. This supported a strong values based approach which was evident in how the carers spoke with us and in the care we observed.

Staff told us they enjoyed their work and spoke with warmth about people. One member of staff described how they liked to go to work every day because they enjoyed visiting the people they provided care to. Another member of staff said: "I really love my job... we make a difference to people." They all told us they would recommend the service to people they cared about because they believed all their colleagues to be committed and caring.

The registered manager and operations manager had been trained to deliver Gold Standards Framework training to the staff team; this is a nationally recognised training to ensure people receive quality care and support during their end of life care and the staff at Weymouth Care at Home were scheduled to receive this training as part of an organisation wide approach. This demonstrated the commitment of both the provider organisation and management to ensuring people received quality care at the end of their lives.

Is the service responsive?

Our findings

People told us their care was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded; that they had been involved in planning their care and as a result they received care and support which was tailored to their needs and reflected their preferences. The staff responsible for writing people's care plans did the first visit with people following their assessment and this provided a further opportunity for people to contribute to their care plan's development. One person told us: "I am very satisfied. They always do what I need." People and their relatives, as appropriate, were involved in the development of their care plan through an initial assessment which took into account their likes, dislikes and preferences. For example, one person's care plan stated that they liked to meet new carers before they provided care because they had stated this was important to them. Care plans described how carers should support people with the areas they had identified they needed help with and made the desired outcome of the support explicit. They also provided a summary of their life story and background emphasising the things that were important to the person.

Staff told us the care plans were useful and that if any changes were needed the staff responsible for this would respond quickly. Most people described a flexible and responsive service. One person said: "It's ongoing – if I need anything extra I can ask for it." Another person described how their needs were reviewed as their needs had changed. They explained that as they had experienced an improvement in their ability to care for themselves their care plan was updated to reflect their decreased care needs: "My care is changing. Change happens naturally it is not formal." Care plans were also reviewed regularly where change had not been highlighted. This meant that people and appropriate others had regular opportunity to contribute to the way that care was provided.

People's care plans focussed on what people would like to achieve with the support of staff both in respect of personal care and in their lives more broadly. For example, we were told about trips people had planned and taken with staff.

Staff knew people well and were able to describe their support needs and preferences with confidence. The care staff kept accurate records which included: the care people had received; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were taken to the office from people's homes on a monthly basis and were reviewed each month against their care plans. This meant that changes in need that had not been noted by staff providing care could be identified.

We discussed how people's needs and wishes were reflected in scheduling with staff in the office. They described the checks they had in place to ensure people received support from staff who reflected their preferences. People told us that where they had made requests about the times of visits and staff that these had been respected. For example, one person had asked for an earlier visit so that they could go out and this had been accommodated.

People told us they felt listened to and were able to approach all the staff. They told us they could phone the

office with any issues and would feel comfortable to make a complaint if necessary. The complaints procedure was available to people in their homes and we saw that where complaints had been made these had been addressed in line with the policy and people had been informed of outcomes. It was possible to identify the actions taken following complaints and this meant that the service was improved as a result of these processes being followed. Staff were reflective about their role in supporting people with complaints. They told us they would encourage people to raise concerns themselves but also highlighted the importance of advocating for people if necessary.

Is the service well-led?

Our findings

Weymouth Care at home was held in high esteem by the staff and people receiving a service. Staff were proud of their work and felt part of a team committed to providing good care. People told us they thought the service was good and one person told us: "I can't speak too highly of them they have all been marvellous."

The registered manager referred to the staff with respect and valued the skills and experience evident in the team. They described the ways that they were able to give staff feedback about their work through systems in place. These included supervision and appraisal but also in ways that shared achievement across the staff team. For example, there was a "carer of the month," which was designed to reward the work of staff, who managers and colleagues, felt had gone the extra mile for people.

The registered manager spoke passionately about the importance of quality domiciliary care for older people. They described this as a motivator in their work life and this commitment was reflected in and shared by other members of the staff team. Staff spoke about being motivated to provide quality care individually during our inspection and we saw that this underpinned internal communications and was reflected in staff meeting minutes.

The service was structured in a way that supported the work of the care staff. The manager and deputy manager had responsibility for a wide geographical area and they were working towards dividing this into two separate locations in order to further develop the teams and support available. They were supported by the operational manager who was present during our inspection. The office was staffed by care coordinators who had responsibility for receiving enquiries, planning people's schedules and being first point of contact. There were also a field care supervisors who carried out assessments and developed care plans with people, conducted reviews and also did spot checks on staff competence. The office staff also provided care regularly so they retained knowledge about the care and support people received. All the office staff described how important this hands on care experience was in respect of their roles supporting people and care staff.

There were robust systems in place for monitoring the quality of the service. For example, care and support plans, care delivery records and medicines records were all audited and clear records made of actions identified. For example where individual staff members had not recorded information accurately this was addressed with them individually and where care plans needed altering to improve their clarity this had been done. Regular reporting to the provider also provided an additional layer of oversight and monitoring and ensured that the registered manager received support when this was necessary. During our inspection the registered manager was required to deal with a challenging personnel issue. We saw that the operations manager came to the service to discuss this and the registered manager told us they felt very supported and enabled to achieve the right outcome for the service.

The provider sent out annual surveys to people and staff. We saw feedback from people was mostly positive and where people had identified areas for improvement an action plan had been put in place. For example

some people had said they did not know how to complain and one action had been to ensure that everyone had the information in their homes. At our inspection we found this information to be available and staff and people understood the procedure. The registered manager explained that they were seeking to involve people in more aspects of the running of the service and had begun work to have people who used the service represented on interviews for new staff.

The staff team also worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated that the staff followed guidance and shared information appropriately.