

Almost Family Limited

# Almost Family Limited

## Inspection report

All Care House, Cidermill Farm  
Partridge Lane  
Newdigate  
Surrey  
RH5 5BP

Tel: 01293876080

Website: [www.almostfamily.co.uk](http://www.almostfamily.co.uk)

Date of inspection visit:  
09 September 2020

Date of publication:  
15 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Almost Family is a domiciliary care agency. It provides a service to older adults, some of whom are living with dementia. At the time of our inspection, it was providing personal care to four people living in their own houses and flats. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service and what we found

We found improvements were made since our last inspection. This meant people received safe care as risks to people had been reviewed and medicines management systems had been updated.

People told us they felt safe and well treated by staff. They told us staff knew their care and support needs, and they trusted staff to provide the best support possible to them.

The registered manager had made improvements around risk management. People had detailed risk assessments in place within their care plans which included guidance for staff about how to reduce that risk.

The management of the agency had improved and there was a robustness about the management oversight. This was facilitated by the introduction of an auditing programme and spot checks and supervisions carried out with staff. Staff told us they felt valued by the provider and felt proud to be a part of the organisation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2019) and there were multiple breaches of regulations associated with person-centred care, consent, safe care and treatment, good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

Breaches of legal requirements were found when we carried out an unannounced comprehensive inspection of this service on 11 August 2019. The provider completed an action plan after the last inspection

to show what they would do and by when to improve.

We undertook this targeted inspection to check the provider had followed their action plan and to confirm they now met legal requirements in relation to safe care and treatment, staffing, and management of the service. This report covers our findings in relation to the key questions of safe and well-led which contain those requirements.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We undertook this targeted inspection to follow up on breaches and one recommendation identified at the previous inspection. The overall rating for the service has not changed following this targeted inspection and therefore remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Almost Family LTD on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Almost Family Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act and looked at the overall quality of the service.

This was a targeted inspection to follow up on breaches identified at the previous inspection published in August 2019.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection. This also supported the provider and the inspection team to manage any potential risks associated with Covid-19.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and confirmed there were no notifications or safeguarding concerns received from the service. Services are required to send these through to CQC as part of their requirements of registration. We reviewed some documentation submitted by the registered manager in advance of the inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager during the office visit. No visitors or staff came to the office due to COVID-19 restrictions.

We reviewed a range of records which included three people's care records, as well as two staff files in relation to supervision and observations of practice. We also reviewed a variety of records relating to the management of the service, including policies and procedures, incidents and accidents, quality audits and governance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke by telephone with three people who used the service and their relatives, as well as four members of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to safe care and treatment, staff training, personalised care and good governance. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection the registered manager had reviewed people's care records and had responded to risks. We also found the registered manager had improved the safety of medicines recording.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People were known well by staff who knew people's individual risks and where additional support was required. One person told us, "Oh yes, they know me and make sure I have everything I need." A family member told us, "[Person] had pressure sores; the carers are good, and they keep a strong eye on that and put on cream." Another said "[Carers] sing to [person] which is a brilliant way to communicate."
- People were supported to stay safe and free from harm. Risk's to people had been identified and robustly managed. Improvements had been made around identifying risk and ensuring care plans reflected individual risks to people. One person told us, "[Person] couldn't be better looked after; carers make sure they have enough to eat and drink and they record everything on a chart and fill in a notebook."
- Care workers recorded any matters of concern on their telephone application, which the registered manager then reviewed and acted upon. For example, concerns were recorded about a person's poor nutritional intake on a particular day. The registered manager highlighted this to the person's relative and appropriate actions were taken.
- Risk assessments contained an action plan which detailed how to minimise them. For example, one person's risk assessment included details and photographs to illustrate the safe use of equipment. The person's abilities were also described in detail. There was information for staff about how the person's condition impacted on their behaviours.
- Care notes evidenced that staff proactively assessed signs of change or deterioration and escalated to relatives and to the registered manager.
- Where there were known risks to people, information was available to staff. One member of staff told us, "I was told in advance about [person's] healthcare needs, and it is in their care plan. I was also encouraged to

look at a video which further explained aspects of their condition."

- At our last inspection we found no evidence that people's needs were assessed prior to receiving care. There have been no new referrals to the service since then; however, the registered manager sent us the provider's pre-assessment template which will be used for all future new referrals. This included assessment of risks, including environmental.

#### Using medicines safely

- People's medicines were managed safely. We found improvements had been made since the last inspection. Where people had topical creams (medicines in a cream format), we saw staff used a body map to record the application of these, including positioning and signs of improvement in the skin condition were noted.
- The registered manager told us all those currently receiving care administered their own medicines or were supported with medicines by their family members. However, we confirmed that all staff were trained to administer medicines should this situation change.

#### Learning lessons when things go wrong

- Improvements had been made in how accidents and incidents were recorded and audited. The registered manager introduced a central location to record and track any trends in incidents.
- We reviewed the accident and incident log which evidenced investigation and 'remedial action' for each incident.
- We reviewed some of the eleven incidents reported to the office in the 12 month period to August 2020. For example, staff alerted the registered manager to a minor injury noticed whilst giving personal care. A subsequent discussion took place with a family member about how to safely support the person to mobilise.
- In another reported incident, where carers had difficulty moving a person safely in their bed, the registered manager contacted the CCG occupational therapist (OT) for advice and support. The OT ordered a profile bed (has sections which incline independently) for the person and ensured staff were trained in how to use it safely.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to care and treatment in line with law and guidance and appropriate training, supervision and competency checks for staff.

At our last inspection, the provider had failed to follow the principles of the Mental Capacity Act which was a breach of Regulation 11 HSCA RA Regulations 2014. We also found that the provider failed to ensure staff were provided with appropriate training, supervision and competency checks which was a breach of Regulation 18 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 11 and 18.

Ensuring consent to care and treatment in line with law and guidance

- Records confirmed that people gave their consent prior to care workers supporting them. Where people had a Power of Attorney this was evidenced on the person's record. This meant that an appointed 'attorney' could make decisions on the person's behalf and in their best interest.
- Staff had received MCA training and could tell us how people should be supported to make decisions. Whilst not all recognised the term 'best interest decisions', their explanation of how they supported people demonstrated they understood the principles. For example, "I know it can take longer for a person to make their mind up, but I make sure they are not rushed to come to a decision; even the little things are important."

Staff support: induction, training, skills and experience

- The provider's training matrix demonstrated staff were compliant with mandatory training. The registered manager told us how face to face training had been suspended due to the COVID-19 pandemic and all training was now provided online. A member of staff told us, "I miss face to face training, but [the registered manager] makes sure we still keep up to date with everything."
- We saw documentation which showed staff received three supervisions and one staff competency check [spot check] per year. One member of staff said, "Supervision is regular; it's good to have the opportunity to discuss things and nice to have the one to one time to do this in." A family member told us, "Oh yes, [registered manager] has turned up to make sure my carer is doing things the right way."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to lack of personalised information on people's care records.

At our inspection in March 2019 we found that the service failed to provide personalised care which was a breach of Regulation 9 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed person-centred support plans which had been written and reviewed with them and their families, where people wished them to be involved. People's needs were identified, including those based on people's protected characteristics under the Equality Act.
- One person told us, "They [carers] really, really care about doing things the way I like things to be done; they don't miss a thing."
- Staff demonstrated an understanding of people's care needs, preferences and strengths. A staff member confirmed, "The care plan helps me know just how [Person] likes their personal care done; that doesn't mean that I assume it will be the same every time, so I always check, just in case."
- Individual characteristics were included on a one page profiles for people who used the service. This gave a brief 'pen picture' of the person, including what is important to them; how they wanted their support, their likes and dislikes.
- There were similar profiles for staff which were shared with people who used the service. The registered manager told us this helped to facilitate a 'match of interests' between care workers and those whom they cared for.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to consistent management and leadership which supported the delivery of high-quality, person-centred care. We will assess all of the key question at the next comprehensive inspection of the service.

At our inspection in March 2019 we found that the provider's systems to check and audit the care people received were not sufficient to address the areas of concerns found during that inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, the provider had introduced a system of audits and quality assurance checks. The registered manager developed a governance system which enabled auditing processes to take place. Care plans and risk assessments were regularly reviewed and updated accordingly.
- We saw actions identified during audits were addressed, including updated staff supervision and observations of practice records, signed and dated care plan reviews and life histories recorded.
- The provider had amended their business continuity to take into account impact of the COVID-19 pandemic. This included contingency plans for people's illness, staff and registered manager illness and personal protective equipment (PPE) supplies.
- People told us the service was well managed. One person said, "They are well-managed, certainly are organised."
- The registered manager told us that following the previous CQC inspection, the provider commissioned an independent compliance audit, saying "I would like to make sure we are doing the right thing; we want the best for our clients."
- The most recent independent audit identified a wide range of improvements were made. This included improvements to risk assessments, complaints management, accident/incident reporting and care plan guidance, which was deemed 'of excellent quality and provided detailed guidance.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were told the agency was flexible and listened to and responded to people's requirements. A relative

told us, "We get a very personalised service. The best thing is that I know I can ring at any time if I'm worried about anything."

- The registered manager told us the service subscribed to the '#hellomynameis' campaign. This campaign focuses on prompt and effective communication and reminds staff that compassionate care begins with an introduction to the person they are caring for.
- People received a questionnaire to check they were satisfied with the care they received. One person told us, "I didn't need to fill it in as I just talk to [the registered manager] and he knows that I am happy with the service."
- The registered manager told us they did not carry out a staff survey, but this was something which he would consider. A member of staff told us they did not feel they needed to complete a survey, "[The registered manager] encourages us to speak up and we are such a small company that any concerns raised, or opinions voiced are taken into account."
- Staff told us they felt valued and supported, "I feel very valued – 100%. The way I am treated lives up to the agency's name, we are almost family," and, "[The registered manager] has been fantastic in all the support he gives; I feel that I can grow so much more within my job."

#### Continuous learning and improving care

At our last inspection we recommended complaints were dealt with in line with the provider's complaints policy, so that people's concerns were resolved and recorded appropriately. The provider had made improvements.

- Since the last inspection, the provider introduced a complaints folder which was regularly audited. We saw complaints were addressed in a timely manner and in accordance with the provider's complaints policy. The investigation and outcome were documented, as well as how this information was shared with the complainant.