

Altogether Care LLP

# Altogether Care LLP - Yeovil 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

Altogether Care LLP – Yeovil Care at Home is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection 37 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care because staff had a good awareness of the specific risks people faced and how to manage these without being restrictive. People's risk assessments gave staff clear guidance on how to manage their health conditions.

People told us they felt safe. They were protected from avoidable harm as staff were trained to recognise signs of abuse and knew who to report this to if they had concerns. The service had a recruitment and selection process that helped ensure only prospective staff with the required skills and good character were employed to support people.

People's capacity to consent to decisions about their care and support had been assessed. Where required, the service undertook mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were person-centred and included detailed personal histories, their abilities, goals and preferred methods of communication. Plans were regularly reviewed to ensure they reflected people's current needs.

People and their relatives said they enjoyed visits from the staff. They felt staff had a good understanding of their needs and supported and encouraged them to remain as independent as possible. People and relatives felt all staff were very kind, caring and respectful. One person said, "They treat me like one of the family and really look after me well."

People said they felt staff were well trained and knew how to help them. People were encouraged to make decisions and express their views about the care and support they received by staff who were respectful and familiar to them.

The service had robust quality assurance procedures which included various audits and regular staff competency checks. This helped ensure the quality of care was maintained and any issues were identified and resolved promptly.

People's, relative's and staff member's views were sought in annual surveys and used to influence the direction of the service. Compliments were shared with staff which helped motivate them. Staff told us they got on well with their colleagues and that they felt proud to work for Altogether Care LLP – Yeovil Care at Home. One staff member said, "I honestly can't imagine working anywhere else."

Staff told us, the registered manager was supportive, approachable and a good listener. Care staff felt supported by the office staff. People and relatives considered the service well led and organised. One relative said, "The company has a great manager."

The service had established and maintained positive working relationships with other agencies including district nurses, social work teams and GP surgeries.

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

The last rating for this service was good (published 3 August 2018).

#### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Altogether Care LLP – Yeovil Care at Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Altogether Care LLP - Yeovil Care at Home

## **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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 31 May 2022. We visited the location's office on 16 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who use the service and eight relatives about their experience of the care provided. We spoke with and received feedback from 10 members of staff including the registered manager, field care supervisor, coordinator and regional manager. We received feedback from 17 members of staff including care and support workers and senior care and support workers with their views of the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We received feedback from a health professional and used this to help inform our judgements in this report.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us staff helped them feel safe. People's comments included: "I always feel safe because they are so attentive to my needs", "I feel very safe with the way they care for me", "[Carers] always keep me safe" and, "I don't know what I would do without them, they treat me well and I know I am safe."
- Staff had a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They were confident that management staff would take appropriate action when required.
- People had up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. Clear information was provided for staff about particular health conditions. People's risks included: mobility, skin integrity, use of flammable creams, emotional distress and diabetes.
- General environmental risks in people's homes were assessed such as home security, food hygiene and fire safety. The service told us, with consent, they had referred people to the local fire service if they identified fire risks in people's homes.
- The service had a policy to support staff for any occasion they attend a person's home for a scheduled visit and the person is not there or the staff member is unable to access the person's property. This ensures consistent and timely follow up.
- Staff told us they had sufficient travel time between visits. This was overseen by the coordinator. One staff member said, "There is plenty of time for travel in between clients and the runs are kept as locally as possible."

Staffing and recruitment

- There were enough staff to support the number of people they visited. The coordinator used electronic care planning software which identified staff availability to undertake visits.
- Following consultation with local authority commissioners, the service had introduced three-hour visit windows from 7am to 10am. This was communicated to people during their initial assessment and before care started. This meant the service could meet expectations and maintain flexibility.
- The service had assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages.
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. This included verified references and Disclosure and

Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

#### Using medicines safely

- Medicines were managed safely by staff who had received the relevant training and competency assessments.
- People told us they received their medicines on time and as prescribed. Records confirmed this.
- People's electronic medicines administration records contained sufficient detail to support staff with this task.
- Management staff regularly audited medicines records. There was evidence of timely and appropriate follow up action where omissions or errors had occurred.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through good hand hygiene.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in food hygiene.

#### Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. These were reviewed and signed off by a field care supervisor. They were then audited by the registered manager. The process included reflection on what had happened, impacts for people and/or staff and what steps were required to prevent a recurrence.
- Lessons learnt were shared via direct messages to staff handsets, team meetings and supervision.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment prior to them receiving a service. This captured their needs, abilities and their preferences. Where required, a mental capacity assessment was also undertaken to determine a person's ability to consent to care and support.
- People received care and support which was planned and delivered in line with current legislation and good practice guidance.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a range of training to help them meet people's needs. This included: medication administration, moving and handling, mental capacity, fire safety, equality and diversity, nutrition and dementia. A person said, "They are well trained." A relative told us, "They are well trained and know what they need to do." Staff commented, "I do receive enough training and feel very supported", "We have yearly training days to ensure our skills are up to date and I always feel supported" and, "My training was amazing, and the shadowing helped me a lot."
- Staff received supervision, appraisals and ongoing competency checks. Spot checks covered areas including timekeeping, conduct, moving and handling, medication competency, communication and care notes recording. One staff member confirmed, "Yes I have spot checks, I have recently had one."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Records and people confirmed this. One person said, "[Carers] make sure I have plenty to eat and drink."
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- The service recognised the importance of prompting and supporting people to maintain their oral health and the implications for people if this was neglected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service understood the importance and benefits to people of timely referral to health and social care

professionals such as occupational therapists, GPs, district nurses and social workers. This approach had included supporting a person to have a memory clinic assessment, respite for a main carer, an assessment for a person to have a new hoist and a telephone friendship service provided by a national charity for those at risk of social isolation.

- Health and social care professionals spoke positively about the service. One who had regularly worked with the service in supporting people told us, "I have found that Altogether Care's management have been responsive to professionals and families, highlighting and addressing appropriately their concerns and trying to make adjustments where possible. The care I have witnessed is often very good and their [staff] are responsive to our information and advice. They have been receptive when I have highlighted any concerns."

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

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. Staff comments included: "It's important to gain consent as all clients have the right to refuse and make their own choices" and, "I personally ask questions such as 'Is it ok?' 'Do you mind if?' and always wait for a response. To ask for permission shows the individual dignity and respect."
- People's care plans noted if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Records included the scope of any legal authority for example health and welfare and/or property and finance.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were kind and caring and treated them with respect. People's comments included: "They are kind and caring", "The carers are very kind and supportive", "The carers are very kind, caring and friendly", "I have a lovely time with my carers. They treat me like one of the family and really look after me well" and, "It is a privilege to have these carers. They are kind, good company and respectful."

- Daily notes confirmed people's right to refuse or influence the degree of support they wished to accept.

- The service kept a record of compliments from people and relatives which were shared with staff.

Comments included: "Each carer was professional, very caring and gentle with [name] and with our family. I would thoroughly recommend your care to everyone", "You look after me very well. I feel very fortunate" and, "You are always very kind and helpful at all times."

- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received. This included making decisions about their appearance, and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.

- People were encouraged and supported to remain as independent as possible and live the lives they wanted to. This was emphasised in people's care plans. Staff commented, "To help and support people to maintain their independence for longer is a great feeling and a sense of achievement every time I go to work" and, "It is what clients want that counts because it is their life, we are there just to help them."

- The service understood the importance of maintaining the security of people's personal information. Records were password protected at the office location and staff had receiving training in confidentiality and data protection.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and person-centred. They included people's medical history, family network, preferences, abilities and what people wanted to achieve.
- People's care plans were regularly reviewed with their, and where appropriate, their relative's involvement. A professional said, "They are very responsive, many things are nipped in the bud and solutions are found very quickly. They adapt packages and listen to the needs of the client and their families to gain good/happy outcomes."
- People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support including their appearance, level of comfort and how they wished to spend their day.
- People were encouraged and, where required, supported to maintain contact with family, friends, pets and links with the community. For example, when people had events to attend, such as local day centres, weddings or faith-based services, staff supported them to be ready in time.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. One person's plan advised, "Carers are to communicate face to face with short direct instructions and give [name] the time [name] needs to process what is being asked of [name]. [Name] does smile when [name] is understanding what is being asked. [Name] will shout out when [name] is unhappy with something."
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital. These are sometimes referred to as care passports.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy which was included as part of people's welcome pack which was held in their homes.

- The service had only received one complaint in the past 12 months, and records showed this had been resolved in line with the provider's policy and to the person's satisfaction.
- People and relatives knew who to complain to should they need to. They felt confident they would be listened to and timely action taken if they raised a concern.

#### End of life care and support

- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously and had received positive feedback on the skills and sensitivity of staff.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was respectful, friendly and professional. The registered manager said, "I'm proud they are my colleagues and friends. I have respect and time for each and every one of them. I think we all work well together."
- Staff enjoyed working at the service and got on with their colleagues. The provider recognised the importance of team building and was working closely with a consultant to develop this further. Staff comments were: "What I like is the sense of community and togetherness that we have as a group", "So lucky to have so many great people working for them, the people I work with are very professional" and, "I think the carers and the office staff work well as a team to provide a high standard of care."
- Staff felt the registered manager was supportive, approachable and a good listener. They commented: "I find the manager really supportive, [they] will listen to any concerns and what I have to say", "[Name] is a fantastic manager, very professional in all [name] does but is still down to earth and easy to talk to. I know that if ever I had an issue I could always talk to [name] about it" and, "[Name of registered manager] is great and out of hours [support] is good."
- People and relatives felt the service was well organised and well led. A person said, "The office is good. I would recommend this service." A relative expressed, "The company has a great manager. They are a straightforward service with an office which responds quickly to requests."
- Staff said they felt proud to work for the service. They told us: "I feel extremely proud, we are invested in our clients", "I honestly can't imagine working anywhere else" and, "I am very proud of working for [the service] they are a well-respected company and listen to both mine and my client's needs." The registered manager said, "I'm most proud of the team. It all begins there. They are invested [in the service] and care."
- Staff received praise and recognition. Records confirmed this. Staff comments included: "We receive gifts at Christmas and Easter" and, "I feel appreciated we get lots of praise." The provider had recently released funds to provide additional incentives and recognition for staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had a good understanding of their roles. The registered manager said, "It is up to me to make sure that staff are happy, to be the face of the operation, do ongoing auditing, to be there for carers on a personal level as well, to keep staff morale up and ensure high quality, person-centred care."

- Various monthly audits took place which included reviews of people's care plans, accidents and incidents, daily notes, complaints, staff files, training and medicines records. Management and administrative staff had received audit training to support their competence in this area.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager understood the requirements of the duty of candour. They told us, "It's about being open and honest, reporting things when required and learning from mistakes."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relatives and staff were given opportunity to feedback about the service they received via annual surveys. People and relatives were unanimously positive about the care they received. In their September 2021 survey staff had expressed that a group messaging app they used to stay in touch did not capture the good work being done. The service had taken this on board and introduced a weekly roundup of praise for staff and an app where 'points' were awarded for going above and beyond. These 'points' were redeemable as cash payments.
- Staff were actively encouraged to improve their skills and knowledge by undertaking qualifications and additional training courses. Records and staff confirmed this. One staff member told us, "I've recently been promoted to a senior carer, which I am very proud of."
- Regular team meetings were held where staff could speak freely and help influence the direction of the service.
- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with district nurses, GP surgeries and social work teams.