

# Together In Care Forensic Ltd

# Together In Care

## 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

### About the service

Together In Care is a domiciliary care agency. It provides personal care to adults with a range of support needs in their own homes in the Kirklees and Calderdale areas. 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. At the time of this inspection 29 people were receiving support with personal care.

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

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in safeguarding vulnerable adults and children. There were enough staff deployed to meet people's care and support needs in a timely way. People received their medicines as prescribed. Safe infection prevention and control practices were followed. We have made two recommendations. One about the management of some medicines and the other regarding safe recruitment practices.

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. Staff were provided with an induction and relevant training to make sure they had the right skills and knowledge to undertake their jobs effectively. Staff told us the manager was approachable and they felt supported in their jobs. People were supported to maintain good health and have access to health and social care services.

Kind and caring relationships had been developed. People told us staff treated them with dignity and respect. Staff spoke positively about the people they supported. People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. There were systems in place to respond to complaints. People told us they knew how to complain, and the manager and office staff were responsive to any concerns they raised.

The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. There were effective systems in place to monitor and improve the quality of the service provided. People were regularly asked for their views of the service they received.

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

This service was registered with us on 8 July 2019 and this is their first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Together In Care

## **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 Care Act 2014.

#### Inspection team

The inspection team was made up of three 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. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 6 December 2021 and ended on 9 December 2021. We visited the office location on 7 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the relevant local authority commissioners and safeguarding teams, and from Healthwatch, Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We met with the registered manager, a senior care co-ordinator and administrator. We spoke with ten members of care staff.

We looked at written records, which included three people's care records and three staff files. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. This included reviewing staff training records and quality assurance processes.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The process of recruiting staff was mostly safe. The provider's staff personnel files contained most of the required information to help ensure people employed were of good character. However, a full work history had not been taken for each member of staff.

We recommend the provider refers to current guidance on employment requirements and updates their recruitment policy and associated procedures accordingly.

- There were enough staff deployed to cover people's calls in a timely way. Comments from people included, "[Staff] are usually on time unless there is an emergency, but they ring ahead and tell me there is a delay", "They [staff] are never in a rush, always plenty of time" and "They [staff] are usually on time, but if they are going to be more than a few minutes late they do ring and tell me."
- Most people confirmed they usually saw the same group of staff. The registered manager told us they were actively recruiting more staff in order to improve consistency in this area.
- Staff told us they had enough time to stay the allocated time and enough time to travel between calls. A member of staff told us, "If plans have to change and a call is running over, you only have to let them [office staff] know and they will tell you to take your time to make sure people are well looked after. They might then get someone else to do one of your calls to get you back on time."

### Using medicines safely

- People received their medicines as prescribed. One person told us, "They [staff] always do my medicines right."
- Staff confirmed they received training in safe management of medicines and had their competency checked. A member of staff confirmed to us, "Yes, I give people medicines. I have had the training and they [managers] watched me give medicines so they know I can do it OK."
- Some people were prescribed 'as required' medicines (PRN). The guidance to staff on when a person may or may not need their PRN medicines could be improved.

We recommend the provider refers to current guidance on the management of PRN medicines and updates people's care records accordingly.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from abuse. People told us they felt safe when receiving care and support from the service. One person told us, "They [staff] keep me safe, they make sure I can get around with my [walking frame]. They check there is nothing for me to fall over before they go."

- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding vulnerable adults and children. Staff were confident any concerns they raised would be taken seriously and acted upon appropriately. A member of staff told us, "If I saw anything unsafe I would report it to the office and they will always investigate it."
- The registered manager had a clear system in place to keep a record of safeguarding concerns raised with the relevant local authority, action taken and outcomes. Referrals were being appropriately made, however not all had been notified to CQC. We spoke with the registered manager about this to check their understanding of the process.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. These were recorded and showed action was taken to learn from these events and reduce the risk of reoccurrence.
- Risks to people's safety and welfare were identified and managed. Care records included up to date risk assessments relating to areas such as moving and handling, and COVID-19. This meant staff knew what they needed to do to mitigate risks.

#### Preventing and controlling infection

- Staff had been given clear guidance in respect of infection prevention and control.
- Staff had access to plenty of personal protective equipment (PPE), such as plastic aprons and gloves to help keep them safe. A member of staff told us, "We [staff] have all the gloves, aprons and masks we need. It has never been a problem. If you want more, just ask and they [office staff] give you extra."
- People and their relatives confirmed staff used PPE appropriately.



# 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.

This is the first inspection for this service. This key question has been rated 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's care and support needs were assessed before they started using the service to ensure these needs could be met. Comments from relatives included, "We [family] sat down with them [staff] before [name of relative] came out of hospital. We talked to them so they could get the care plan written" and "The registered manager came to visit to introduce himself and check on everything on the Friday before the service was due to start on the Monday. They saw an immediate need [for support] and put a service in that evening and over the weekend to keep the family safe."
- Care records were detailed and person centred. Care records contained useful information for staff about the person's needs, preferences and life history.

Staff support: induction, training, skills and experience

- People told us staff were well trained and competent at their jobs. One person told us, "They [staff] must get their training because they seem to know what to do. The office comes to check on them once in a while too."
- Staff received the training and support they needed to carry out their jobs effectively. Staff told us they had an induction to their jobs and had ongoing access to training. The induction included training and shadowing more experienced members of staff. A member of staff told us, "I worked with other staff until I was confident [to support people on my own]. Then there are still staff around and you only have to ask if you are not sure."
- Staff received regular supervision. Staff files contained records of supervision meetings taking place in line with the provider's policy of a minimum of four times a year. Staff confirmed this to us, "We [staff] get regular training and supervision. I had supervision only three or four weeks ago."
- Staff received ongoing support from the registered manager. "A member of staff told us, "I get great support from the [registered] manager. Support is always there for us [staff]."

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

- People were supported with meal preparation, eating and drinking, if required. People told us, "They [staff] cook me bacon & eggs in the morning because that is what I like" and "They [staff] prepare my food as I can't get in the kitchen, they ask me what I want and remind me of what I have in and then get it ready for me."
- People's nutritional needs and preferences were documented on their care records. This included dietary preferences and special requirements for medical or cultural reasons. One person required thickened fluids and these were recorded appropriately in the person's care records.

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

- People were supported to access a range of health and social care professionals. Contact details were included in people's care records.
- Care records included good evidence of staff liaising with professionals to ensure people's needs were met. For example, contact was made with the local fire service for support and advice to reduce risk where a person smoked in their home.

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 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. 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.

- The service was working within the principles of the MCA. The registered manager had a good understanding of the MCA and staff received training in this subject.
- People confirmed staff asked for consent and gave them choices. Comments included, "They [staff] get me what I want, they give me the choice of what I wear and what I eat", "They [staff] are so good. If there is anything I am worried about or don't understand they will always take the time to explain it to me" and "They [staff] all ask what I want them to do before they do anything. It all works just fine."
- People's care records contained consent to care documents. It was clear whether people had capacity and therefore whether or not they would require support with making decisions.

# 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.

This is the first inspection for this service. This key question has been rated 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

- People using the service and their relatives told us the staff were caring. Comments from people included, "I have a laugh and a giggle with them all [staff]. They are all such jolly people" and "The girls [staff] are all nice and kind to me. I'm very satisfied [with the service]." A relative told us, "My [relative] looks forward to them [staff] coming. They get [relative] up & washed, then give [relative] breakfast and make sure [relative] has everything they need before they leave. I am very happy indeed [with the service]."
- Staff talked about the people they supported with kindness and compassion. Comments included, "I love meeting the service users and their families and making a difference for them", "[I like] getting to know people, talk to them to find out if they have a problem and to help them" and "Best thing about the job is working with the people, the service users."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as age and gender. Our discussions with staff showed us they were respectful of people's rights and wishes.

Supporting people to express their views and be involved in making decisions about their care

- Several people told us staff took the time to get to know them and their preferences. For example, a relative told us, "A new [member of staff] came the other week when I was with my [relative]. I said that they weren't needed and they could go, but the [member of staff] asked to stay and spend time talking with me and my [relative] to get to know us as they were new. I thought that was really nice."
- People using the service and their relatives told us they were involved with initial care planning and regular reviews thereafter. New packages were reviewed after four weeks and then six monthly or earlier if there were any significant changes in people's needs. We saw evidence of these reviews taking place.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. People told us, "[Staff] always treat me and my home with dignity and respect", "They [staff] always treat me with dignity and respect, they take me as they find me and that's good enough for me" and "They [staff] are absolutely fantastic. They deserve a gold medal, they all do, every one of them. They truly are so very careful with me."
- Some staff were nominated champions for subjects such as dignity and diversity. The registered manager told us this was to keep important topics at the forefront of what staff do. Champions were expected to share information and have discussions with their colleagues about the subject they were championing.
- People's personal information was respected. Staff understood the need to respect people's confidentiality and had received training on this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated 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

- People told us staff delivered care in the way they wanted it to be delivered. People were complimentary about the service they received and said it met their needs. Comments included, "I am happy with the care I get. All of the carers [staff] are very helpful and pleasant" and "The carers always know what they are doing. I never had a problem."
- People received personalised care from staff that knew them well. Care records held detailed information on the person's current health and support needs, such as nutrition and hydration, and personal care. This included guidance for staff on how best to support the person to meet these needs.
- Staff told us people's care records were easy to access and easy to follow. A member of staff told us, "[Electronic] system is great. It is easy to use and make [up to date] records."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. This information was recorded in people's care records to help staff communicate effectively with people.

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; End of life care and support

- Where people had been assessed as needing assistance to support their health and wellbeing they were encouraged by staff to undertake different activities.
- The service was not currently caring for people who were at the end of their life. However, staff received training in providing this type of care. People's care records had the option to include their wishes and preferences at the end of their life.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place. Information about how to complain was included in the provider's 'Service User Guide' which was given to each person using the service. Both formal and informal complaints were recorded, responded to and action taken to reduce the risk of similar concerns occurring again.
- People told us they were happy to raise any concerns they had about the service and they were confident

these would be addressed. Comments included, "I had a problem with them [staff] a while back, but I rang the office and they dealt with it straight away" and "If I had any concerns I know I can ring the office, but I've never had to. They ring once a month anyhow to make sure it is all OK and we are still happy [with the service]."

# 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.

This is the first inspection for this service. This key question has been rated 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 service was well-led. Feedback about the registered manager was positive. Comments from relatives included, "I am confident that they [the registered manager] are giving good care and know what they are doing" and "Overall it [the service] runs well and very smoothly."
- Staff told us they enjoyed working for Together In Care. They said they felt valued and supported in their jobs. Comments included, "If I am worried about anything, I only have to ring the office and they will sort it out for me" and "I'm really enjoying the job. The company and managers are brilliant to work for."
- There was an open and positive culture. Staff told us they felt part of a team and were valued by management. For example, a 'team member of the month' was recognised for their positive contributions to the service.
- The registered manager now fully understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance.
- The registered manager had effective quality assurance and governance systems in place. These included audits of care records. Staff competency checks were regularly undertaken. Call times were audited each month to check calls were delivered at the right time and for the correct length of time.
- Any issues that came from complaints, concerns, audits, accidents or incidents were discussed with staff.

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

- The registered manager had a range of processes in place to ensure people had regular opportunities to provide feedback about the service. For example, a 'Service User and Advocates [satisfaction] Survey' was sent out quarterly. We saw the results from the most recent survey in November 2021 were overwhelmingly positive.
- Staff were asked for their feedback in team meetings, supervision and via staff surveys. We saw the staff survey results from October 2021 were also positive. Team meeting minutes evidenced that information gathered from surveys, audits, accidents and incidents were shared in order to make improvements to the service and provide positive feedback to staff, where appropriate.

- There was a good level of communication between all staff. An electronic system was used for scheduling and rotas, it also created a 'task list' (taken from the care plans) for each call so staff had an electronic prompt of what needed doing at each visit. Staff also used this system to record their daily notes whilst in the person's home. Staff told us this system was easy to use and a good way to share updates when people's needs changed. There was also an online staff chat group to offer peer support and to share knowledge.

#### Working in partnership with others

- The registered manager worked in partnership with local authority commissioners and social services.
- The registered manager was part of the 'Registered Manager Network' in order to share learning and best practice with other local care providers.
- Staff liaised with other health and social care professionals to discuss changes and updates to people's care and support needs.