Altogether Care LLP

West Moors - 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

The inspection took place on 27, 28 and 29 September 2017 and was announced.

West Moors Care at Home is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 120 people. The service was run from a location in the centre of West Moors.

The service had a registered manager. 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 told us that they received rota's so that they knew when staff would be visiting, but they were not always told about any changes to these rota's.

Quality assurance measures were in place but there were some gaps in oversight. The service had plans in place to improve the oversight and ensure that this was consistently robust.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also had competency checks to monitor their practice and drive improvements.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the accuracy of recording medicines.

Staff understood the principles of the Mental Capacity Act and were able to explain how they considered capacity and consent when they supported people.

Staff understood the communication needs of people they supported and we observed them communicating with people in ways which were meaningful to them.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked. People were supported to access a range of professionals where needed, these included dieticians, GP's and Occupational Therapy.

People were supported by staff who were kind and caring in their approach. Staff respected people's privacy and information was stored confidentially.

Care plans were person centred and provide details about what was important to people and were regularly reviewed when people's needs changed.

People and relatives knew how to complain if they needed to and where complaints had been received, these had been recorded and responded to.

Staff were confident in their roles and understood their responsibilities. People and relatives felt that the office was easy to contact and staff were generally helpful. Communication between the office and staff was effective and the registered manager spoke highly about their staff team.

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 their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by enough, safely recruited staff to meet their care needs.

People were at a reduced risk of harm because they received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff performance.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People had their privacy and dignity maintained.

People were supported to maintain their independence.

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.

There were systems in place to enable people and relatives to feedback about the service.

People knew how to complain and felt they would be listened to and actions taken.

Is the service well-led?

Good

The service was well led.

People were not always told when there were changes to their planned visits.

People, relatives and staff spoke positively about the management of the service and told us that the office was easy to contact and staff were helpful.

Staff were clear about their roles and responsibilities and encouraged to raise ideas and suggestions.

West Moors - 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 checked 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.

The inspection was announced and took place on 27 and 29 September 2017. Phone calls were completed on 28 September and 4 October 2017. The provider was given 48 hours' notice 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 able to assist us to arrange home visits.

The inspection was carried out by two inspectors on the first day and one inspector on the second day. An expert by experience was used to telephone people and gather their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with seven people and their relatives in their homes. We also telephoned 11 people, spoke with seven relatives, and two professionals who had knowledge about the service. We spoke with eight members of staff, the registered manager, deputy manager and operations manager for the service. We looked at a range of records during the inspection. These included ten care records and four staff files. We also looked at information relating to the management of the service including quality assurance audits, policies and staff training.

Good

Is the service safe?

Our findings

People and relatives told us that the support provided by the service made them feel safe. One relative said "they go above and beyond" to support their relative and a person explained that staff "reassure me when I'm using the stand aid" which made them feel safe. We observed staff assisting people to move safely and providing clear guidance and encouragement to ensure that the person felt safe. Where people needed equipment to move, this was used competently and confidently by staff. A relative told us "carers all know how to use the equipment".

Staff were aware about the risks that people faced and their role in managing these. People had risk assessments in place which identified the level of risk and what actions were required to manage these. For example, one person had a diagnosis of diabetes. Their risk assessment included information about the condition the risks around the persons' blood sugars being too low or too high. Actions required to manage this included management of the meals staff prepared and involvement of the GP and district nurses. Staff were able to explain the risks people faced and how they supported people to manage these. For example, one person was at risk of falls and a staff member explained how they ensured that they had their mobility aid and pendant alarm and checked that the walkways in the person's home were clear of hazards to manage this risk.

Staff understood the possible signs of abuse and how to report any concerns. Staff consistently told us that they would be confident to report if they identified any signs of abuse and one staff member told us that they would be aware of "any bruising or cuts, shying away from contact or signs of financial abuse including a lack of money or food in their home". The service had policies in place for safeguarding and also whistleblowing and we saw that where any concerns had been identified, these had been raised with the local authority, investigated and reported to CQC.

People told us that staff who supported them were familiar and that if new staff were introduced, they accompanied a more experienced member of staff. Staff carried Identification from the service which they explained they showed if they visited someone who did not know them. One person said staff were "very good and know me well". A relative explained "if they send someone new, they always send with someone we know".

People were supported by staff who were recruited safely with appropriate pre-employment checks. These included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Any gaps in applicant's employment histories were checked as part of the recruitment process. The registered manager told us that staff retention was generally good and that recruitment was ongoing to manage the increasing size of the service.

Accidents and Incidents were recorded and actions taken where necessary. For example, a staff member had been injured while supporting a person. The details of the incident were recorded and actions taken to discuss with the local authority social services team.

Systems were in place to ensure that people received safe care in an emergency. The service used a traffic light tool to identify whether people had other support options or to identify where people would be at increased risk in an emergency and therefore were identified as a 'red' priority to be visited. Details were included to help office staff to prioritise. For example, one person was identified as living with family and could be visited at a later time in an emergency. Another person had medicines which were needed at specific times and had been prioritised as 'red' to ensure that this was provided.

People received their medicines as prescribed. We looked at the MAR (Medicine Administration Record) for five people and saw that these had been administered and recorded as prescribed. Some people needed assistance to apply prescribed creams and we saw that their MAR included the frequency for these creams and a body map to show where on the persons' body these needed to be applied. Some people also had pain relief which was prescribed to be taken as required. We observed a staff member asking a person whether they wanted any pain relief and explaining to the person what the medicine was before they administered it. The registered manager explained that they had altered their MAR to ensure that they were accurately recording what medicines people took when they were dispensed in a pharmacy system to ensure that these were administered correctly and safely.

Good

Is the service effective?

Our findings

Staff had the correct knowledge and skills to support people and were confident in their role. One person explained "they are all well trained and know what they are doing". A relative explained that their loved one could become upset and staff had been "good at calming (name) down and reassuring (name)". A staff member explained that one person had been provided with a different piece of equipment. The office had arranged for an occupational therapist to visit and cascade training to staff in the safe use of this so that staff were able to support the person effectively.

New staff received an induction and undertook the Care Certificate as part of this. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Staff also completed shadowing with other staff before they worked alone and were observed in practice to check their competence to carry out their role. One staff member told us "induction was good, I shadowed staff until I felt comfortable visiting on my own".

Staff received training in a number of areas which the service considered essential. These included safeguarding adults, health and safety, moving and assisting and the Mental Capacity Act. Staff told us that they were offered training in topics which were relevant to the people they supported. For example, staff had received training in diabetes and dementia. One member of staff told us about how they used their learning around dementia to communicate calmly and quietly to a person when they were supporting them. Staff also told us that the service were proactive in seeking training where there were changes in people's support. For example, one person needed a piece of electric equipment to assist them to move safely and training records to indicated that staff had attended a session with the occupational therapist to ensure they understood how to use this safely.

Staff received regular supervisions and an appraisal annually. They felt supported by supervision and used the opportunity to discuss their practice and any learning or development needs. Some staff told us how they had been supported to undertake national qualifications and one staff member told us about a recent promotion and the support they had received to develop their skills to undertake this role.

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

Staff understood the principles of the MCA and were able to explain how they considered capacity and consent when they supported people. For example, one staff member told us "I always deem someone has capacity and whether they can make an informed choice" they went on to explain when a person may need a decision to be made in their best interests. Another member of staff explained that they assumed capacity and understood the five principles of the MCA. They advised that if they thought someone may lack capacity to make a specific decision around their care and treatment, they would inform the office. The operations

manager explained that the provider were in the process of changing the documentation to record MCA and best interests decisions. The registered manager was able to show us a decision which had been made in relation to a person requiring support from staff to administer their medicines. The MCA provided details about why the person had been deemed to lack capacity and there was a decision in the persons best interests which considered the least restrictive options for the person.

Staff understood the communication needs of people they supported and we observed them communicating with people in ways which were meaningful to them. For example, one person had difficulty hearing. They were able to hear better in one ear and staff were aware of this. They knelt next to the person and spoke clearly which enabled the person communicate effectively with them. The same person was having issues accessing a message on their phone and staff supported them to do this, explaining what they were doing and the person was able to listen to their message with this support. The person told us "they know about my hearing and how to speak so I can hear them". Another person had some sight difficulties and we observed staff explaining where things were and what they were doing when they supported them.

People were supported to have enough to eat and drink by staff who understood what support they required. We observed staff preparing meals that people chose, offering choices of drinks and encouraging people to drink where this had been identified as a risk. One person had been identified as at risk of not eating or drinking enough and we observed that staff offered them high calorie options for their breakfast and encouraged them to drink. The staff member explained that they had been working closely with the dietician to ensure that they fortified the person's foods wherever possible. They showed us how they did this by adding cheese and cream to the person's meals where possible and offering higher calorie options which the person liked.

People were supported to access a range of healthcare professionals and the service were proactive in seeking advice and guidance to improve the support for people they visited. For example, one person needed some equipment and were supported by staff and their relative who was struggling to manage as the equipment was heavy. Staff recognised this and involved a professional who changed the equipment to something lighter to manage. This not only supported the relative but also reduced the amount of support the person needed. Another person was struggling to manage in their home and the service involved an advocate to work with the person and worked with the local authority to provide additional support to ensure the person's home was habitable. A professional told us "they have done quite a lot of extra bits with (name)". A health professional told us "I can't praise them enough, they are amazing, they go above and beyond". They gave an example of staff often visiting with them which helped communication and provided people with a joint approach where the different involved professionals worked together.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. One relative explained that the service went "above and beyond" what their loved one needed. They gave an example about when their loved one had been lost in the local area by staff and explained that staff had not only supported their loved one back to their home, but stayed to reassure and settle them. One person said "carers are very kind to me, we have a good laugh". We observed staff interacting with people and saw that they were friendly and chatty which evidenced that people felt comfortable with staff in their homes. Staff were tactile with people where this was how they wished to be supported and a relative explained "they are so kind and make (name) feel so comfortable… they always check if there is anything to help me and this helps to support me as well".

People told us that staff knew what their preferences were and how they liked to be supported. One person said "they are very good and know me well". Another told us "I have my own routine, I organise everything and tell the carers". Another explained that staff knew them well and knew that they had "a specific routine to follow" when they visited.

Staff treated people with dignity and respect. We observed that staff entered people's homes in the way they preferred and were respectful in the way they spoke with people and offered support. A member of staff explained how they used people's preferred methods for entering their home and ensured they covered people when assisting them with intimate care. One person told a member of staff "I was so embarrassed when I first had support but the carer told me I didn't need to be embarrassed". Another person said staff "cover me with a towel after a shower". A relative also explained that the approach used by staff had helped her loved to one to feel comfortable to accept the intimate support staff provided.

People were offered choices about how they received their support and staff understood how to offer choices in ways which were meaningful for people. For example, a staff member told us about a person who was not able to walk around their property. They explained that when they visited they picked a choice of items to show the person so they were able to choose what they wanted to wear. A person we visited did not need the support of staff when they arrived and the staff member offered the choice for them to return a little later. The person chose this option. Another person had gone out when the visit was planned and staff informed the office and another staff member went to visit the person when they returned home instead. This demonstrated that staff provided people with support which was person centred.

People were encouraged and supported by the service to retain their independence and continue to live in the community. A staff member told us how they encouraged a person to stand when they visited to increase their strength and we saw that another person had previously had exercises set by a physiotherapist following a hospital admission which staff had been supporting and encouraging them to do.

People's information was stored confidentially and we did not observe any incidences of staff discussing confidential information during their visits to people. Where information about people was sent to staff mobile phones, no identifying information was used and staff memo's only included the initials of people

receiving a service. If staff were visiting people for the first time, they were encouraged to come in to the office to look at the person's information before visiting them for the first time.

Good

Is the service responsive?

Our findings

People had care plans which provided detail about what support people required and their likes, dislikes and preferences. For example, one record included details about a persons' previous occupation, their family and their hobbies and interests. Records also included whether people had a preference for male or female staff and people told us that where they had expressed a preference, this had been respected. One person explained "I have all female carers and that's what I prefer". Care plans were reviewed annually or more frequently where this was required and people and those important to them were included in these reviews. One relative told us that they had been contacted and invited to a review with their loved one, another explained that the office rung them to review how the support was working for their loved one.

People received rotas each week which let them know who would be visiting. Staff generally hand delivered these to people but some relatives and people preferred their rota to be emailed and the office showed us the list of rotas which they sent out in this was because this was people's preference. People told us that their visits were generally planned at times which suited them and that staff were generally on time.

People and relatives gave us examples of how the service had been responsive to their needs. One person explained "I had two male carers but I told them I didn't want any male carers and they haven't sent any since then". We observed a person calling to request an unplanned visit and office staff worked together to source staff who were able to provide this at short notice. On our second day of inspection the registered manager told us about an unforeseen situation which had resulted in several staff being unable to work. They had worked with the other staff in the office to ensure that all the visits had been covered by other staff and that the service people received had not been affected.

Relatives and professionals told us that they were kept updated by the service and contacted if there were any concerns. For example, one relative explained that the service always called them if their loved one was not in when they tried to visit. There were concerns about the person going out alone and the relative said they would call "if (name) wasn't there, they(staff) would then go and look for (name)" to ensure that they were safe Another relative said "they (staff) are happy to correspond with us as the family as well as (name)". A health professional told us "if the service are calling with concerns about people then we know there are concerns" and explained that they had a very good working relationship with the service and trusted the judgement of staff because they "know their patients inside and out". This demonstrated that the service was responsive to people's changing needs.

Several compliments had been received by the service, some of which provided insight into the impact that the support provided had had on people. For example, one family wrote to thank the service stating "you really did all you could to keep (name) at home". Another family wrote that the support provided to their loved one was "such a comfort to us all". The registered manager advised CQC in the PIR that a staff member had been proactive in enabling a person to spend time in their garden for a family gathering when they were confined to bed and that this "meant that the family all had a special afternoon in the sun with (name)". A local GP surgery had also written to the service advising that they had "noted the positive impact you have had on our patients". This demonstrated the positive impact that the service had on people who

were receiving support.

People and relatives told us that they would be confident to complain if they needed to do so. We observed that people had details about how to complain in their homes and the service had clear processes in place to manage complaints. One relative explained "I don't have any complaints, but I'm sure that they would listen".

Feedback was gathered through surveys which were sent to people and also through satisfaction calls to people receiving a service. We saw that 115 surveys had been sent out in March 2017 and 21 had been returned, comments had been overwhelmingly positive and where areas for improvement had been identified, these had been included in an action plan. People had been sent a letter letting them know about the results of the survey and what the areas for continued improvement were. People told us that they were also called to provide feedback and we saw that office staff kept records of calls made to people and feedback given.

Good

Is the service well-led?

Our findings

Feedback was generally positive about the management of the service but several people told us that they were not always told when visits changed from the weekly rota they received. Of the 14 people we spoke with, eight told us that they were not always told about changes to their visits. Comments ranged from "I get a rota weekly, but am not informed about any changes to carers visits" to "no never" and three people said they were "rarely" informed about changes to their calls. Another person explained "it seems to me that they have grown too fast, too quickly" and said that they were not told about changes to the times of their visits. The registered manager told us that they were conscious about letting people know about changes and where people could not be contacted by phone, they emailed relatives instead if there were any changes. They explained that they would continue to "look at ways of improving this for people".

Staff had clear roles and responsibilities and this assisted the management team to maintain an oversight of the service. The registered manager and deputy had recognised the need for additional capacity to monitor the service and were in the process of promoting existing staff into a senior carer role. The plan was that these staff would hold additional responsibilities and further support the monitoring of the service. The staffing structure worked well with the registered manager, deputy manager, care co-ordinators and administrator in the office. Field care supervisors provided support to people but also spent some time in the office and held responsibilities for completing assessments with people, reviews and observations of staff alongside other duties. This demonstrated that the management team were responsive to the increasing size of the service and had taken steps to further develop oversight. This was in progress with the planned introduction of senior carers when we inspected.

Oversight of staff was through the use of unannounced observational checks. Staff told us that these checks took place when they were visiting people to provide support and that they were not told when these would be. There was a system in place to ensure that all staff received these checks every six months but we found that these had not consistently taken place for one staff member where there had been a concern identified. The deputy manager found that the electronic system had incorrectly indicated that an observation was not yet due and the registered manager immediately arranged for this to be completed. After the inspection the registered manager sent us a copy of the observational check and confirmed that they had reviewed all other records and that no other observations were outstanding.

Relatives told us that they were told about any changes made to the support their loved one received. One explained, "the carer will let you know about any changes when they come in". Another relative told us "we are happy with the times they come in…we haven't had any missed calls and they try to let us know about any changes".

We noted that the service had written to people following survey feedback and identified areas for improvement to "maintain the continuity of care and to ensure that we follow through with any adjusted

times to your rosters or change of care worker". The action plan in place following the survey feedback identified planned actions to improve the communication of any changes which included all office staff assisting to make the relevant telephone calls and continued focus on continuity of staff for people.

The service had a strong management team who understood their roles and communicated well with the rest of the office and other staff at the service. Communication in the office was good and we observed that the registered manager provided clear direction for staff, calls to the office were answered promptly and that staff were friendly and helpful.

People, relatives and staff told us that they felt the service was well managed and organised. A relative told us the service was "ever so well organised and well run…they know about any changes before I tell them". A professional explained "I find the registered manager and deputy manager helpful, we speak on the phone and they are very professional". Staff told us that they felt supported by the registered manager and that they were approachable.

Staff and people told us that they were able to access the service out of hours if they needed to. The service operated an out of hours system where senior staff and the management team held paper records of people's basic details and kept logs of all calls received which were then updated onto the electronic records when the office was open.

The registered manager spoke with pride about their staff team and told us that "it's all about my staff… they are most important….if staff are happy then people are happy". They explained that they encouraged staff to take regular time off "to prevent burnout" and placed a strong focus on arranging visits for staff in close geographical areas to ensure that visits were on time and staff were not rushing to cover large distances between visits. They explained "we have all started from the front line and worked up…we have been internally developed". This helped the management team to understand the different roles and needs of the service. We saw examples of staff being well supported by management. These included one staff member where issues outside work had impacted on their practice and some errors were noted. These had been followed up through additional support, changing the staff members' responsibilities whilst undergoing further training and subsequent feedback about their practice had been positive. Another member of staff was new to the service and was worried about finding people's homes. The registered manager had arranged for them to come in and have support to look at local maps and discuss where people lived so that the staff member was confident when they went out into the community to visit people. This demonstrated effective management and leadership through support of staff.

Good practice was recognised through a 'carer of the month' scheme where feedback from people using the service and office staff identified a staff member who had 'gone the extra mile' and the staff member was given a monetary payment in recognition. Monitoring calls to people were used to gather some of this information and positive feedback was also entered onto a 'positivity log' which highlighted areas of good practice which were shared verbally with staff. Entries included praise from people for particular staff members and also more general comments. The log demonstrated the positive impact that the support from staff had on people lives. Comments included "(name) makes my life", "(name) feels a lot happier since having care" and "(name) always offers choices and does things exactly how I want them done".

Staff told us about their role and responsibilities and we observed staff communicating with the office by phone and by visiting the office on both days of our inspection. The registered manager explained that they communicated with staff through text, weekly memo's and staff meetings. The memo's included information about new people receiving a service and changes to peoples support. For example, one memo highlighted concerns that a person was not eating enough and asked that all staff record what was provided

to monitor this. Another memo explained that a new person needed staff to be encouraging and supportive because they were reluctant to accept support. We saw that other changes which affected people were texted direct to staff to ensure that they were aware. This meant that staff were up to date with people's changing needs and that communication between the office and staff visiting people was effective.

Quality assurance systems were in place and were used to drive improvements at the service. MAR were audited monthly and where gaps or errors were identified, these were followed up with staff through additional supervisions and training. We noted that the MAR audits were a free type format and identified that adding detail about what was to be audited would enhance the information and make the audits of medicines more robust. The registered manager told us that they would action this. Other quality assurance measures fed into action plans which provided dates and responsibilities for leading each item.