

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?

Outstanding ☆

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. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection 109 people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 14 and 15 June 2018. 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. This was the first inspection since the provider registered the service in May 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff who provided their care and support. One relative told us, "I have no worries; it gives me great peace of mind to know they are caring for [the person]." There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people and children. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff attended an intensive three day induction which included all the companies' mandatory training before they started to work with people. This was followed by training updates and any training that was considered necessary to ensure a person received suitable care for their specific needs. People received care from a small team of staff who they had been able to build relationships with.

People told us, and we saw, they were cared for by kind and caring staff some of whom went over and above what was expected of them. Staff respected people's privacy and dignity at all times. They told us they could express an opinion about the care provided and contributed to their care plans.

People received responsive care and support which was personalised to their individual needs and wishes. People's care plans were written in a person centred way ensuring they reflected their needs and how they liked their care to be provided. The registered manager confirmed that they would only take people if they felt they could meet their needs. People were supported to access health care services and see healthcare professionals when necessary. People told us staff were aware of their needs and if they changed they would

contact the relevant person to help them, such as the GP or district nurse.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led. Staff and people receiving a service said the registered manager was open and approachable. One person told us how they thought the registered manager working care shifts was good as they got to meet them.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider sought people's views and opinions through regular telephone monitoring and an annual survey.

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 knew how to recognise and report abuse.

People were supported by staff who received pre-employment checks before commencing work.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Outstanding ☆

The service was caring.

People received their care from staff who were kind and caring and went above and beyond what was expected of them.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the provider.

People could be assured that at the end of their lives they would be cared for with kindness and compassion.

Is the service well-led?

The service was well led.

People received a service from a provider who was committed to ensuring people had high quality personalised care.

Staff were well supported which led to a happy and well-motivated staff team.

People had opportunities to share their views about the service.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 15 June 2018 and was announced. 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 one inspector and two experts by experience, who made telephone calls to people 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.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

During the inspection we visited four people who used the service and spoke with two relatives. We spoke with nineteen people and two relatives on the telephone. We also spoke with seven members of staff, as well as the registered manager and the regional manager. Following our inspection we spoke to one further staff member. We received feedback from one professional who had knowledge of the service.

We looked at a range of records during the inspection, these included five people's care records. We looked at information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, the staffing systems, complaints, and staff training and supervision records.

Is the service safe?

Our findings

People received care that was safe and protected them from harm. People told us they felt safe when they received care and support from staff. One person said, "They are brilliant I always feel safe when they visit me." Another person said, "I certainly feel safe. I've had one carer for some time and she's very, very good". One relative told us, "I know he is in safe hands, gives me peace of mind."

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. Staff had completed training to recognise and report abuse and all were confident that anything reported to the registered manager would be dealt with to make sure people were safe. One member of staff said, "I have absolutely no problems with talking to [the registered manager]. I have in the past if I was concerned. They are brilliant and act immediately in the best interests of the clients and staff." Another staff member said, "We get regular updates on safeguarding adults and children training. It is really good and I feel confident anything raised would be dealt with immediately."

Risks of abuse to people were minimised because the provider had a robust recruitment procedures. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. One staff member confirmed they had not started work until all the relevant checks had been carried out. They told us, "Before I started to work with clients they checked my references and DBS. Then I shadowed another care worker so clients knew me and I knew what was expected it was very thorough."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "Yes, there are enough staff. They are reasonably on time. They are pretty reliable. I've never had a missed visit". Another person said, "Yes I think they seem to have enough staff. I have never had a missed call and if they are going to be late they always let me know." Staff told us they felt there were sufficient staff to manage the number of calls they had. One staff member said, "I think they [management] are good at not taking new people on if they can't provide the staff." We asked staff if they had sufficient time to travel between visits. They all said they felt they were given plenty of time to arrive at people's homes on time.

People told us they thought staff considered their safety before they left the home, One person said, "They always make sure I feel safe and well and then lock the door when they leave." We saw records which showed staff had supported people to check their fire alarms and before they left a person they made sure they were wearing their personal alarm to call for help if they fell. One relative told us, "They are very good at reminding him to keep his personal alarm on." Another relative told us how staff were good at reminding the person to use their walking frame when walking.

Before providing care and support, risk assessments were completed. An initial environmental assessment

established whether it was safe for staff and people receiving the service to carry out the care and support required. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments were completed in relation to falls and the assistance people required moving about their homes.

People were assessed to establish whether they needed or required assistance with medicines. Some people wished to be independent and manage their own medicines. Some people were assisted by family members. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people. The registered manager carried out regular medication audits. Any concerns regarding medicines would be followed up promptly.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's homes and carried out "spot checks" where they observed staff practiced safe hygienic care. One relative said, "Infection control is good. They wear aprons, gloves and wash their hands. The regulars are good at taking out bags of dirty pads." Where one person had mentioned staff had not washed their hands enough an unannounced visit had been carried out to observe staff and assess their knowledge.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "Yes, they do have the right skills and acceptable attitudes and behaviours." Another person said, "Skills? Yes, well matched." One relative said, "I am not sure they are all especially trained in manual handling. I do the training on how to use the hoist we have so they all know what they are doing."

People's needs were assessed prior to them receiving a service from Altogether Care to ensure the service was able to meet their needs. People and their relatives confirmed they were involved in the initial assessments. One person told us, "It's all about me, me, me. I am involved and have been right from the start. They are very good at discussing how I like things done." Another person said, "There is only me involved in care planning. I have my say on the care I get, and they listen to me." A relative told us, "The care meets individual needs. I am involved in [the person's] care and involved in the care planning process".

Staff received an induction before they started supporting people in the community. The induction was linked to The Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. New staff shadowed more experienced staff members as part of their induction and staff confirmed where more shadowing or learning was required before they worked alone, this was provided. One staff member told us, "I was very impressed with the induction training, three full days which was intensive. Then we shadowed more experienced staff before going alone."

Staff received a range of on-going training to ensure their skills and knowledge remained up to date. Staff were positive about the training they received. One staff member told us, "I think we have plenty of training especially before we go out and start working with people." Another staff member said, "The training is good. They [management] help you to achieve what you want and are very good at supporting staff to progress through the organisation." The regional manager explained how the company worked with staff to encourage them to progress their career within the company or to go on to nursing or medical training. The registered manager explained how they had been supported to progress as they had started out as a care worker and worked their way up through the company to be a manager. They said, "All the registered managers are home grown. The company trains and retains staff so they feel valued." Records showed that staff training was up to date and training in the specific health needs of people they cared for could also be sourced. For example staff told us about training they had attended on diabetes care, advanced dementia awareness and swallowing difficulties.

Records showed and staff confirmed that they received regular one to one supervisions (meetings with their line manager to discuss their work) and they found this supportive. One staff member told us, "The support we get is second to none, it is fantastic. We have one to one meetings, spot checks, team meetings and we can ring senior staff at any time for support."

Some people required support to have enough to eat and drink. Everybody we spoke with confirmed they were happy with the support received. One person told us, "My [relative] buys the meals for the week and the staff are really good; they ask me what I fancy and then prepare it for me. They take the time too to make

it a nice time at lunch time not too rushed." Another person said, "I can't fault them always ask what I would like and prepare it well." One relative said, "They [staff] are very good. The other day he said I had already done his lunch so they rang me to check Just in case, I really appreciated that."

Staff worked with other professionals to make sure people received the care and treatment they needed. Care plans evidenced that people's health and well-being was monitored and the staff sought advice and guidance where necessary. People told us they had good access to healthcare professionals according to their individual needs. One person told us, "They understand my needs and if I was unwell they would contact the doctor." One relative said, "I was impressed when they recognised [the person] was not their usual self. They acted straight away and contacted the GP and me and averted what could have become a worse situation."

Staff were trained to understand the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the capacity to make specific decisions for themselves had their legal rights protected. Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions.

The 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.

Records showed that where possible each person gave their written consent to receive care when they began to use the service; this was recorded in people's care plans. People confirmed staff always asked their permission before supporting them. One person told us, "They [staff] always ask me for my permission when they are doing anything. They talk things through so I know what is happening." A relative said, "They [staff] always seek consent they seem to be good that way. They will talk to me about things but on the day it is [the person who makes the decisions and they respect that]."

Is the service caring?

Our findings

People were cared for by kind and caring staff. Some of whom went over and above what was expected of them. One relative had contacted the service to say they were very grateful for one care worker staying with their relative until an ambulance arrived. This staff member told us how the office staff had ensured other visits were covered so they could stay with the person to reassure them until medical help arrived. Another relative had contacted the service to say how amazed they were at the improvement in their relative who had not been eating and had been very depressed. This was supported by a call from the critical care team who rang the service to say, "Please thank the staff for the transformation to [the person's] personality since their care began."

People told us, "They [meaning the staff] are kind, caring and respectful. They definitely know my needs and I am involved in decisions about my care." And "They are kind and caring. It's the little things like just making you a cup of tea automatically because they know I would love it if they made one."

One staff member told us about how they had supported one person who was not eating and was very depressed. They said, "We noticed that when we prepared a meal they would not eat it and it would still be there when we went back later. So we discussed ways we could encourage [the person] to eat a healthy diet. We decided we would take our lunches with us and when their food was prepared we would sit and eat with them. This had a good outcome and the person now looks forward to company at lunch time. They have put on weight and they are really happy." We visited this person during the inspection and they praised the care worker who came with us highly for the extra work they had put into their care and support. Feedback from a family member said they had not expected the person to, "Still be here in three months, but they are totally changed."

The service ensured that each person was supported by a small team of carers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. Everyone told us they had a small team of staff who knew them well. One person said, "I know everybody who looks after me, we have been able to have a good laugh as we know each other so well." Another person said, "I have been with another service and they had loads of different staff coming in. This one is different I have the same people all the time unless they are sick or on holiday." One relative said, "It is so important to [the person] that they know who is coming to see them. They know all the team and this means they do not get anxious." The impact of this could be seen with one person who had started to eat and was less depressed.

The registered manager told us how last Christmas they had worked with a local company who provided frozen meals for people to ensure all their "clients" who were alone on Christmas day enjoyed a Christmas dinner with a member of staff as company. Feedback from people had been very positive and they had decided to think about how they could further develop the idea this year including people who were not their clients. One staff member said, "It was lovely to be involved. When we pulled the cracker with [the person] their face lit up and they were laughing and then ate the whole meal. It meant so much to that person; otherwise they would have been alone all day with no one to talk to."

The registered manager told us it was about staff recognising when a person was low and getting them flowers from their garden or painting their nails and taking a little extra time to just chat. Everybody we visited told us that staff spent time socialising and did not leave straight after their care had been done.

People told us they felt staff treated them with dignity and respect. One person said, "They keep my dignity, they make sure windows and doors are closed and the curtains shut. They never talk about my care loudly and they keep my skirt over my knees." Staff were in the process of talking to people about what dignity meant to them. They were going to develop a dignity tree. They would write people's comments on cards and hang them on the tree. They then planned to discuss the comments at team meetings and work out how they could ensure people's comments were included in their care plans and met during day to day care.

People said they could express a preference for the care worker who supported them for example if they could choose the gender of the care worker who supported them. One person said, "I told them at the start I only wanted female carers and they have made sure that has happened."

People told us they were consulted about their care and their care plans were reviewed with them regularly. One person said, "They listen to what I say and take note. Things are changed if I ask and if they can't be changed they always explain why." Another person said, "I am always consulted and have time to express my views about the care workers and the way they provide the care I get." The registered manager explained how they always asked people for feedback on staff as part of the new staff induction. They also said how they were looking at ways they could involve people in the recruitment process.

People could be assured that information about them was treated confidentially in a way that complies with the Data Protection Act. People's records held at the office were safely stored within locked cabinets within a locked office. Information on computers were protected with passwords. Staff signed to show they were aware of the importance of confidentiality and had read the service's confidentiality policy.

The service kept a record of all the compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "I would like to say a big thank you to everyone that helped my mother. Everybody that we had dealings with were delightful, helpful and caring. Thank you also for the flexibility to cover." And "All the carers are absolutely fantastic. All doing a grand job and very helpful a credit to the team. A member of staff had also thanked the office staff for their support in recognising their child care needs. The registered manager told us how they operated an "employee of the month award." This was determined through feedback from people using the service, relatives and other staff.

Is the service responsive?

Our findings

People received responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and that they were personal to them. One relative said, "The care plan is distinctly about [the person] it is personalised and includes things that are important to them."

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations.

People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered. The registered manager explained how they would be honest with people about the times they could provide care at the initial assessment. Following the initial visit care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. There was also information on specific conditions people had. For example, we saw information had been obtained about what hypothyroidism was and what to look for. We also saw very clear guidance on how to safely support a person with diabetes. Staff told us they had plenty of information. One staff member said, "The care plans are very clear about how a person likes to be looked after. But this doesn't mean you don't talk to them and ask how they would like their care provided that day."

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. The registered manager told us they were working towards being compliant with the Gold Standard Framework (GSF). The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. They told us two staff had attended the training and were in the process of cascading this through the team of staff.

People and their families were encouraged and supported to raise any issues or concerns with the staff, or registered manager. There was a formal complaints procedure. Issues were dealt with promptly and

informally. We saw where one complaint had been received; the registered manager visited the person in their home and discussed the problems raised. The person was happy with the outcome and staff were updated with the specific way this person preferred their bed to be made. People told us they knew how to raise a complaint, one person said, "I know who to talk to but nothing to complain about." Another person said, "It is good that the manager also does the same work as the carers sometimes, then they know what is being done and you feel you can talk to them."

We spoke with the registered manager about how they were meeting the Accessible Information Standard. This is a standard to ensure information is provided in a way that people with recognised differences can still access it. The registered manager told us they were working with one family who used a picture board. They had also developed rotas for people in large print so they could see who was going to support them. People's relatives were sent information so they could read it out and explain it to a person. During our visits we saw one person had a memory board which staff used to remind them what day it was and who would be visiting them.

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager ran the service with the support of three care supervisors who had the day to day responsibility of staff. And one field care supervisor who had the responsibility for planning care rotas. 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.

All the staff at management level carried out care when needed. The care supervisors managed their smaller regional teams. This meant people were supported by well organised staff who knew them well and had been able to build working relationships with them. One person said, "The office staff also do the care sometimes. I think this is good because when you ring them you get someone who knows you not just a voice on the end of the line."

All the staff spoken with said they felt office staff were very supportive and listened when they had concerns or needed advice. All the staff spoke highly of the support and leadership of the registered manager. One staff member said, "[The registered manager] is very open, approachable and supportive. She is ready to get out there and do the work if necessary and always on the end of the phone if you need support." Another staff member said, "[The registered manager] is fantastic, very supportive. Has worked up through the company so knows what it is like to be out there day in and day out. That comes across very clearly."

The registered manager told us, "There is so much bad press these days; I want to build a service that is respected and has a good reputation. You can only do that by listening to what your clients need and want, then putting that into practice." The regional manager said, "She [the registered manager] has done very well. She started as a care worker and has managed to work up through the company to make a very good manager. She is passionate about the role and will work hard to take to the service forwards whilst still listening to the clients and her staff."

The registered manager was passionate about their plans for the future of the service. They were in the process of encouraging all staff to become dementia champions and developing links with the local community. They were working with staff on understanding people's views on dignity and building this into staff training and care plans. They were also working towards being compliant with the GSF through training and completing the portfolio for acceptance.

The service was well organised so people received their visits on time from a team of staff they knew well. The care supervisors implemented staff rotas that worked smoothly All staff spoken with said they felt they had sufficient time factored into travelling between visits. This meant people could be reassured that staff would arrive at the time stated. Everybody spoken with said they felt the service was well run.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal

obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. People's teams of staff consisted mainly of staff local to the area so if necessary some staff would be able to walk to the person to provide care. One staff member told us how they were within walking distance of one person so had walked to them to provide their care and support. We visited this person during the inspection and they told us how the care worker had walked through the snow to make sure they were, "Okay."

There were effective quality assurance systems to monitor care and plan on-going improvements. Quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. For example medicine record charts were re-designed to ensure they were clearer for staff to follow. They had also introduced the roll of champions for medicines. One thing that had come out of this role was looking at developing different clouded medicine record sheets for the application of creams so they were more obvious for staff to see.

A customer satisfaction survey was carried out annually. We looked at the last returned surveys and saw that people were extremely satisfied with the service they received. Where issues had been raised the registered manager revised working practices. For example, people would be consulted before a new staff member shadowed and experienced member of staff. This meant people would have a say if they did not want new staff to shadow during their care. One issue raised was that people sometimes felt they were not kept informed when a staff member was held up and going to be late. Staff were reminded in a team meeting of the importance of informing the office when they were going to be late so the office staff could ring people and keep them informed. The office staff also carried out regular telephone monitoring calls talking directly with people about the care they received.

The registered manager told us they were well supported by the regional manager and the provider. They said the provider paid frequent visits to the office when they could discuss plans for improvement and any concerns they may have. They also confirmed that the regional manager was there to support them with one to one supervision when they could discuss their vision for the future of the service.

Although there had been no incidents which had put people or staff at risk the service had a lessons learned form to complete. This was specifically used to look at incidents with, "...the aim of continuous improvement to inform good practice and make sure clients/residents are robustly safeguarded." This meant the service was open to learning from incidents or mistakes and improving the service provided.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.