

Miss Helen Gordon

# Altogether Care

## Inspection report

Unit 1-2 Fields Yard  
Plough Lane,  
Hereford  
HR4 0EL  
Tel: 01432344844

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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 

### Overall summary

We undertook an announced inspection on 25 November 2015. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 28 people received support with personal care.

There was a registered provider for this service. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 and their relatives said they were well supported by the staff and the registered provider. People told us

# Summary of findings

staff were caring and treated them with dignity and respect. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them.

Staff really knew people well, and took people's preferences into account and respected them. The registered provider was responsive to changes in people's needs and shared information effectively.

Staff had up to date knowledge and training to support people. Staff were knowledgeable about ensuring people gave their consent to the support they received. They

worked within the confines of the law which meant they did not treat people unlawfully. There were no applications to the court of protection to deprive people of their liberty.

People were supported when needed to eat and drink well. Relatives told us they were always involved as part of the team to support their family member. People and their relatives told us they had access to health professionals as soon as they were needed.

People and their relatives knew how to raise complaints and the registered provider had arrangements in place to ensure people were listened to and action taken if required. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

The registered provider monitored the quality of the service. She had systems in place to identify improvements needed. The registered provider was actioning the improvements identified.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People and their relatives benefitted from support received from regular staff that knew their needs and managed their risks. People were supported with their medicines in a safe way.

Good



### Is the service effective?

The service was effective

People were supported by staff who knew how to meet their needs. Staff received support and training they needed to provide effective care for people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Good



### Is the service caring?

The service was caring

People benefitted from caring, knowledgeable staff who provided support in a way that increased people's dignity. Relatives said they thought staff were kind and compassionate.

Good



### Is the service responsive?

The service was responsive

People were involved in how their care was provided on a daily basis. People and their families were involved in their care and support, which was regularly reviewed. People and their relatives were reassured that any concerns they raised would be responded to appropriately.

Good



### Is the service well-led?

The service was well-led.

People, relatives and staff felt supported by the registered provider. The leadership of the service created a culture that was focussed on the person and their needs and supported as part of a team.

Good



# Altogether Care

## Detailed findings

### Background to this inspection

This was an announced inspection which took place on 25 November 2015 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided by the service.

The Local Authority are responsible for monitoring the quality and funding for some people who use the service. They told us that they had no concerns about people they supported to use this service.

We spoke with six people, and two close relatives. We spoke with eight staff, and the registered provider. We also spoke with an occupational therapist that supports people using this service and a member of the local authority brokerage team.

We looked at the care records for five people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with said they felt safe because they were supported by staff that knew them well and would listen to them. One person said, “Perfect, really good, suits all of my needs, they never let me down.” Another person told us, “I always know what time and who’s coming.” A relative said, “If they see anything amiss they will always let me know.” People told us they were supported by staff who knew what they were doing and always provided support in a safe way.

People told us that staff arrived promptly to support them with their needs. Staff and the registered provider said they had enough staff to meet the needs of people using the service. The registered provider told us she was recruiting additional staff to meet the demand for new people wanting support from the service. People told us that small teams of people supported them and whilst not all of them always knew who was coming they knew all the staff and were happy with whoever came. Staff told us they had regular calls and the provided continuity of care. They knew how important it was to people that they knew the staff coming to their home.

Relatives told us their family member received care that improved their safety; they felt relieved that their family member was receiving support they needed. They said the service supported their family member’s well-being. One relative said, “When there has been a problem they have fitted the calls around my [family member].” Another relative said, “(The provider) has organised other services to support us, she will get on the phone and sort what-ever we need.” They all said they would be happy to speak to anyone at the office if they needed extra support.

The registered provider explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also discussed in team meetings to support staff knowledge.

People and their families told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting people to mobilise. One person said, “(The provider) will sort out what I need and listens to me.” Staff gave examples of how they managed risks to people while maintaining people’s independence where possible. For example, when risks were identified for one person, staff were aware that different support was needed at different times of the day when helping them to mobilise, because the person became tired and less able to walk through the day. We saw this was regularly reviewed and staff said they fed back to the registered provider to ensure the risk was monitored. Staff we spoke with said they read people’s care plans and looked at their daily notes so they were aware of what support the person needed and how staff were supporting the person. Staff had a good understanding of these identified risks, and how they reduced them. These were reflected with in people’s risk assessments.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work at the service. We spoke with staff and they said they completed application forms and were interviewed to assess their abilities. The provider checked with staff members’ previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people said they needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. One person told us how they had assessed to see if they could manage their own medicines and they were happy to be able to do this. We saw people’s plans guided staff in how to support people with their medicines. Staff told us they had received training and felt confident when administering medicines to people.

# Is the service effective?

## Our findings

People we spoke with said staff knew how to support them. One person told us about staff, “They are experienced and very helpful.” Another person told us, “They can always sort a problem so I am ok.” A further person said, “They are all hard working and well trained.” A relative said, “They are always very professional and know their stuff.”

Staff told us that they had received an induction before working independently with people. This included training, reading people’s care plans, as well as shadowing with experienced staff. Staff told us there was a process of shadowing before they delivered care on their own. They shadowed and experienced member of staff, then worked together, then the experienced member of staff watching and assessing the competency of the new member of staff. Staff said this was very supportive and enabled them to be confident before they supported people. A new member of staff told us, “(The provider) is always available on the end of a phone, she will talk through any advice.” Staff told us they always met people before they visited them to deliver care. Staff said they felt well prepared and had received training. They were encouraged to complete training to improve their skills on a regular basis. Staff told us they felt well supported and had regular supervisions. One member of staff told us how they had completed dementia specific training and how it had improved their practice when delivering care. They also said they were sharing ideas during team meetings to support other staff with their knowledge.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always checked that they were happy to be helped. One person said, “They always ask before the help with anything.” Staff we spoke with told us they were aware of a person’s right to accept or refuse care. They had an understanding of the MCA, and had received relevant training about this. Staff told us they always ensured that people consented to their care. One staff member said, “I am always open minded, I don’t assume I always ask for consent first.” The registered provider had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example we saw where decisions had been made involving relatives and other professionals in a person’s best interest that complied with the law.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke had help with shopping, cooking and meal preparation if they needed support as part of their care needs. One person said, “We go shopping and they help me make healthy choices.” One member of staff said, “We encourage [person] to eat, we know what they like and we all communicate to ensure we offer different choices.” Staff knew what level of support each person needed.

People told us they received support with their all aspects of their health care when they needed it. One person said, “[The provider] has called the doctor when I needed one.” We heard a member of staff requesting a visit by the GP was arranged for on person during our inspection. The member of staff answering the telephone call ensured the person had consented to the visit before it was then resolved in a timely way.

Relatives told us how supportive the registered provider had been when they needed help with their family member’s well-being. One relative described the registered provider contacting health care professionals, “Nothing is too much trouble, she will just sort straight away, and it is a huge relief.” Relatives told us that the registered manager had a wealth of knowledge about what support people needed with their health care. One person said how the registered provider had taken time to explain a condition the hospital had told them they had. They told us how reassuring it was to have it explained so they could understand. Staff had involved other health agencies as

## Is the service effective?

they were needed in response to the person's needs. For example, staff told us they supported people when they

needed the dentist or opticians, they could help set up appointments or go with them depending what the person wanted. We saw each person had their health care needs documented, and staff told us how they met those needs.

# Is the service caring?

## Our findings

People and relatives were very positive about the staff and the registered provider. One person said about the staff, “Excellent, really wonderful lovely and funny”. Another person told us, “They are all wonderful, could not have wished for better.” A further person told us, “Marvellous, can’t fault any of them.” Relatives we spoke with said, “They are relaxed and happy, they can always coax a smile.” Another told us, “They support all of us, we always know what’s going on.” An occupational therapist we spoke with said that staff built up a good rapport with people who used the service.

A member of staff told us, “We don’t rush anybody, we all communicate really well so we know if anything changes.” People and relatives felt they were involved in choosing who provided their support. The registered provider always checked to see if the people receiving the service were happy with the support from staff. One person said, “I always know they also kept the teams of staff as small as possible to ensure people received support from staff who knew them well. They had a good understanding that people needed to build relationships with staff.

People said staff supported them to make their own decisions about their daily lives. One person told us, “I am in control, they do what I need.” Relatives said they were involved with their family members care planning and they felt listened to. They also told us that staff go out of their way to support their family member. For example, one relative told us about a member of staff buying some of his family member’s clothing for them because they did not know what to get.

People and relatives told us they received support from regular staff who knew them and their needs well. Relatives said their family members were usually supported by a small team of staff. This reassured people that staff knew their needs and were familiar to them. A member of staff said, “I know about the people and they know about me.” A social worker told us about how successful staff had been with one person they supported. There was a small team of two staff as it was so important to build a trusting relationship with this person. The two staff members covered for each other during annual leave so the person remained supported by people they knew well.

People said staff respected their dignity, always knocking and waiting to be invited in to their personal space. One person told us, “They always treat me with dignity and respect, when they shower me I do the bits I can.” Another person said about staff, “They don’t talk down to me, I don’t feel old, and they treat me with dignity and respect.” One relative told us about staff, “They always make [family member] laugh, they go out of their way to maintain (family member’s) dignity.” Staff we spoke with showed a good awareness of people’s human rights, telling us how they treat people as individuals and support people to have as much choice and control in their lives as possible. People’s needs, preferences and how much they could do for themselves was assessed as part of the planning for their care and support. Staff were aware of people’s ability, and were adaptable for people whose ability may fluctuate. Staff told us the registered provider communicated with all of them to ensure they knew about any changes with a person’s care needs.



# Is the service responsive?

## Our findings

People we spoke with said they were involved in planning their care. One person said, “I was asked what I wanted, we chose the times that suited me, and they do whatever I ask, they are so helpful.” Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, “I was involved at the beginning and I am always included in reviews.” People and relatives we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person’s needs, they said that information in peoples care records supported them to meet people’s needs. We looked at care records for five people and could see people’s likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. Staff told us the registered provider supported them to adapt how they met people’s needs when they fluctuated.

People said they felt they were supported by regular staff who spent the right amount of time with them. Staff we spoke with told us they could spend the full time with people they supported. People told us they received support that was flexible to their needs. For example, people and their relatives said that when there had been a concern there had been support from the registered provider. For example, having additional calls when they needed them. One person told us, “They were there when I needed them, (the provider) pops in to make sure everything is alright.” A member of the brokerage team told us that the service was quick and responsive to new people, and very focused on the person using the service.

People and their relatives told us they were visited regularly to review the care they received. One person said, “I input into everything, (the provider) is always checking everything is ok.” People felt able to say if anything around the support they received needed changing or could be improved. People said these changes were agreed and actioned in a timely way. For example, a relative told us how their family member needed extra help. They discussed with the registered provider and they increased the support needed in a timely way and regularly check that everybody was happy with the changes. Relatives told us that the registered provider regularly spoke with them to ensure things were working well and to share information to ensure staff and relatives were kept up to date.

We saw people were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. These were then analysed and any actions completed as part of an action plan in a timely way. The results were displayed for staff to see and discussed in team meetings. Some of the responses from people recorded from the survey in September included the comments, “My care improves my quality of life,” and, “Very helpful.” The registered provider was looking for further methods to encourage as much feedback as possible.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, “I can always talk to (registered provider,) she always listens and will do something.” Another person told us, “Any problem I would talk to them(staff) about, I know they would listen” They said they had a good relationship with the registered provider, and were confident to discuss any concerns about any aspect of their care provision. There were clear arrangements in place for recording complaints and any actions taken. There had been no complaints recorded at the time of our inspection.

# Is the service well-led?

## Our findings

People who used the service and their relatives told us they liked the registered provider. They said she was approachable and responsive when they needed to speak to her. One person said, “She (the registered provider) is so good at her job.” Another person told us about the registered provider, “She is so kind and helpful.” Relatives told us the service was well managed, one relative said, “The (registered provider) is very good, she will go out of her way to help, we feel like family.”

The registered provider knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. They said that their priority was to focus on the people who use the service and supporting staff. She told us it was important to listen to people and get involved with supporting them, working together as a team to support people. Staff said they worked together as a team and felt well supported. One member of staff said, “It’s like being part of a big family, it feels like I am visiting my grandparents.” We saw that this was the culture of the service, people told us they appreciated feeling part of the family.

The registered provider completed regular checks to ensure the quality of care. For example we could see that care plans were checked regularly. The registered provider had identified where improvements were necessary, and completed an action plan to ensure these improvements were completed in a timely way. This was needed to ensure people received a quality service. We saw and staff told us that some actions had already been completed and others were still in progress. We could see that the registered provider regularly reviewed her plan to ensure it stayed the focus for her improvements. For example, we saw that the

registered provider had identified that staff did not always complete medication records effectively. She had put new systems in place to quickly identify when this happened and take immediate action to drive up improvement. She was also implementing regular spot checks to see how staff supported people that used the service. These would check how competent staff were when supporting people to mobilise and with the administration of medicines. These systems were in their infancy therefore we were unable to report on the effectiveness on the quality of care provided.

Staff said they were supported by the management team. They told us they could report concerns and they would be actioned in a timely way. One member of staff said, “She is brilliant, she really explains things well to us younger staff so we understand what is expected of us.” Staff told us they had regular team meetings and one to one’s, where they shared information and ideas, they said they felt well supported and listened to. Another staff member said, “We all work together as a team.”

The registered provider produced a regular newsletter to staff, which included any service developments, informative articles and information. The registered provider told us that staff could always enter the building out of hours and have access to additional training and information. This also supported staff to stay in touch with each other and access peer support.

The registered provider had future plans to improve services. For example to develop the service to support people with specialist needs such as end of life and re-ablement. She had identified a strategic plan such as additional training for existing staff and new staff to be recruited. Current staff had been involved with suggestions on the future plans for this service.