

Care Together Limited

Care Together Limited - 1st Floor The Corner House

Inspection report

Ringwood Road
Bransgore
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The agency provides care at home for people in Burley, Bransgore, Christchurch and Ringwood. At the time of our inspection 16 people were receiving the regulated activity which meant they were receiving some personal care.

There was a registered manager in place. 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 who received support from this agency, their relatives, staff health care professionals said they provided outstanding care and support. Staff were extremely kind and caring. Nothing was too much trouble. They had a very good understanding about what was important to people and went to considerable lengths to ensure people's needs and wishes were met. This promoted people's independence and dignity. Staff provided emotional and practical support to relatives as well and people greatly appreciated this. The agency had a good track record of providing reliable care and support which was delivered by skilled and competent staff. They provided a very flexible service and had increased the amount of support provided, often at short notice, for example if a person became suddenly unwell. This at times had enabled people to remain in their own homes and have their care needs met without needing to leave their homes to be cared for in residential homes or in hospital.

Staff advocated on people's behalf where necessary to ensure they had equipment to promote their independence and worked collaboratively with health care professionals for example when people were coming to the end of their life. Staff had provided thoughtful and compassionate care, always putting people's wishes first.

This agency was very much part of their local community and staff actively fostered community links. People praised the social events staff organised from time to time at the local church hall. People and their relatives were involved, where they wished to be in the development of the agency, for example, people were included in staff training sessions which gave them for example a clear understanding of how staff worked to promote choice and maintain dignity. They were regularly asked their views about the quality of care they received and were encouraged to make suggestions if they felt any improvements could be made. General comments such as a request for the agency to provide more information about other health and care provision was acted upon and people received feedback in the form of a "you said we did" letter.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The agency provided safe care. Staff were trained in how to keep people safe and acted upon any risk to people's wellbeing. They followed good infection control procedures to minimise the risk of cross infection.

Managers were passionate about their agency and valued their staff team. Managers and staff had a very good knowledge and understanding of people's care needs, interests and how they liked their care to be

provided. They spoke warmly about the people and their families who used the agency and it was clear from our visits that people liked and trusted them and were at ease in their presence.

Managers regularly audited care records to ensure they reflected people's agreed plans of care. They provided staff with a good range of training and consistent support and supervision. They demonstrated a clear commitment to ensuring current clients received excellent care before they were able to agree to care packages for new clients.

Staff kept up to date with good practice guidance and initiatives and applied this guidance to help to ensure they consistently delivered care and support which was of a very high quality.

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 protected from avoidable harm.

There were good plans in place to reduce risk to people's health and welfare. Staff followed safe infection control procedures.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs.

When people needed assistance with their medication this was managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received a good range of training which meant they had the knowledge and skills to care and support people using the agency.

Staff had a good understanding of people's health and nutritional needs and provided appropriate support to ensure these were met.

Staff acted in accordance with the Mental Capacity Act 2005

Is the service caring?

Outstanding ☆

The agency was extremely caring.

The agency had a strong culture which put the needs of people at the very centre of the care provided. Staff provided very thoughtful care and support which meant people felt really cared for and that they mattered.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The agency provided a very flexible and responsive service to each person's individual needs.

Staff had an excellent understanding of people's care and social needs and provided support accordingly.

The agency had a key role in the local community and was actively involved in building further links.

Any complaints were responded to quickly.

Is the service well-led?

Good ●

The service was well led.

There was a very caring and experienced registered manager in post who demonstrated effective leadership and who ensured the agency delivered care to a consistently very high quality.

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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.

This inspection took place on 16 and 17 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we called.

The inspection team consisted of one inspector for both days of the inspection.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with the registered manager, with the co-owner of the business, with the assistant manager and with four staff. We visited four people using the service and two relatives. We talked with five other people who were using or who had recently used the agency by telephone and e mail. We spoke with three health professionals. We looked at the records of six people using the service and at other records relating to the running of the agency such as staff recruitment records, records of accidents and incidents and the agencies quality assurance systems.

Is the service safe?

Our findings

Everyone we spoke with said Care Together provided safe care. A representative comment was "I am very lucky to be in their care."

People were protected from avoidable harm and abuse. Staff demonstrated a good understanding of how to safeguard people and all had received appropriate training. Staff had followed multi agency procedures to ensure people were protected if abuse was suspected. Staff carried identity cards so people were clear who they were and where they worked. All staff were aware and followed policies and procedures designed to protect people. For example, the procedure for handling people's money; staff were only permitted to do this if the person was unable to do this for themselves and when they were supporting them to enjoy social activities.

Staff knew how to follow whistleblowing procedures and how to raise concerns anonymously if required. They told us they were confident that any issues they raised would be addressed to keep people safe and to improve the service people received.

Risks to people's personal safety were assessed before the service started. For example, if a person was at risk of falling or if they needed support and assistance to move safely. Any environmental risks were also identified before the service started and actions were taken to reduce these. This helped to ensure staff and people using the service were safely cared for. Risk assessments were reviewed quickly when people's circumstances changed to ensure staff were provided with consistent and accurate guidance about how to support people safely.

There were arrangements in place for foreseeable emergencies. There were plans in place for how staff would continue to deliver the service during bad weather. Managers knew which people needed priority care, for example if they lived alone or if they needed medicines at a certain time. They also knew which staff were within walking distance of people and which staff had a four wheel drive, which could be driven in snow, for example.

There was a very efficient on call system which staff and people using the service could use when they had difficulties out of office hours. Senior staff who were acting in the on call role had access to shortened care plans; details of people's medical conditions and contact numbers of family and relevant health care professionals. People who had used the out of hours service said it had worked very well and appreciated how quickly and reliably staff responded to their queries or requests for help.

Records were kept of any incidents and accidents and these were reviewed by managers to ensure all necessary action had been taken. When an incident had occurred staff had acted quickly and appropriately to keep people safe. For example, when one person had fallen, staff had responded quickly by administering first aid, they had reassured the person and had waited with them for the ambulance to arrive.

There were sufficient numbers of suitable staff deployed to meet people's needs. Managers were very careful to only take new clients when they were sure they had sufficient staff to fully meet their care requirements.

People who used the agency said staff always arrived for their planned visits and said they stayed the agreed amount of time. The agency followed safe recruitment procedures to help to ensure only appropriate staff were recruited to provide care and support.

People's medicines were managed so they received them safely. People told us staff helped them to take their medication safely and when they administered it to them they always told them what it was for. Staff were trained in the management of medicines. When staff gave people their medicines this was recorded on medicine administration records. These had been completed to show staff had administered people's prescribed medicines appropriately. Completed medicine administration records were always reviewed when they were returned to the office to ensure staff were following safe procedures by giving people their medicines as prescribed.

Staff were aware of and maintained good infection control procedures. They used appropriate infection control measures such as wearing disposable gloves and aprons when they gave personal care. They took precautions between clients. One staff member for example, described one occasion when they may have been exposed to a sickness virus. They had gone home to shower and change their uniform before they went to their next visit.

Is the service effective?

Our findings

People received effective care from trained staff. A relative said "Staff are excellent, very attentive and I couldn't fault them" They described how staff had the knowledge and skills to provide care and support to their loved one who had a particular medical condition. Another person described the agency as "outstanding". They said "I feel I can say that having had experience of another agency. They seem to pick nice girls and tend to keep their staff. I wouldn't be without them."

Staff had suitable training and development to ensure they could support people they cared for. Staff said training was "really good." They were provided with up to date training which equipped them to care for the people they supported. They had regular updates which they appreciated. One staff said for example "although you know it - it brings it to the front of your brain." Training provided covered all key health and safety areas such as infection control, food handling and first aid. Staff also studied for City and Guilds Qualifications in Health and Social Care.

When people had particular health care needs staff were given specialist training to help them to understand the problems they were facing. For example, a person had dysphasia. Dysphasia is a partial or complete impairment of the ability to communicate resulting from brain injury. One staff went on a course to understand this condition and their learning was shared with others within the staff team.

Managers had given a lot of thought about how training was delivered to ensure it was of good quality and to ensure staff gained as much learning as possible. For example, they had a training session designed to help staff to understand the importance of providing people with choices and what it would feel like to have decisions made by others. People using the service also attended this session. Staff also had 'envelope training.' This is where staff received short pieces of training information with their rota. The most recent envelope training was to remind staff to promote the 6 Cs. The 6 C's are the nursing values of Care, Compassion, Courage, Communication Commitment and Competence.

Staff were provided with an employee handbook which gave them information about their rights and responsibilities regarding all aspects of their employment. New staff were provided with a thorough induction and shadowed experienced staff until they were confident to work on their own. Staff were given regular supervision and their practice was observed. They also received annual appraisals.

Consent to care was sought from people in line with legislation and guidance. Staff showed a good understanding of the Mental Capacity Act 2005. Staff had clear guidance about how to support people to make decisions. For example, a person receiving the service was assessed as having variable capacity to choose what they wanted to eat. Staff were advised to always ask them what they wanted to eat but when they were not able to make this choice staff relied on information provided by the person and their relatives about their dietary preferences.

The agency was clear about who had authority to make decisions on behalf of people who lacked capacity to consent as they had obtained evidence when family members had acting powers of attorney with

authority to make decisions about people's care and welfare.

Staff ensured people were supported to have sufficient to eat and drink. Where people needed support with their nutritional needs there was a detailed assessment and instructions for staff about how to support them effectively. For example staff noticed a person was not eating regularly and spoke with the person and their family. Together, they looked for other meal options for the person which suited them better. The agency was very attentive to people's changing dietary needs and liaised with health care professionals to ensure people continued to receive nutrition in a way which was appropriate. They also ensured people had meals they liked. For example one person's swallow reflex had changed. Staff were aware they needed provide soft food but they also recorded how much the person enjoyed the different soft meals provided. This helped staff to serve meals which met their changing needs and which were to the person's liking.

The agency advocated on behalf of service users when they did not have family or friends to do this for them. For example, if they needed health care appointments. They also advised people how to access advocacy services when this was needed.

Staff were aware of people's health care needs and liaised with specialist health care professionals, such as district nurses and GPs when necessary. A health care worker said "Staff were excellent. I can only say good things. They were spot on in informing us if they were worried about anyone's health". Staff were aware of who had DNACPR ('Do Not Attempt Cardiopulmonary Resuscitation') forms in place. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

Is the service caring?

Our findings

People who used the service, their relatives and healthcare professionals were extremely complimentary and enthusiastic about the registered manager and her staff team. Everyone we asked said the agency was providing "outstanding" care and support. People said "They are everything you want from a service. We are very pleased and very grateful. Without them we do not know what we would do." Another person said "Mum loves them. She views them as being a friend. When she was in a care home they even visited her there in their own time."

Relatives of people who had previously used the service were very keen to provide feedback to us as they had so valued the support provided to their loved one. They described a service which was immensely caring which put the needs and wishes of people at the centre of what they did. One person said "They were so approachable - everyone had a bonny disposition and kindness. They became friends" Another said "The care staff were without exception very kind and respectful to my parents. We were always impressed at how they would interact with my father who was slipping into Alzheimer's and becoming less and less responsive. With their positive and jovial manners they were generally able to get him responding back which was a delight to see."

Feedback from the 2016 customer satisfaction survey initiated by the agency described staff as being professional, friendly interesting, humorous caring, effective and supportive. People valued their approach and how they made them feel.

Relatives described staff as being "hugely supportive" to them as well as being extremely caring to the people using the service. They said "They've always been there" One relative said "They looked after me as well. They would sometimes put their arm around me and they talked things through with me when things (their relative's health)" were changing". Staff kept in touch with the carers of people who had died. They had cups of tea with bereaved carers as they understood how isolated people could become following the death of their loved one. People told us how they valued this contact.

The registered manager, deputy manager and care staff all knew people extremely well and gave us detailed information about people when we asked questions about how they supported them. The deputy manager and the registered manager took turns to accompany us to visit people in their own homes and it was clear people felt at ease and had a good relationship and easy rapport with them. They knew people's histories and interests and talked to them about these. This meant they had meaningful conversations with them. People told us they knew and liked all the staff and confirmed they all had a good understanding of their needs and wishes.

Staff worked hard to promote people's independence. The agency mainly had a minimum visit of an hour to ensure staff had sufficient time to treat people with respect and dignity without the need for rushing and so that their independence could be promoted. People confirmed staff supported them at their own pace and said they had always ensured they retained their autonomy and independence. One person, who liked to bake had recently had a fall which had meant for a while they were less mobile. Although their mobility had

improved they had not felt confident enough to bake again. We observed staff encouraging them to do this and offering them support to help them to start this activity again.

People told us they were treated with respect. A satisfaction survey completed by the agency in 2016 returned all good or excellent responses to the question "how well do you feel staff who attend you respect you as an individual." One person whose relative had used the service said for example "They were just like Florence Nightingales. He was a proud man. They maintained his dignity and they were funny but they never overstepped the mark." People were actively involved in making decisions about their care and support. They were consulted and involved at all stages during the assessment and planning of their care and were listened to when they considered their care and support needs had changed.

People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result, they felt really cared for and that they mattered. We found a number of instances where the agency went over and above what could be expected of them to provide caring and loving support. This was because staff were highly motivated to offer care that was compassionate and kind. For example, staff continued to visit a person they had been providing care for after they had moved to a nursing home and they took the person's dog to see them as they understood how much the person missed them. During their visits they spoke with staff at the nursing home to ensure they knew what the person liked to eat. In another situation one person called the emergency out of hours number of their agency to say their pet had died. Staff knew how important the pet was to the person and knew they did not have close family or friends to support them. They went round to provide the support the person needed at a difficult time and stayed most of the night to comfort them as they were in a very distressed state. Another person used to race motorbikes and so staff arranged for them to travel in a sidecar around the New Forest for a day with a visit to a local pub. This was in their own time. Staff showed true caring and empathy in the support they provided which people valued.

People's confidentiality was respected. Staff were familiar with and observed the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

The agency provided sensitive and compassionate palliative care. Staff described a situation when a person sometimes required three staff at a time to support them and they were able to provide this service. They described how they worked cooperatively with specialist health care professionals to ensure people's end of life wishes were observed fully. Specialist health care professionals said they rated highly the input of staff from the agency. For example, a health care professional described how they needed to check a person's pressure areas but could not move them by themselves to do this. They contacted the agency who sent a staff member around immediately to help them to do this safely.

Staff respected people's choices and wishes and staff worked extremely hard to ensure these were observed. One person who was nearing the end of their life wanted to see their horse and so staff managed to bring the horse to the end of their bed. The same person was also a keen gardener and so staff put garden vegetables in their sight. Staff said they were aware about how important it was for people nearing the end of their lives to have things around them which were important to them.

Is the service responsive?

Our findings

The agency was providing exceptionally responsive care which was tailored to meet people's individual needs. We asked people to rate the agency as to whether they believed it provided outstanding, good requires improvement or inadequate care. All said the support they received was "Outstanding". They said staff responded to their needs over and above what they expected. One person said: "They are excellent. I cannot fault them at all." Another said "They are totally first class. Nothing is too much trouble." Another person said "It's all the other things they do which means I don't have to worry". People said communication with the office was "fantastic" and described how they always received a prompt and helpful response to any query they had. This included when they contacted the agency out of hours service.

A key strength of the agency was how quickly and flexibly they responded to people's changing needs. These changes often happened suddenly and so this meant the agency needed to respond quickly and without much notice to increase the support they provided. For example, although the agency did not routinely provide overnight care, staff said where there was an urgent need, this was at times provided for people they were currently caring for. One person could not be left alone. His carer had a family emergency and they contacted the agency to ask for additional support at very short notice. Staff responded by staying with the person during one weekend until the family were able to arrange for a temporary nursing home placement. Whilst the person was in the nursing home staff continued to visit so the person could continue with their usual activities. They also visited every day to help the care staff in the nursing home to understand the person's needs as they had communication difficulties.

As a result of their swift intervention people had not always needed to contact or ask for intervention from emergency health and social care services. For example, one person had contacted the agency emergency number of the agency as they could not get off the toilet. Staff had responded quickly and provided them with the assistance they needed. The agency had planned to provide a minimal care package for a person who then became physically ill over Christmas. The agency increased their number of visits to help to ensure the person was not admitted to hospital over the Christmas period. This was despite the fact most staff were already deployed to meet the needs of other clients during this time.

Staff involved people and their relatives in the development of the agency, for example in some staff training. This meant people felt consulted, empowered, listened to and valued. For example, staff included a person's husband in training about how they hoisted their wife safely so he could see how staff should do this. The agency had included other people who used the service in other training sessions such as 'how it feels to make decisions for other people' which related to a training session for staff about the Mental Capacity Act 2015. This training session asked everyone involved to describe what clothes they would choose for another staff member and what meal they would choose for the same person. Staff said they were amazed by how their choices did not always represent people's actual preferences – even when they thought they knew them well. This reinforced to staff the need to ensure as far as possible that they consulted with people about their preferences and to avoid making assumptions.

The agency provided very responsive and consistent care which was personalised to meet people's needs.

They also supported their relatives. For example, staff took a relative who was new to the area around to show them day centres and services which could provide other respite care and support. They described how helpful this had been.

People's care and support was planned proactively in partnership with them. People and where appropriate, their relatives were involved in drawing up care plans to ensure they reflected their care needs and their wishes about how support should be provided. Care plans we saw were detailed, up to date and they provided staff with as much information as necessary about how to support people appropriately, consistently and in the way they wanted. People were asked what they could do for themselves as well as what they needed support with. Care plans were written in a way which encouraged staff to help people to be as independent as possible. For example, one person's support plan described how a person was able to dress appropriately for cold weather but was not always able to judge in the same way for hot weather. This meant staff only provided support with this when it was necessary. Staff had a good understanding of the need to keep people as independent as possible. For example, one staff described how difficult it was to watch a person struggle to get their jumper off but said they realised how important it was to them that they should continue do this themselves.

Staff were mindful of when people may benefit from additional equipment, either to help them with their mobility or to increase their independence. One person said "They were very persistent in helping me to get equipment." Another described how useful it was to have an over chair table which staff had acquired for them. This meant they could have all the daily items they needed within easy reach.

There were no missed visits and any changes to people's agreed times were clearly communicated to them. The registered manager said they would not offer a package of care unless they were certain they would be able to support the person appropriately. Staff said if they were unable to provide a service to people who contacted them they provided them with information about other service providers or support agencies who might help them. We saw this was happening during our visits.

The agency had a very good community presence and helped to support people to develop and maintain relationships with people that mattered to them and to help to avoid social isolation. Staff were well known in the village. They wore distinctive pink uniforms and were known by locals as "the pink ladies."

The agency had recently registered to be part of Dementia friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action. The agency was working with others in the community to raise the profile of Dementia Friends and the needs of people living with dementia in the area. They were also putting forward a member of staff to complete training as a dementia champion who could then further the awareness and understanding of the needs of people living with dementia of the rest of the staff team.

The agency had a regular Christmas party held in the local church hall. Current clients and their families were invited along with anyone who had been connected with the agency. Staff also invited any local people who would otherwise be alone at Christmas.

Staff had a good understanding of people's hobbies and interests and encouraged them to pursue these. One person had written a book about their life. They were a shy person and they were also living with dementia. All staff had read their book and so this meant they were able to have meaningful conversations with the person about their previous life and experiences. This gave the person an enhanced quality of interaction and enjoyable conversations. Another person liked knitting and staff brought around some knitting patterns to show them. They had helped this person to set up an online messaging service which

had enabled them to keep in touch with a family member they were very fond of who was travelling in different parts of the world. The person really valued this contact.

People understood how to use the complaints procedure and said they were confident any concern they had would be taken seriously and quickly addressed. People we spoke with said they had not needed to make any complaint as they were extremely satisfied with the service. The registered manager said they ensured they kept in regular contact with people by phone or by popping around for a cup of tea and a chat. They said this helped them to identify quickly and take action on any changes people wanted made to the service they received.

There was a complaints policy in place and a record was kept of complaints made. There had been one made since our last inspection which had been investigated quickly and thoroughly. The complaint had been upheld and action had been taken to ensure the situation did not happen again.

Is the service well-led?

Our findings

Managers said their ethos was "Caring for you. Caring with you" In the information provided to CQC the agency said "The management team always aim to lead by example and to be seen as being enthusiastic and proactive. By working alongside staff in the care setting we can be seen as maintaining high standards showing kindness understanding and compassion. Staff are also reassured that the management are fully aware of the challenges they face and so are better able to give support." People, their relatives and staff told us this was carried out in practice.

The management structure was stable and the agency had complied with standards during our previous inspections. The agency had an established registered manager in post who was a co-director of the company. They had a very good knowledge about all the people they provided support to and had regular contact with them via the telephone and through meetings. We visited some people who used the service with them and it was clear people knew them well and had a good relationship with them. They regularly visited people for 'a tea and a chat' to ensure people were happy with the service provided and to see if they had any suggestions for improvement.

Morale within the staff team was good and managers were appreciative of work done. One member of staff said for example. "They think of staff as well as the clients. If I was unhappy I could discuss with the managers and they always encourage you to come in to talk. I personally find them excellent- or I wouldn't be working for them" Staff received a bunch of flowers on their birthday and also had a Christmas hamper and a gift token to mark their anniversary with the company.

The agency was runner up in the Hampshire Domiciliary Care Provider Award. This was as a result of commendations from people who used the service and from staff. People were regularly asked for their views about the quality of the service and we saw feedback was all positive. Management responded to any areas of improvement identified by completing a "you said we did" action plan. For example they had identified a way of ensuring all staff were made promptly aware of any changes to people's needs by developing a system to send group texts.

Policies and procedures were regularly reviewed and updated where necessary and managers kept up to date with new initiatives. They also knew and followed good practice guidelines for example The National Institute for Health and Care Excellence (NICE) guidelines regarding end of life care.

They had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven commitments, with seven associated tasks. Each commitment focuses on the minimum standards required when working in care. This helped managers to ensure their staff team provided consistently high quality care.

There were regular audits and spot checks in place to ensure good standards were maintained. For example infection control audits took place to ensure staff wore aprons and gloves when they provided personal care. Daily records were also audited to ensure staff were providing care in line with the agreed care plan.