

Altogether Care LLP

Altogether Care LLP - Wareham Care at Home

Inspection report

10a South Street
Wareham
BH20 4LR

Tel: 01929556566
Website: www.altogethercare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wareham Care at Home is registered to provide personal care to people living in their own homes. At the time of the inspection the service provided personal care and support to 61 people living in their own homes in the Wareham and surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the previous inspection the service was also providing a live-in carers service. The live-in carer service was now delivered from one of the provider's other registered locations.

People's experience of using the service and what we found

People expressed dissatisfaction they no longer received rotas and therefore did not always know who was coming and at what time. Since December 2018, following consultation with local authority commissioners, the service had introduced two hour visit windows. This had been communicated to people by letter at the time. We raised this with the management who immediately scheduled telephone calls and visits to people to discuss their concerns and look for a mutual resolution.

People told us they felt safe. Staff had an improved understanding of the risks in people's lives and how to work alongside them to minimise the risks. When risks were identified information was shared appropriately and in a timely way. Additionally, staff demonstrated knowledge of the signs and symptoms people could be showing should they be experiencing harm and abuse and how to raise concerns internally and to external agencies.

Since the previous inspection care plans had been improved. These were now more personalised and contained detailed information to help staff get to know people well and meet their needs competently. This included advice on particular conditions. Staff received an induction, competency assessments and a consistent programme of spot checks to ensure they were delivering care in line with best practice standards.

Since the previous inspection quality assurance systems had also been improved and now provided sufficient oversight of service delivery. Staff undertaking audits had received appropriate training.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and considered these consistently when supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt staff were kind, caring and respectful. One person said, "I'm well pleased with the way things are going. They (staff) are very good." A relative had feedback that the care provided to their family member was 'second to none.'

Staff felt supported, motivated and valued by the registered manager. The office and staff team said communication had improved between them and told us they got on well. The registered manager had helped create a friendly, vibrant and open culture at the service.

The service understood the benefits to people of close liaison with other agencies and organisations such as GPs, fire service, hospital discharge team and local housing associations. The service had recognised the part they could play in maintaining and improving people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 20 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day the inspection team consisted of one inspector and an Expert by Experience who contacted people by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two the inspection team remained the same with the Expert by Experience making further calls to people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 17 October 2019 and ended on 18 October 2019. We visited the office location on both dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional support manager, operations manager, care coordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, surveys and weekly reports were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received written feedback from a healthcare professional who regularly works alongside the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risk assessments documented the control measures required to help minimise the risks in people's lives without being restrictive. Information on particular conditions was readily available for staff to consult. A person with diabetes had a risk assessment which provided clear guidance for staff on how to respond appropriately if they experienced complications linked to their condition.
- Real time information sharing between carers and the office via an app enabled issues to be identified and reported early. The registered manager said, "We want to prevent deterioration such as the development of UTIs and pressure sores. We want to stop them before they develop."
- General environmental risks in people's homes were assessed such as home security, food hygiene and fire safety. With consent, people were referred to the local fire service and community police if concerns were identified. This meant people could feel safer in their community and were at less risk from a fire in their home.
- Care staff told us they had enough time to travel safely between visits to people. They said if they felt they needed more time they were able to raise this with the management.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- There were enough staff to support the number of people they visited. The coordinator used electronic care planning software which identified staff availability to undertake visits, people in hospital and 'traffic light' coding to flag people with priority needs such as time specific medicines, day centres or health appointments. This also helped at times of adverse weather.
- Staff told us they had a regular run of visits with one telling us "Continuity is good." One person said, "The majority of the time we have the same carers." The system noted how many times carers had visited people so, wherever possible, people could be matched with carers who knew them well.
- The service had safe recruitment practices. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. Pre-employment and criminal records checks were undertaken.
- People felt safe and were supported by staff who understood how to keep them safe from harm or abuse. People's comments included: "I feel perfectly safe" and "I feel safe because they are very nice people." Staff understood the signs and symptoms which could indicate a person was experiencing harm or abuse. One

staff member said this could include: "Flinching and not eating." Staff felt confident if they raised concerns the management would "100%" listen and report it to the appropriate agencies.

Using medicines safely

- Medicines were managed safely with staff supporting people to have their medicines on time and as prescribed. Staff administering medicines had received the required training and competency assessments.
- People's Medicines Administration Records (MAR) were complete and legible.
- Since the previous inspection, where daily notes had indicated staff were sometimes signing people's MAR without witnessing them take their medicines, the management had used a team meeting to remind all staff to sign MAR only after they had seen people take their medicines. Daily notes confirmed best practice was now being followed.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff had been trained to understand and manage the risk of infection. This included good hand hygiene and identifying risks posed by out of date foods.
- Staff told us they received a good supply of personal protective equipment such as gloves and aprons. These are used when supporting people with their personal care.
- The service recorded and analysed accidents and near misses to understand what had happened, identified trends, and helped prevent them happening again. For example, after a medicines administration error the staff member received additional training and a reflective supervision. Lessons learned were shared with staff at Wareham Care at Home and the provider's other locations via daily memos, weekly reports and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment prior to them receiving a service. This captured their needs, abilities and their preferences. For example, one person had been supported to have a carer who spoke the same language. The person's relative had commented, 'Thank you for the care provide[d] for my [family member]. It is especially nice when we have [name of carer] as they speak German to each other.'
- People received care and support which was planned and delivered in line with current legislation and good practice guidance.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us if they wanted more shadowing to increase their confidence this was provided.
- People had the opportunity to feedback on their experience of having new care staff support them. Feedback included, '[Name] is nice and polite and treats me very well' and 'Very good at timekeeping. I think very highly of [name].' On occasions people had feedback that new carers appeared to require more training and/or shadowing this had been provided.
- Staff had an individual training record and received mandatory and ongoing training to help them meet people's specific needs. This included: dementia awareness, safe handling of medicines, equality and diversity and Huntington's Disease. The registered manager said, "Training is tailored to the needs of particular clients." One person told us, "They are all very good."
- Staff received regular supervision where they could raise issues freely and were encouraged to consider their professional development.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. For example, when care staff observed a

person was struggling to stand and transfer following a stroke they spoke with an occupational therapist who arranged for a specialist hoist to be fitted in the person's home. A healthcare professional feedback to us via email, 'Communication is good. Staff contact [us] with any concerns in a timely manner.'

- The service and its staff recognised the importance of supporting and prompting people to maintain their oral health. Care plans identified people's needs in this area and specific support required such as help with dentures or help accessing dental services. Additionally, the management had identified a carer with previous relevant experience to fill a new oral champion role.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff confidently told us some of the principles of the MCA and how this informed the way they supported people. One staff member said, "You shouldn't assume someone hasn't got capacity." Another staff member commented, "We should support people to make as many decisions themselves. They can also make unwise decisions."
- People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. Proof of this authority was requested by the service and held on file. These clearly detailed the scope of the authority these representatives had, for example health and welfare and/or property and finance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. This had been recognised by relatives who had complimented staff via cards, telephone calls and emails. Comments included: 'The care given to my [family member] is second to none by our group of [name of registered manager's] angels', 'Thank you to my girls on looking after me and going that extra mile especially [name of carer]' and, 'Really happy with the service. It has been a massive help to have the carers who are excellent.' One person's relative told us, "Carers are very kind and caring."
- The service had been able to engage with people who were initially more reluctant to engage with care and support services. One person told us the staff had made a huge difference to their life. This person enjoyed visiting the office on a daily basis and having a coffee and chat with staff. We observed staff celebrating the person's birthday with them on day two of the inspection. The person said, "I'm well pleased with the way things are going. They (staff) are very good."
- Wherever possible, the service looked to match people with carers that had similar interests or hobbies such as sewing, birdwatching and poetry. This information was gathered from staff at the interview process and had supported mutually beneficial and meaningful conversations.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to express their views about the care and support they received. One person said, "I can tell carers how I like things done." We heard office staff speaking with people on the telephone with respect and patience; whether they be people in receipt of care or enquiring about a new package of care.
- Staff understood how to support and maintain people's privacy and dignity. They gave examples of how they would do this, for example, when providing personal care covering the person and talking to them throughout to make them feel more comfortable.
- People were encouraged and supported to remain as independent as possible and live the lives they want to live. A person told us, "They enable me to do as much for myself as possible." Relatives confirmed this approach was taken with their family members. One carer said, "We encourage people to do as much as they can themselves otherwise they would do less and lose their skills."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were unhappy they no longer received rotas and told us they could not rely on their visits taking place when they should; instead they were given two-hour time slots to indicate when their care visits would happen. This system was introduced by the provider in December 2018 following consultation with local authority commissioners. People had been advised of this by letter. People's comments included: "There are no rotas now, so I don't know who is coming" and "There is a set of five regular carers that come but because we have no rota we do not know who is coming on what day or time." We raised people's dissatisfaction with the management of the service who said they would contact each person and arrange a visit to listen to their concerns and look to reach a mutually beneficial solution. The management confirmed these discussions, which would commence one week following the inspection, would also include commissioners.
- Although people told us care staff did everything they were supposed to during a visit they said staff did not always stay for the allotted visit duration. People's comments included: "They are very good but one or two will cut the time short", "Yes they stay the amount of time I need them to" and "No, I don't get my full 30 minutes." Relatives comments included: "I have noticed some carers go five to ten minutes before their time slot" and "Generally yes [staff stay the allotted time] within a few minutes." We checked daily records. These noted there were occasions carers left people's homes early but also times they had stayed longer if required, such as when waiting for emergency services to arrive. When leaving early staff had recorded 'nothing else required.' We raised this issue with the registered manager who immediately sent a message out to staff to ensure they seek people's permission before leaving their home and record this has been done.
- People's care plans had been improved since the previous inspection. They were now more personalised and contained additional information that helped staff get to know people well and meet their needs. This included: skills, decision making ability, tips for communication and what they wished to achieve with the help of their carer. A carer said, "Care plans are more informative. They now go into more detail of how to support people." Care plans included guidance for staff on symptoms involved with particular health conditions, such as diabetes, angina and depression, and how to respond. People and relatives confirmed they were involved in annual reviews.
- Communication between care staff and the office had improved since the previous inspection. Staff now used an encrypted phone application to record information which then updated people's care profiles on the service's electronic care system. This meant consistent and timely information was shared that

supported any follow up actions required. A staff member said, "The app has helped us quickly send information to the office and the office response is good." An on-call communication book was regularly reviewed by the registered manager.

- People received six monthly reviews of their care needs, or earlier if their health changed significantly. A tracker was in place to ensure people's reviews happened at the required intervals. People's review comments included, 'Keep things as they are, and I'll be happy' and 'There's nothing they (staff) can do better, they are perfect.' A relative had noted, 'My [family member's] care is very good.'
- People were supported to make decisions by staff who understood the importance of choice in the care and support they offered. This included what time they wished to get up or retire to bed, whether they took their medicines, what they wanted to wear and choice of food and drinks. One person's plan advised, 'I may decline to go to bed as I may want to watch TV.'
- People were encouraged and, where required, supported to maintain contact with family and friends and links with the community. For example, when people had events to attend, such as local day centres, staff supported them to be ready in time.

Meeting people's communication needs

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

- People's communication needs were assessed and detailed in their care plans. This included the person's preferred method of communication, any impairments that could affect their communication, and guided staff on the best ways to communicate with them. One person's care plan noted, 'I wear hearing aids in both ears, so carers need to speak clearly and face to face.'
- People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a concern should they need to.
- The service had a complaints policy copies of which were held on people's files in their homes. Complaints were logged, progress tracked and resolved in line with the service's policy.
- The service kept a complaints auditing record which noted the number of complaints in a specified period. Since the previous inspection there had been only one formal complaint. This had been dealt with according to the provider's policy and to the person's satisfaction.

End of life care and support

- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously. When required the service had liaised closely with relevant healthcare professionals to ensure people and their relatives were supported with compassion and sensitivity.
- People were offered the opportunity to create advance care plans. These included preferences around contact with those important to them (including their pets), choice of burial or cremation and the funeral service. This meant a person's final wishes could be respected and followed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the leadership and governance of the service was not effective in regards the monitoring of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previous inspection quality assurance systems had been improved and now provided sufficient oversight of service delivery. Monthly audits included reviews of each person's care record, daily notes, complaints, staff files, medicines and training. Management and administrative staff had received audit training to ensure their competence in this area.
- Since the previous inspection spot checks had been done consistently to ensure staff were practicing well and any issues were identified and resolved quickly. These covered: timekeeping, conduct, moving and handling, medicines competency and appropriate use of personal protective equipment.
- The registered manager and staff were clear about their roles and responsibilities. A carer told us when issues are raised with the office action is taken. They said when the office was informed a person was running out of continence pads, "It was sorted straight away." Another carer said, "The office is so much better. Things are always followed up by the office. They never used to be."
- Staff felt valued, praised and recognised. The service had an 'employee of the month' award; the winner of which was displayed in the office. Records also confirmed good work was noted and appreciated. For example, team meeting minutes detailed staff had been thanked, 'For all the hard work over the past few months.' A carer told us, "I'm proud to work for this company." A carer had feedback in supervision, 'I really love my job. It is really rewarding.'
- The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding team. This is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the previous inspection the service had a new registered manager who started in August 2019. The registered manager was seen as friendly, approachable and supportive by staff. Staff comments included,

"It's a lot friendlier in the office. Now I pop in all the time" and, "Management are approachable. [Name of registered manager] is lovely. Very fair and will do the utmost to help you out."

- Staff told us they got on well with each other and enjoyed working for Wareham Care at Home. They told us they felt supported by management, the office staff and carer colleagues. Staff told us, "We get on as a team; office and care staff", "We get on brilliantly as a staff team" and, "I don't feel isolated [working in the community]. I always feel supported. It's amazing working here. I love my job to bits."

- The registered manager understood the requirements of Duty of Candour. They told us it is their "Responsibility to admit when something has gone wrong, be totally transparent, rectify the mistake and take action to ensure it doesn't happen again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relatives, and staff had the opportunity to feedback through annual surveys. The last people survey was in October 2018 when 85% had expressed satisfaction with the service they received. Negative feedback focused on communication and rotas, which were in place at that time. When we asked a person what could be improved they stated, "Communication is the answer to all their problems and should be top of their list." Positive comments included: 'Very good carers' and 'Your carers are amazing; nothing is too much trouble.'

- Regular team meetings were held. These were staggered to accommodate staff on shift patterns. One staff member told us, "Everyone gets their say. I feel comfortable speaking up at the team meetings. Everybody listens to everybody."

- The service provided 'development and welfare' checks for staff over the first six months of their employment to help with staff retention. Topics of these checks included: how they had settled in to the team, their views on induction, feedback from people, probation assessment and anything they needed support with.

- The registered manager said they "Definitely felt supported" and had received "Fantastic mentoring from [name of regional support manager]."

- The service had used an external consultant to review the quality of the service provided and used the feedback to inform an ongoing action plan.

- The service worked in partnership with others to provide good care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, GPs, a hospital discharge team and local housing associations.