

Care Solutions (St Helens) Ltd

# Together Care

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Together Care is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in St Helens Chamber, close to the town centre. At the time of this inspection 18 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People told us they felt safe using the service. Their comments included "I feel very safe when [Staff] visit" and "They [Staff] are very safety conscious". Improvements had been made since the previous inspection in relation to recruitment procedures. Policies and procedures were in place for the safe administration of medicines and safeguarding people from harm.

Prior to using the service people's needs were assessed by a senior member of staff. This assessment enabled the service to identify people's needs and wishes and introduce the service to them.

People received support from staff that received training for their role. Positive comments were made by people which included "They are very good at what they do" and "Very safety conscious, all of them". A family member described the staff team as "On the ball" with their relatives care and support. Where required, people's specific dietary needs and wishes were recorded in their care plans to ensure that staff were able to meet people's needs.

People told us they felt that staff were caring, respectful and maintained their dignity. People's comments included "They [Staff] are wonderful, kind and helpful", "Very respectful" and "Very caring". Procedures were in place to ensure that people's personal information was stored safely.

Individual care plans gave the opportunity to record people's needs and plan how their care was to be delivered. People told us that their care plans were regularly reviewed and changed when required. A complaints procedure was in place which people and their family members had access to. People were asked for their views on the service and their care plans on a regular basis.

Policies and procedures were in place to promote safe, effective care and support to people. The registered manager and directors of Together Care were working towards an action plan to further improve and develop the service available to people.

Further information is in the detailed findings below

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Together Care

## **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 was a comprehensive inspection carried out by one adult social care inspector.

The inspection took place on the 3 and 6 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

During the inspection we looked at a selection of records and documents relating to the service. We looked at records that included assessments of risk and care planning documents, policies and procedures and other documents relating to the management of the service. We looked at the recruitment records of five staff members and rotas. In addition, we spoke with four people who used the services and a family member of people who used the service.

We spoke with and spent time with six staff members and the registered manager of the service.

Prior to the inspection we assessed all of the information we held about the service. This information included information sent to us by the registered provider. We contacted the local authority commissioning team and Healthwatch who told us they had no concerns about the service. We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

Before this inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe care and support to people and what plans they have in place to continue to make improvements to the service

## Is the service safe?

### Our findings

People spoken with told us that they felt safe using the service. They told us that staff were respectful of the homes when they visited and that they never felt uncomfortable with staff. People's comments included "I feel very safe when [Staff] visit" and "They [Staff] are very safety conscious".

Following the previous inspection of the service a recommendation was made that the service adhered to their recruitment policy and procedure when recruiting new staff. During this inspection we looked at a selection of recruitment files of staff who had recently been recruited. We saw improvements had been made as all contained evidence of written references. However, discussion took place with the registered manager and the directors of the service to further improve the quality of the references applied for wherever possible and the need to ensure that application forms were fully completed. The service continued to ensure that staff commencing employment with the service had an appropriate Disclosure and Barring Service check.

Procedures were in place for the safe management of people's medicines where required. Where people required support with their medicines, information relating to what support was needed was recorded in their care plan. Staff told us that they felt competent in managing people's medicines and training records demonstrated that all staff had received training in medicines management since the last inspection.

Procedures in relation to safeguarding people continued to be in place and accessible to all staff at the office and via their mobile phone. Staff demonstrated a good awareness of what actions they needed to take in the event of witnessing or being made aware of any abusive situations. Training records demonstrated that all staff had undertaken safeguarding awareness training.

Sufficient staff were employed to meet people's needs. People told us that staff mostly arrived at their home on time and stayed for the right amount of time. In the event of staff running late, people told us that staff at the office telephoned them to inform them of the delay. People told us that there had been instances when staff had been late arriving but they always turned up.

Identified risks to people were assessed and where possible, minimised. Prior to the inspection the service had introduced a new format for recording people's care needs and any identified risks to people. The new document gave the opportunity to record the identified risk, procedures already in place to minimise the risk and any further action required. Risks were measured as low, medium and high. Discussion took place with the registered manager and directors of the service to further develop the risk assessment format by recording a reference of what a low medium and high rating meant for people during the risk assessment process. Having this information would support continuity when carrying out risk assessments for people.

## Is the service effective?

### Our findings

People told us that they thought staff were appropriately trained and experienced to carry out their role. Comments included "They are very good at what they do" and "Very safety conscious, all of them". A family member described the staff team as "On the ball" with their relatives care and support.

Prior to a person using the service an assessment of their needs took place. This assessment was to ensure that the service had the facilities to meet the person's needs and wishes and also gave an opportunity for senior staff to introduce themselves.

At the time of the inspection the service was further sourcing training for staff in relation to the Care Certificate, a set of nationally recognised training standards for people working in care. One recently recruited member of staff told us that they had completed the Care Certificate and prior to working alone, had shadowed experienced staff to help learn their role.

Training records demonstrated that since the last inspection all staff had undertaken training in relation to medication, basic food hygiene, infection control and the Mental Capacity Act. A number of staff had also completed further training in relation to dementia awareness, diabetes management, epilepsy awareness and equality and diversity. All staff had completed their on-line theory training in relation to moving and handling and were scheduled to attend practical training in September 2018.

Where required people's needs and wishes were recorded in relation to dietary needs. For example, one person's care plan stated that they required a pureed diet. In addition, newly introduced risk assessments that formed part of people's care planning documents gave the opportunity to consider risks around cooking, food preparation and food storage.

People told us that they were supported by their family members for their medical appointment. However, people told us that if they were feeling unwell staff would always telephone a GP or district nurse. In addition, people told us that staff would always go to the chemist or shop for items if they asked.

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 make particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. Consent for care was obtained in accordance with the principals of the MCA. Wherever possible people had signed their consent to receiving care and support and this form was contained in people's care planning documents. People told us that staff always gained their verbal consent prior to delivering care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP). At

the time of our inspection there was no-one subject to an authorisation by the CoP.

## Is the service caring?

### Our findings

People continued to find the service caring. Their comments included "They [Staff] are wonderful, kind and helpful", "Very respectful" and "Very caring". A relative told us "Staff are very good and its always nice to see other people visiting".

People told us that staff respected their dignity and privacy. They gave examples, of staff always shutting the doors in their homes and being covered by towels when personal care was being delivered. One person told us that two staff visited them to meet their personal care needs, however when one member of staff was supporting with showering, the other member of staff leaves the room as it is not necessary for them to be there.

Staff clearly knew the needs of the people they supported on a regular basis. Wherever possible they told us that they would 'go the extra mile' to ensure that people were comfortable and received the care and support they needed at all times. For example, one person was due to arrive home from hospital but there was no indication of what time they would get home. Staff gave a relative contact telephone numbers for them to use when the arrival time was known. This enabled the relative to contact the staff directly who then made sure that the person received the care and support they needed on their return.

Another member of staff explained that one person regularly ate ready meals and had stated they enjoyed a roast dinner whenever they could have one. Staff responded by cooking a roast dinner every Sunday and delivering it to the person at their home.

People told us that staff always took the time to ask if they were ok and if they needed anything else doing during their visit. They gave examples of staff assisting with household chores prior to leaving or visiting the local shop for necessities.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. Lockable filing cabinets were available for the safe storage of paper records. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.



## Is the service responsive?

### Our findings

People told us positive things about the service. These comments included "[Staff] listen and respond well to my family member, they interact very positively with them" and "They [Staff] do everything you need them to".

The service had recently introduced a new format for recording people's care plans, medicines and risk assessments. The documents formed part of a book that was available in people's homes. People confirmed that they had a copy of their care planning documents in their home. One person told us "I have a good care plan with detailed information about my needs. I keep my eye on my care plan".

The newly devised care plan contained both written and in parts, pictorial information. People told us that their care plan was regularly reviewed by senior staff and where needed, information was changed or updated. Both people using the service and staff confirmed that people were always involved in an reviews of care and support that took place.

Following each visit to people, staff recorded what care and support had been delivered at that time. These records, along with medication records were checked as part of the care plan reviews.

Staff demonstrated a clear understanding of the needs and wishes of the people they supported and it was evident that positive working relationships had been formed. Staff were able to give examples of how they responded to people's changing needs. For example, one member of staff described a situation in which a person moved house to an area far away from their GP practice. Staff identified that the person's mood had altered and through discussion and support, arrangements were made for the person to transfer to a GP surgery very close to the person's new home. This gave the person an opportunity to access on-going support from a GP which improved their health.

A complaints procedure was in place however this document was in need of updating and further clarification as to how minor and major complaints would be managed. The complaints procedure was reviewed and updated during the inspection process and was sent to people along with a copy of the service's service user guide. No complaints had been made about the service since the previous inspection. People spoken with told us that they knew who to make a complaint to if needed and felt that it would be appropriately managed.

## Is the service well-led?

### Our findings

A registered manager was 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.

The registered manager continued to oversee the service provided to people. Throughout discussion the registered manager demonstrated a thorough knowledge of people using the service and the staff team. The registered manager was supported by an office based staff, the directors of Together Care and a senior member of care staff.

Staff spoke positively about the support they received from the registered manager and senior member of care staff. They told us that they were supportive, caring and always available to offer advice.

People using the service were very familiar with the registered manager and spoke positively and with fondness about her. Their comments included "[Name] is wonderful, she visits, she's amazing and always checking" and "They are a good quality service. [Name] visits often and asks how I am and what I think of the service".

Since the previous inspection the service had reviewed, updated and developed a number of policies and procedures for use within the service. All of these procedures were available to the staff team at the office and also accessible via their mobile phone.

Occasional staff meetings took place within the service. However, all staff attend the office on a monthly basis. This gave staff the opportunity to spend time and speak with the registered manager and directors of the service and get any updates regarding their role.

Since the previous inspection the service had further developed the business continuity plan in place. This plan considered what actions to take in relation to specific events occurring within the service, For example, sickness and absence of staff, loss of use of the office location, loss of utilities or mechanical failure, flu outbreak and lack of access to people's addresses due to road closures. In addition, further development of the 'Service User Guide' had taken place. This document gave people information in relation to, for example, the management structure of the service, what services can be delivered and to whom, confidentiality and the complaints procedure.

Regular reviews and monitoring of the service took place by the local authority. Following a review in June 2018 by the local authority, an action plan for improving the service was developed. The registered manager and directors of Together Care recognised that further improvements could be made in some areas of the service and were committed to developing the service further.

The rating from the previous inspection were displayed in the office.

