Miss Helen Gordon

Altogether Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 31 January and 8 February 2018 and was announced.

The service was last inspected on 25 November 2015, when it was given an overall rating of Good.

Altogether Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults, who may have dementia, mental health care needs, physical disabilities or sensory impairments. At the time of our inspection visit, 48 people were using the service.

The provider is registered as an individual and therefore is not required by law to have a separate registered manager. 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's medicine administration records (MAR) were not always clear, accurate or complete. There was a lack of clear guidance for staff in relation to the expected use of people's 'as required' medicines. The provider had failed to inform us of a number of safeguarding issues involving people who the service, although they had reported these to the local safeguarding team.

Staff had received training in, and understood, how to protect people from abuse and discrimination. The risks associated with people's individual care and support needs had been assessed, recorded and plans implemented to manage these. People received a consistent and reliable service from Altogether Care from staff they were familiar with. Staff took steps to protect people, themselves and others from the risk of infection.

People's individual care and support needs were assessed with their involvement, and care plans developed to achieve positive outcomes for people. Staff received training, supervision and ongoing management support to help them succeed in their roles. Where people needed support with meal preparation, eating or drinking, staff provided this, and any associated risks were recorded and managed. The provider and staff worked collaboratively with other organisations and community professionals to ensure people benefited from joined-up care and support. Staff helped people to access professional medical advice and treatment when they were unwell, and liaised effectively with the healthcare professionals involved in people's care. Staff understood people's rights under the Mental Capacity Act 2005, and supported their day-to-day decision-making.

Staff knew the people they supported well, and adopted a caring and respectful approach towards their work. People and their relatives were encouraged to participate in decision-making about the care and support provided. Staff actively worked to maintain and develop people's independence.

People received care and support that reflected their individual needs and what was important to them.

People's care plans were individual to them, and were read and followed by staff. People and their relatives understood how to raise complaints or concerns about the service, and felt comfortable doing so.

The provider promoted a positive, open and supportive culture within the service. Staff felt valued and able to freely approach the management team for any additional support or advice needed. Staff understood how to raise any serious concerns about the way the service was being run. The provider's quality assurance enabled them to assess, monitor and improve upon the quality of the care and support people received.

We found a breach of the Care Quality Commission (Registration) Regulations 2009.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

People's medicine administration records were not always clear, accurate and complete. People were protected from abuse and discrimination by trained staff. However, not all incidents had been reported to CQC. The risks to individuals had been assessed, recorded and plans were in place to manage these.

Is the service effective?

Good

The service was Effective.

People were supported by staff with the knowledge and skills needed to meet their individual care and support needs. People were supported by staff to eat and drink enough, where they required this. Staff monitored people's general health, and worked with healthcare professionals to ensure people's health needs were met.

Is the service caring?

Good

The service was Caring.

People were supported by staff who treated them with respect, kindness and compassion. People's involvement in decision-making that affected them was encouraged by the provider and staff.

Is the service responsive?

Good

The service was Responsive.

People's care plans were developed with them, kept under review and followed by staff. People and their relatives knew how to raise any concerns or complaints with the provider.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

The provider had failed to inform us of safeguarding issues involving people who used the service. Staff felt valued and well-

supported by the provider. The provider's quality assurance enabled them to monitor and improve the quality of people's care and support.

Altogether 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 checked 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 31 January and 8 February 2018 and was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, 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 used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service.

During our inspection visit, we spoke with five people who used the service, five relatives, the provider, the provider's staff manager, one senior care staff member and three care staff. We also spoke with a senior commissioning officer, two social workers, an occupational therapist, a physiotherapist, the head of patient services at a local hospice, an assessment and enablement officer, a community broker, and a care coordinator.

We looked at seven people's care files, safeguarding records, medication administration records, incident and accident records, three staff recruitment records, staff training records, selected policies and

procedures, and records associated with the provider's quality assurance.

Requires Improvement

Is the service safe?

Our findings

We looked at how staff helped people to manage and take their medicines safely. We saw staff received medication training, and underwent regular unannounced spot checks, to develop and monitor their competence in this area. However, we found staff did not always administer people's medicines in accordance with the provider's procedures and best practice guidelines. Specifically, the information recorded on people's medication administration records (MAR) was not always clear, accurate or complete. These records contained gaps in recording, and did not always accurately document the level of support provided to the individual with their medicines. Poorly completed MAR charts are a potential cause of preventable drug errors. We also found the guidance provided to staff in relation to the use of people's 'as required' medicines, including barrier creams, was not sufficiently clear.

We discussed these concerns with the provider, who acknowledged these issues. They told us they would provide staff with additional support in relation to the expected completion of people's MAR charts, and that they would introduce clearer guidance on the use of any 'as required' medicines staff supported people with.

People told us they felt safe receiving care and support at home from staff employed by Altogether Care. One person told us, "They (staff) always lock the door and close the curtains for me; that makes me feel safe." People's relatives had confidence in the safe working practices staff adopted. One relative explained, "They [staff] use safe techniques. They check the sling is correctly positioned and will readjust if needed."

Staff received annual training to help them understand how to protect people from abuse and discrimination. They understood the potential signs of abuse to look out for, and told us they would immediately report any concerns of this nature. One staff member explained, "If I ever saw anything, I'd raise it with a senior or the manager and, if was not dealt with satisfactorily, I would go above them to CQC, the local council or the police." The provider had provided people and their relatives with key information on abuse and how to report it. The provider had safeguarding procedures in place designed to ensure any suspected or actual abuse was reported to the appropriate external agencies, such as the local authority and police, and investigated. A social worker praised the proactive approach the provider adopted to sharing any potential safeguarding concerns with them. However, the provider had not reported all incidents to CQC, which is an important part of our ongoing monitoring of the quality and safety of services.

Before people's care from Altogether Care started, the management team met with them and, as appropriate, their relatives or friends to assess the risks associated with their care and support at home. This assessment took into account the foreseeable risks to individuals, including those associated with their nutrition and hydration, mobility, intimate care needs and any hazards within their home environment. Plans were in place, and kept under review, to manage these risks, and keep people and staff as safe as possible. For example, we saw one person, who was cared for in bed and at increased risk of developing pressure sores, received regular support from staff with repositioning themselves.

Staff knew where to locate guidance, within people's risk assessments and care plans, on how to work

safely. They said communication within the service was good, which enabled them to keep up to date with any changes in people's needs, or the risks to people and themselves. This was achieved through, amongst other things, daily use of a secure group messaging application on staff mobile phones, reading back through colleagues' daily care notes, and regular team meetings.

Staff told us they had access to the mobility equipment they needed to provide safe care and support to people in their homes. An occupational therapist described how they worked closely with the provider, and went out to directly observe staff, to ensure people's mobility needs were being met safely. Staff received training in relation to the provider's health and safety systems and procedures, to enable them to work safely. In the event people were involved in an accident or incident, staff understood how to respond to, record and report these events to management. For example, we saw that when staff were concerned about one person's failure to answer their door to staff, they had contacted the police, paramedics and the person's family to confirm their wellbeing. The management team monitored all accidents and incidents, and took action, where necessary, to keep people safe.

People and their relatives confirmed they normally received a reliable service from Altogether Care, provided by familiar staff. One person told us, "They (staff) are normally on time, but the traffic is so bad they will help each other if they are very delayed. The office will ring to keep you updated." Another person said, "I have a small group [of staff] who come; they all know me." Staff confirmed the travel time allocated between care calls and the duration of the care calls themselves were appropriate and enabled them to provide consistent and safe support. One member of staff told us, "You always have enough time to make your calls and to stay as long as needed." The provider explained they were careful not to take on any additional care packages beyond their current staff resources.

The provider carried out pre-employment checks to confirm the suitability of prospective staff to care for people in their own homes. These included references and an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

Staff received training in relation to infection control and food hygiene to ensure they understood their related duties and responsibilities. They confirmed they had access to adequate personal protective equipment, such as disposable aprons and gloves, which was replenished at the provider's office as needed. One person told us, "All the staff are good. They wear their aprons and are constantly changing gloves." Regular unannounced spot checks were completed with staff, in order to ensure they were working in a manner that protected people from the risk of infection.

Good

Is the service effective?

Our findings

The provider assessed and reviewed people's individual care and support needs, with their and their families' involvement, in order to develop effective individualised care plans. They liaised with a range of community health and social care professionals, such as social workers, GPs, physiotherapists and occupational therapists, to ensure the support provided achieved positive outcomes for people. The provider demonstrated a clear understanding of the importance of equality and diversity, and provided staff with training in this area, to ensure they did not discriminate against people in the planning or delivery of care. Staff made use of a range of mobility equipment and aids within people's homes to enable them to provide effective care and support and promote people's independence. One person explained, "I have a trolley that I walk with. The girls (staff) walk at the side of me and will help me to rest when I get tired. I am getting stronger with their help."

People, their relatives and community professionals had confidence in the knowledge and skills of the staff employed by Altogether Care. One person told us, "They (staff) have the skills to encourage me to help myself; we haven't gone wrong so far. Not everyone is perfect; some staff are more confident than others, but they have been doing the job longer. Overall though, I think it's been a great success. I miss them when they are not here."

Upon starting work at Altogether Care, all new staff completed the provider's induction training to help them settle into their new roles and understand their duties and responsibilities. The provider's induction programme took into account the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. During their induction, staff had the opportunity to work alongside and learn from more experienced colleagues, to read people's care plans and participate in initial training with the provider. Staff spoke positively about the extent to which their induction had prepared them for their new roles. One staff member told us, "I learned a lot and did all my shadow shifts. [Provider] made me aware that if I wasn't ready to go out on my own, I could do more shadow shifts." They went on to say, "I was really confident when I went out on my own."

Following induction, staff participated in a rolling programme of training, based upon the provider's assessment of their learning and development needs. Staff told us the training provided enabled them to support people in a safe and effective manner, and they felt able to request any additional training that might further benefit their work. One member of staff told us, "I love the training. It's quite informative and we can discuss the service users' care between ourselves, as it is in-house training." They went on to describe the benefits of their safeguarding training, which had raised their awareness of the risk of online abuse, such as cyber bullying and online radicalisation.
Aside from training, staff attended regular one-to-one meetings with a senior colleague or member of the management team, enabling them to receive constructive feedback on their work and raise any work-related issues or training requests. One member of staff explained, "It's nice to get that one-to-one time where [provider] can let you know how you're doing."

People and their relatives were satisfied with the support staff gave people to prepare food and drinks,

where this was an agreed part of their care package. One person told us, "They (staff) will do whatever I want for my breakfast. I usually have ready meals that they heat up. They encourage me to eat and always leave a dink out for when they are not around." A relative said, "I am very impressed they (staff) are competent with cooking and understand the need for a good diet. They make sure they make food that [person's name] likes and is good for them." Any complex needs or risks associated with people's eating and drinking were recorded in their care files, and plans were in place to meet these. For example, staff worked closely with one person's GP and the dietician in relation to the management of a chronic inflammatory bowel disease, monitoring this person's weight on a monthly basis.

All of the community professionals we spoke with talked positively about their experiences of working with Altogether Care to ensure people's care and support needs were met. They told us the provider maintained open communication with them about any changes in people's health or wellbeing, and actively supported a collaborative, joined-up approach towards people's care and support. A social worker explained, "From a collaborative point of view, they [provider] are 'text book'. We work really closely together; they're really good communicators."

Staff monitored people's general health and wellbeing, and, where necessary, helped them to seek professional medical advice and treatment if they were unwell or in pain. One person explained, "They (staff) look after me and have rung the doctor for me in the past." The provider and staff liaised with healthcare professionals, such as people's GPs and the district nurses, to help people maintain their health and manage long-term health conditions. A physiotherapist spoke positively about the manner in which staff consistently supported people to complete the physiotherapy exercises recommended to them. We saw people's care files contained information about their current health needs and any long-term medical conditions, to help staff understand this aspect of their care needs.

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.

We checked whether the service was working within the principles of the MCA. We found the provider and staff we spoke with understood people's rights under the MCA. Staff described how they supported people to make routine care decisions, about, for example what they wanted to wear, eat or drink that day. We saw records of people's consent to care in their care files, along with some evidence of mental capacity assessments and best-interest decision-making. However, the information recorded in people's care plans about their capabilities, needs and abilities in relation to day-to-day decision-making, and the associated support they needed from staff, was not sufficiently detailed or clear. We discussed this issue with the provider, who acknowledged the need for clearer recording in this area, and assured us they would address this.

Good

Is the service caring?

Our findings

People and their relatives told us staff took the time to get to know them well, and treated them with kindness and respect. They told us staff spoke to them properly, and listened to what they had to say. One person said, "They (staff) are like a second family really. It's a small group who come and they all know me." Another person explained, "They (staff) are all very good, very polite, cheerful and friendly. They are always asking if I need anything; [they're] very caring." A relative said, "They (staff) are all lovely; I can't fault them. They are cheery and have an upbeat mood. [Person] looks forward to them coming. They always involve [person] in the chatter; they never talk over them." The provider and staff we spoke with demonstrated clear insight into people's individual personalities, needs and preferences, echoing the information recorded in people's care plans. They spoke about the people they supported with clear affection and commitment to people's continued health and wellbeing.

We saw the provider encouraged people and their relatives' involvement in decisions about the care and support provided, through maintaining open communication with them on a day-to-day basis and arranging periodic care review meetings. On this subject, one person told us, "My care plan isn't set in stone, I can change things around if I need to." We saw people's basic communication needs had been assessed and recorded in their care files. The provider explained that no one currently using the service required information to be presented in alternative, accessible formats, or any specific support with communication, but that any needs of this nature would be addressed as required.

People and their relatives told us staff treated others in a respectful and dignified manner, and that they actively sought to promote people's independence. One person explained, "I can do most things for myself, but I need them (staff) to give me that helping hand. They are keeping me that bit [more] independent." A relative said, "Although [person] is deteriorating, the staff still support them to do as much for themselves as they can. They never rush them and are very patient." Community professionals praised the enabling approach the provider and staff adopted towards people's care and support. For example, one adult social professional told us, "I highly regard [provider]. The way they work promotes what people can do for themselves: their independence and reablement."

Staff received training on, and understood, people's rights to privacy and dignity. They gave us example of how they promoted people's privacy and dignity on a day-to-day basis by, for example, protecting people's modesty and privacy during intimate care. One member of staff told us, "I always treat people the way I want to be treated. It's about always giving them the choices and explaining what you are doing."

Good

Is the service responsive?

Our findings

People and their relatives were satisfied the service Altogether Care provided met their individual needs and requirements. One person explained, "Some mornings I have difficulty breathing. The staff give me time and make sure they don't rush me." A relative said, "The staff understand [person's] condition and have been brilliant. They are assisting me to care for them."

People's care plans were individual to them, and covered their current care and support needs, including any identified communication needs. We saw people and their relatives were involved in assessments and the development of care plans. One relative explained, "We work together around [person's] care plan. I am looking to increase the calls as [person] is needing more support. I have discussed this with both [person] and the company." Along with detailed guidance on the care tasks to be completed during each care call, people's care files included completed 'I am me' forms, and other documentation, which set out the individual's personal background, their family situation and valued relationships, their interests and preferences.

Staff recognised the importance of working in accordance with people's care plans to provide safe, effective and consistent care and support. They told us they had the necessary time to read and refer back to care plans. One member of staff explained, "Every member of staff has to read the care plan before going in [to each person's home], so we're informed and not going in blind." People's care plans were kept under review by senior care staff and the management team to ensure the information and guidance they contained remained accurate and up-to-date.

People and their relatives were clear about how to raise any concerns or complaints about the service with the provider, and were confident these would be addressed. One person told us, "I don't have any complaints, but if I did I would ring the office. I think they would listen and sort it out." A relative said, "I would ring the office first if I was worried about anything to do with [person's] care. I would speak to [provider] or [senior care staff]. I am sure they would listen and sort out whatever the issue was. I have not needed to so far." The provider had a complaints procedure in place to ensure all complaints were handled in a consistent and fair manner, a copy of which was provided to people who used the service. The provider informed us they had not received any complaints since our last inspection.

At the time of our inspection visit, the provider was not supporting anyone on palliative or end-of-life care, but had done so previously. We saw they had systems and procedures in place to ensure staff provided the care and support people needed and wanted at the end of their lives. The head of patient services at a local hospice praised the provider's and staff's insight into how to how support people on palliative and end-of-life care.

Requires Improvement

Is the service well-led?

Our findings

During our inspection visit, we met with the provider who was responsible for the day-to-day management of the service, with the support of their administration and management teams. Registered providers must, in accordance with their registration with the Care Quality Commission (CQC), notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services.

During our inspection visit, we became aware of 15 separate safeguarding issues involving people who used the service, which the provider had failed to notify us of. They had, however, reported the concerns to the local authority's safeguarding team to ensure people were safe. We discussed this issue with the provider, who had misinterpreted CQC's guidance on reporting abuse or allegations of abuse. Upon our request, the provider retrospectively submitted the statutory notifications in question during the inspection visit. They assured us they would ensure all statutory notifications were submitted to CQC within the required timescales moving forward.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Registered providers must display their current CQC rating in their main place of business and on their website. The purpose of this is to provide the people who use the service and the public with a clear statement about the quality and safety of the care provided. We found the provider's current CQC rating was clearly displayed at their main office, but not on their website, which only contained a link to their most recent inspection report. We discussed this issue with the provider who explained this was due to a technical problem affecting their website. During of our inspection visit, the provider resolved this issue to ensure their CQC rating was correctly displayed online.

Staff spoke enthusiastically about their work for Altogether Care. One staff member told us, "I think it's really well managed; I absolutely love my job." People and their relatives recognised the clear enthusiasm staff felt for their work. One person said, "I listen to the girls (staff) and think [provider] is a good boss. They seem to have a happy workforce." A relative explained, "I ask them (staff) if they like their job and they tell me they love it. I think [provider] is very good at supporting their staff. They are a cheerful, friendly team."

The provider described the positive culture they promoted within the service, based upon teamwork, openness and respect for each other. We saw the provider's administration team and the care staff who visited the office during our inspection visit had good working relationships with the provider. Staff told us they felt valued and well supported in their work by an approachable management team. One member of staff said, "I feel one hundred percent supported. I can go to [provider] about any issues inside or outside work. They are always there for me." Another staff member told us, "[Provider] is really supportive. If you have any issues, you can always go to them and they'll do their best to sort it out. They've gone out of their way to help me." Staff felt a sense of shared purpose with the provider, and benefited from successful teamwork with their colleagues. One member of staff explained, "What I like is the fact that [provider] knows every service user, and that the service users always come first. [Provider] goes above and beyond; they are

on call throughout the week. They (people) are not just a number to them; it's [provider's] whole ethos."

General staff meetings were organised every two to three months, and smaller team meetings on a monthly basis, to update and consult with staff, and invite their ideas and suggestions. Staff told us they felt listened to by the provider. One member of staff explained, "[Provider] will listen to my opinion on the service users. They'll always make sure you're comfortable with your work. They take a lot of time out for staff." The provider had a whistleblowing policy in place, and staff told us they understood the purpose of whistleblowing, and felt able to challenge any practices or decisions taken by the provider which they disagreed with. One member of staff told us, "If I've got any concerns to raise, I feel I can come in and speak to [provider] or one of the seniors. We're open and honest here."

All of the people and relatives we spoke with told us they would recommend Altogether Care to others. Only some people knew who the provider was, but all those we spoke with knew how to get in contact with the provider's management team if they needed to. One person told us "[Provider] is very good. They have been to see me sometimes, although I know they are very busy with the weather being as it is." Another person said, "[Provider] is very fair. They come to care [for me] and I see [staff manager] quite often too." The provider distributed quarterly feedback questionnaires to people, as an additional means of gathering their feedback on the service, beyond their day-to-day communication with them. We looked at the results of the feedback survey completed in September 2017, and saw people had provided very positive feedback on the care and support they received.

All of the community professionals we spoke with commented very positively on their experiences of working with the provider. They described a responsive, professional and person-centred service that was proactive in sharing any issues or concerns about the people they supported with the community team. A commissioning officer told us, "[Provider] is very passionate and committed. I'm aware of the extent to which they go above and beyond." They went on to say, "What impresses me most is that they always work in the best interests of the service users." A physiotherapist said, "[Provider] is a fantastic manager; they always have the clients at the forefront of their mind. They are a good advocate for people and will always try to do the very best for them." A social worker told us, "When I know a package is going to Altogether Care, it's a sigh of relief knowing the person is in safe hands, and that [provider] will make contact with you."

The provider had quality assurance systems and procedures in place to assess, monitor and improve the quality of the service people received from Altogether Care. These included monthly audits on people's medicines records, care notes and any falls, and the distribution of quarterly feedback questionnaires to people and staff. In addition, the management team and senior care staff carried out monthly unannounced spot checks on staff and quarterly staff observations, to ensure staff were working as expected. The provider's quality assurance activities had resulted in a number of improvements in the service. These included more efficient use of staff resources through allocating staff to specific geographical areas within the city, more regular staff supervision meetings and an increase in the proportion of classroom-based training staff had access to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of a number of safeguarding issues involving people who used the service.