

Miss Helen Gordon

Altogether Care

Inspection report

Nestcliffe House
Fields Yard, Plough Lane
Hereford
Herefordshire
HR4 0EL

Tel: 01432344844

Website: www.altogethercare-hereford.com

Date of inspection visit:
07 December 2018
13 December 2018

Date of publication:
16 January 2019

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

The inspection took place on 7 and 13 December 2018 and was announced.

Altogether Care is a domiciliary care agency. It provides personal care to people living in their own houses in the community. The service supports older adults, some of whom are living with dementia. At the time of our inspection visit, 37 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.

At our last inspection, we found the provider had failed to notify us of a number of safeguarding issues involving people who used the service. Registered providers must, in accordance with their registration with the Care Quality Commission (CQC), notify us about certain changes, events and incidents, including safeguarding issues, that affect their service or the people who use it. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found the provider was now meeting the requirements of Regulation 18. They had taken steps to ensure all required statutory notifications were submitted to CQC within the expected timescales.

People felt safe receiving care and support in their homes from staff employed by Altogether Care. Staff had been trained in, and understood, their responsibility to protect people from and report abuse. The provider had safeguarding procedures in place to ensure the appropriate external agencies were informed of any abuse concerns. The specific risks associated with people's care and support had been assessed, kept under review and plans developed to manage these. Staff confirmed they read people's risk assessments and were kept up to date with any changes in risks to people and themselves.

People generally received a punctual and reliable service from Altogether Care, provided by familiar staff. The provider completed checks on prospective staff to confirm they were suitable to support people in their homes. The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. The provider had taken steps to protect people, their relatives and staff from the risk of infections, including the use of appropriate personal protective equipment by staff.

People's individual needs were assessed before their care started to ensure the provider could meet these effectively. Staff received training to prevent people from experiencing any form of discrimination during the planning or delivery of their care. Staff and management worked effectively with a range of external health and social care professionals to promote people's health and wellbeing. New staff completed the provider's induction training to help them settle into their new roles. They then participated in a rolling programme of training to ensure they had the skills and knowledge needed to work safely and effectively. People had the support they needed to prepare meals and drinks, and any associated risks were managed. Staff helped people to seek professional medical advice and treatment if they were unwell. Staff and management

understood and promoted people's rights under the Mental Capacity Act 2005.

Staff treated people with kindness and compassion. People and their relatives were encouraged to express their views about the service provided and participate in decision-making that affected them. People's individual communication needs were assessed and addressed to promote effective communication and support them in voicing their opinions. Staff promoted people's rights to privacy and dignity, as part of which they protected their personal information.

People's care reflected their individual needs and preferences. Staff followed people's personalised care plans, which included information about their known preferences. People and their relatives understood how to raise complaints with the provider, and felt comfortable doing so. Staff and management worked collaboratively with community healthcare professionals to ensure people received person-centred care as they approached the end of their lives.

All of the people and most of the relatives we spoke described positive dealings with the management team. Staff felt well supported, valued and were clear where to turn for any additional support and advice needed. People, their relatives and staff were encouraged to be involved in the service and put forward their ideas and suggestions. Health and social care professionals spoke very positively about their working relationships with staff and management, and their willingness to take on board any recommendations made. The provider's quality assurance systems and processes enabled them to assess, monitor and improve the safety and quality of the service.

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 supported by staff who understood how to recognise and report abuse.

The specific risks associated with people's care were assessed, managed and kept under review.

The provider carried out checks on prospective staff to ensure they were suitable to support people in their homes.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were appropriately inducted and trained.

People had the support they needed to prepare meals and drinks on a day-to-day basis.

Staff helped people to access healthcare services if they were unwell.

Is the service caring?

Good ●

The service was caring.

Staff approached their work with kindness and compassion.

People were supported to have their say about the care and support provided.

Staff protected people's rights to privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was shaped around their individual needs and requirements.

Personalised care plans had been developed for people, which staff understood the need to follow.

People and their relatives were clear how to raise any concerns or complaints with the provider.

Is the service well-led?

The service was well-led.

People, their relatives, staff and community professionals described a positive and inclusive culture within the service.

Staff felt well-supported and valued in their work.

The provider carried out quality assurance activities to assess and improve the quality of people's care.

Good ●

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 7 and 13 December 2018 and was carried out by one inspector.

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, 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 local Healthwatch for their views on the service.

During our inspection visit, we spoke with five people who used the service, seven people's relatives and six community health and social care professionals. We also spoke with the provider, one senior care staff and three care staff.

We looked at a range of documentation including four people's assessment and care records, three staff recruitment records, medication administration records, staff training records and records associated with the provider's quality assurance processes.

Is the service safe?

Our findings

At our previous inspection on 31 January 2018, we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had improved how they managed people's medicines. This key question is now rated as 'Good'.

At our last inspection, we found unexplained gaps in recording on people's medication administration records (MARs). Poorly completed MAR charts are a potential cause of preventable drug errors. In addition, the guidance provided to staff in relation to the use of people's 'as required' (PRN) medicines was not sufficiently clear.

At this inspection, we found staff maintained accurate records of the medicines they administered. The provider had also introduced clear written guidance for staff on the expected use of people's PRN medicines, and a new system for recording the administration of these. Staff underwent medicines training and regular competency checks to ensure they handled and administered people's medicines in line with good practice and the provider's procedures.

People told us they felt safe receiving care in their own homes from staff employed by Altogether Care. One person told us, "Staff are trustworthy, and I do feel safe with them ... [they] support me when I'm moving around to make sure I don't fall." People's relatives also had confidence in staff's ability to care for their loved ones safely.

Staff received training in, and understood, their individual responsibilities to remain alert to and report any form of abuse involving people who used the service. They told us they would immediately report any concerns of this nature to the management team. The provider had given people and their relatives key information on how to raise any abuse concerns they may have. They had safeguarding procedures in place to ensure any suspected or actual abuse was reported to the appropriate external agencies. We saw the provider had followed these procedures, working proactively with community health and social care professionals to keep people safe from harm and abuse.

The risks associated with people's individual care and support needs were assessed, recorded and kept under review. This included an assessment of people's mobility, nutritional and hydration needs, and their vulnerability to pressure sores. Plans were in place to manage risks, and staff showed good insight into these. They told us people's risk assessments and care plans were easily accessible, and that they read and referred back to these whenever needed. Staff explained communication between staff and management was good, ensuring they were kept up to date with any changes in risk. They told us they could seek additional advice on how to work safely from senior care staff and management at any time. One staff member explained, "No carer [staff member] is ever on their own. We get an immediate response [to any requests for advice]."

Most people and their relatives told us they generally received a punctual and reliable service from Altogether Care, provided by familiar staff. Although local traffic was problematic at times, they said the

provider updated them if staff were running late. One relative explained, "They [staff] are very good and generally punctual; they will let me know if they are really late ... I have requested regular staff and, on the whole, they have maintained that. We have therefore got to know all the staff well." Staff told us consideration had been given to the travel time they needed between care calls, and that they were encouraged to stay with people for the full duration of each call. The provider explained they only accepted additional care packages if they had the staff resources to reliably fulfil these.

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. We discussed with the provider the need to more clearly record how they explored any gaps in prospective staff's employment histories. They assured us they would address this issue as a matter of priority. We will follow this up at our next inspection.

The provider had taken steps to protect people, their relatives and staff from the risk of infections. Staff were provided with infection control training and supplied with appropriate personal protective equipment (disposable gloves and aprons) which they used in their day-to-day work.

Is the service effective?

Our findings

At our previous inspection on 31 January 2018, we rated this key question as Good'. At this inspection, we found people continued to receive care that achieved positive outcomes for them. The rating for this key question remains 'Good'.

Before people's care started, the management team met with them and, as appropriate, their relatives and community professionals involved in their care to assess their individual needs and requirements. This enabled the provider to determine whether they were able to effectively meet the individual's needs and, if so, develop initial care plans for staff to follow. The management team understood the need to avoid any form of discrimination during assessment and care planning. They had provided staff with training on equality and diversity to help them understand people's protected characteristics under the Equality Act 2010, and what these meant for their work with people.

Once people's care commenced, staff and management liaised effectively with a range of external health and social care professionals, including GPs, district nurses, social workers and occupational therapists. This collaboration enabled a joined-up approach towards people's care, and ensured they had access to the specialist care equipment they needed. The community professionals we spoke with talked very positively about their working relationships and communication with staff and management, who they found willing to listen and act on any recommendations made to them.

People, their relatives and community professionals had confidence in the knowledge and skills of the staff employed by Altogether Care. One person told us, "Staff are well trained. As an ex-healthcare professional, I know what is required. They know exactly what to do." A relative explained, "I feel completely safe with staff. They hoist my relative out of bed. The procedure is done safely by staff that are trained and competent - even the younger members of the team."

Upon starting work for the provider, all new staff underwent the provider's induction training to help them understand and settle into their new roles. Staff spoke positively about their induction experience, which included the opportunity to work alongside, or 'shadow', more experienced colleagues and initial training. One staff member explained, "I cannot fault it [induction]. We were aware of every scenario we were likely to see before we started the job. [Provider] was very focused on our safety." Another staff member said, "I did a lot of 'shadow shifts'. It [induction] was very well prepared and I then felt confident going out on my own."

Following induction, staff participated in an ongoing programme of training and refresher training to keep their skills and knowledge up to date. This included training in dementia awareness, first aid, food hygiene, moving and handling, and health and safety. Staff told us the training they received enabled them to work safely and effectively. One staff member said, "It [training] is exceptional, to be honest. I have had incredible support." The provider maintained up-to-date staff training records to enable them to monitor and address staff training needs.

People and their relatives were satisfied with the support staff provided with the preparation of meals and

drinks. We saw the provider had systems and procedures in place to assess, manage and review any complex needs or risks associated with people's eating and drinking. Where necessary, staff maintained food and fluid charts to assist healthcare professionals in monitoring people's nutritional intake and hydration.

Staff helped people to seek professional medical advice and treatment if they were unwell, in pain or had suffered an accident. In people's care files, we saw evidence of staff and management consulting GPs, district nurses and other healthcare professionals on specific health concerns. A relative explained, "Staff are very proactive in raising medical concerns with me and advise me when to speak to the GP or district nurses about possible pressure sores developing."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People and their relatives confirmed staff sought people's consent before carrying out their day-to-day care. A relative explained, "They [staff] always seek consent from my relative ... they are very good at that. They respect our wishes and always explain what they are doing during a task." Staff and management recognised the need to respect people's right to make their own decisions, and the role of best-interests decision-making where they were unable to do so. A staff member told us, "People can think for themselves. We [staff] must not take over, and should explain things to people." We found the provider had systems in place to record people's consent to key aspects of their care, included assessment and care planning processes, the administration of medicines and sharing of information with other professionals. We saw the management team had recently been involved in a best-interests meeting for someone who was at potential risk of harm and abuse. A community professional told us, "We have used their [provider's] offices for best-interests meetings with families and professionals, where they provide refreshments. Everyone is made to feel welcome by the team."

Is the service caring?

Our findings

At our previous inspection on 31 January 2018, we rated this key question as Good'. At this inspection, we found staff continued to treat people with kindness and compassion. The rating for this key question remains 'Good'.

People and their relatives told us staff adopted a caring approach towards their work, and took the time to get to know people well. One person explained, "The staff are like family; [they are] very kind and caring." A relative said, "[They are a] great team of people who are kind and respectful. My relative is not well and they [staff] are fantastic." The staff we spoke with talked about the people they supported with affection and respect.

The provider encouraged people and their relatives to express their views about the service provided and be involved in decision-making that affected them. They achieved this by, amongst other things, organising regular in-house care review meetings with people, and distributing quarterly feedback questionnaires on the service. One person told us, "I have had reviews of my care package. They [staff and management] come along to discuss, but there are never any changes needed." People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with people and support them in voicing their opinions.

People, their relatives and community health and social care professionals told us staff understood, and protected, people's rights to privacy and dignity. People described the steps staff took to protect their modesty and help them feel at ease during personal care tasks, such as washing and dressing. One person explained, "They [staff] are very respectful of my privacy. They pull the curtains closed and ensure I'm comfortable and happy during personal care." Another person said, "I don't feel uncomfortable in their [staff's] company when showering, as they are considerate and professional." Others described how staff respected their need to remain as independent as possible, whilst entering their homes to support them with key tasks. On this subject, one person said, "They knock spots of other providers I have had. They have helped me to be so independent." The provider had systems in place to protect people's personal information, and staff understood the importance of following these. One staff member explained, "It's about treating them [people] the way I would like to be treated if I was in their situation."

Is the service responsive?

Our findings

At our previous inspection on 31 January 2018, we rated this key question as Good'. At this inspection, we found people continued to receive a service that met their individual needs. The rating for this key question remains 'Good'.

People, their relatives and the community health and social care professionals we spoke with told us the care that staff provided reflected people's individual needs and preferences. A community professional explained, "They [provider] are very responsive to clients' needs. They have dealt with a very difficult case of mine, which resulted in positive outcomes. They persevered with their needs and were very person-centred in their approach."

Through consulting with people and their relatives, the management team developed personalised care plans for people, which were reviewed with people at regular intervals. These care plans provided staff with clear directions on the support people needed during each care call, and incorporated information about their known preferences and personal background. Staff explained they were able to access people's care plans at any time on their mobile phones, and that they read and referred back to these as needed. One staff member told us, "I read all care plans and risk assessments before I go in to people. If you want anything changed or added, it's done for you."

The provider had a good understanding of the requirements of the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. We found people's communication needs had been considered as part of the assessment and care planning processes. At the time of our inspection, no one receiving care and support from the service required information to be provided in alternative, accessible formats. The provider confirmed they had the facility to produce information in a range of formats, such as large-print or audio materials, as required.

People and their relatives knew how to raise complaints with the provider, and were satisfied with the manner in which any previous concerns had been responded to. One relative explained, "If I wanted to make a formal complaint, I wouldn't hesitate to contact [provider] ... There have been a couple of issues, but they have addressed my concerns straightaway. I'm not afraid to speak out." The provider had a clear complaints procedure in place, a copy of which had been issued to people and their relatives, to ensure complaints were dealt with in a fair and consistent manner. We looked at the most recent complaint received by the service, and saw this had been investigated and responded to in line with the provider's procedure.

At the time of our inspection, one person who used the service was receiving palliative care. We saw staff and management were working collaboratively with the palliative care nurse and district nurses. This was to ensure they received the person-centred care they needed as they approached the end of their life.

Is the service well-led?

Our findings

At our previous inspection on 31 January 2018, we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had submitted statutory notifications to CQC in line with their registration with us. This key question is now rated as 'Good'.

At our last inspection, the provider had failed to notify CQC of a number of safeguarding issues involving people who used the service. 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. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, we found the provider was now meeting the requirements of Regulation 18. They had taken steps to ensure all required statutory notifications were submitted to CQC within the expected timescales.

All of the people and most of the relatives we spoke with were satisfied with the overall service provided and their past dealings with the management team. They described a management team who were friendly, willing to listen and prepared to act upon issues or concerns brought to their attention. One person told us, "I'm very happy; I couldn't be happier. They have made such a difference to my life. They are friendly and listen and have become my family." A relative said, "I'm confident to address any concerns with the management team who are intelligent and have the skills and knowledge to deal with issues in an unflappable manner." Another relative raised concerns regarding their difficulty in contacting the provider's office staff and their failure to pass information on. We discussed their comments with the provider, who assured us they would follow these up.

Staff spoke about their work for the provider with clear enthusiasm, referring to the strong sense of teamwork amongst the staff team. They praised the manner in which the provider treated staff, to ensure they felt valued, appreciated and clear where to turn for support and advice. One member of staff explained, "[Provider] has been successful because she treats her staff almost like family. You can contact her any time of day and she will come back to you. You are never on your own. She's very appreciative. I've had some good managers, but I've never had the efficiency or support I've had from [provider]." Another staff member said, "It's just a lovely team and place to work; everybody supports one another ... [Provider] cares about her staff and service users. She will do everything she can to ensure people get the care they need and things are covered. I have great respect for her." The provider had a whistleblowing policy in place. Staff understood the role of whistleblowing, and felt able to challenge any practices or decisions taken by the provider which they disagreed with.

The provider encouraged people, their relatives and staff to be involved in the service and to shape its development. They achieved this, by amongst other things distributing quarterly feedback questionnaires to people and staff, which were analysed to identify areas for improvement in the service. We looked at the results of most recent questionnaires sent out in November 2018, and saw people had commented

positively on the care and support they received.

Staff and management collaborated with a range of external health and social care professionals to ensure people received joined-up care and promote their overall health and wellbeing. The health and social care professionals we talked to spoke very positively about their working relationships with staff and management to date. They commented on staff and management's respectful and professional approach, and their willingness take on board any advice and 'go the extra mile' for people. One professional told us, "You know they [management team] will always phone back, which is important having that confidence in them. They listen and take on board and implement any guidance provided. The owner ensures any instructions or advice are followed to the letter. I feel they are a very good service."

The provider had quality assurance systems and processes in place to enable them to assess, monitor and improve the safety and quality of people's care. These included the ongoing monitoring of any accidents, incidents and complaints, courtesy calls to people and their relatives, and the monthly auditing of people's medicines records. In addition, staff underwent regular unannounced 'spot checks' to confirm whether they were working as expected, and to address any related performance issues.

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 had clearly displayed their current CQC rating at their main office and on their website.