Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Together Care

St Helens Chamber, Salisbury Street off Chalon Way, St Helens, WA10 1FY

Tel: 01744742383

Date of Inspection: 27 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Solutions (St Helens) Limited
Registered Manager	Mrs. Christine Anne Greenall
Overview of the service	Together Care is a small, domiciliary care agency, providing personal care and support to people in their own homes. They have offices based in St Helens Chamber and at the time of our inspection, provided care and support to a small number of people in the St Helens area.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 June 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We asked people who received care and their relatives about the service, whether it met their individual needs and if it met their expectations. One relative told us the care was "Excellent". This person described how staff treated their family member "With the utmost dignity and respect." They explained how staff had taken time to get to know their family member and how attention to detail shown by care staff had promoted the dignity and well being of their family member. "They (the care staff) talk to (family member's name) all the time they are there; staff and the manager constantly check in with me to let me know how (family member's name) was when they visited in the morning. I am happy that I've found the care that my (family member's name) needs and deserves."

Another person we spoke with who received care and support from the agency told us that the care was "Very, very good." Their relative told us that staff "Couldn't do enough for us." When we spoke with staff who provided care it was apparent that they knew the people they cared for well. One staff member told us about simple things that people often took for granted, which promoted a person's dignity. They explained "When I make a person a drink, I sit with them and chat to them. I would never deliver personal care whilst a person is trying to drink a cup of tea, it's demeaning." When checking care records we found the care manager had made notes underlining the importance of promoting a person's dignity.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

When we made checks to see if the provider was meeting this standard, we looked at how people were involved in planning their care and the level of involvement of family members were appropriate. We also asked care staff questions about how they ensured people's dignity and privacy were respected. We asked them to give examples of how they confirmed that the care they gave people, met their needs and expectations.

We reviewed all of the care files of people receiving care from the provider. We chose three sets of care records to focus on particularly, when measuring levels of compliance and assessing the quality of care provided.

The three care files we focused on showed that people receiving care packages and their family members, had been consulted when drawing up the care plan. People who received care and support had commented on what times the care calls should be made, the length of time it may take to deliver that care and what was particularly important to them. For example, the records of one person indicated that when a cup of tea was made for them at the beginning of a morning call, it was to be at a temperature that they could comfortably drink it and that no other personal care tasks were be carried out when the person was trying to drink their tea. Although this may seem to be a minor point and one which people may take for granted, it demonstrated that care staff were aware of how a person's dignity could be compromised by continuing with personal care tasks, whilst they are eating or drinking.

We asked staff questions about how they ensured they involved people when providing care. One staff member we spoke with explained they cared for somebody with dementia, and how they always talked with them and explained what they were doing at each care call. The staff member also told us how they had managed to pick up on particular events that were significant to the person, or songs that they enjoyed, which made conversation easy between them. This particular carer also told us the call gave them sufficient time to sit and talk to the person, which meant that care was delivered in an unhurried fashion. The carer told us they believed that this helped maintain a person's dignity.

We asked family members how they found the care delivered to their relative and if it met their expectations. One person told us they knew exactly what they wanted from a domiciliary care provider. This person commented that the care currently being received by their relative was "Excellent". This family member described how they had got to know the staff who delivered care to their relative and spoke of the confidence they had in the staff and manager of the care agency. They told us they had been involved in drawing up a plan of care and the manager of the care agency made regular calls to them to ensure everything was going well.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When making checks to ensure the provider was meeting this standard, we reviewed the care plans of three people in detail. We looked for evidence that planned care was 'person centred', which meant that care delivered was personalised, taking account of people's individual health conditions, and how their support needs could be met by staff. We also made checks to ensure that any specific risks to a person in their own home were noted in care plans and that staff had been made aware of these. This meant that care could be delivered safely by staff.

We noted that care plans held sufficient detail about each person's health condition. There was detailed information held on their medications and whether this was managed by the person themselves, a family member, or whether staff should prompt a person to take their daily medicines. Risk assessments were in place, informing staff on areas such as help to mobilise a person from a bed to a chair and detailing any mobility equipment in use in the home, for example a stair lift or walking frame. We noted that contact details of other health professionals involved in a person's care were also held in the care plans. For example details of occupational therapists, community nurses and a person's GP.

When we reviewed care plans, we noted that detail on how a person's health condition could affect their behaviour, or ability to communicate was recorded. This was set out clearly, telling staff a person may have 'good days and bad days'. When we talked to staff they were able to evidence a good understanding of the person they cared for and how the person's health condition impacted on their communication skills, concentration, or impair mobility over time. Staff we spoke with said this level of detail helped them to understand more about the person they cared for and commented they felt they would be able to speak to a person's relative or their manager if they spotted a change in a person's behaviour or condition. This demonstrated that a person's overall welfare was monitored by staff whilst providing care.

When we spoke with the manager of the agency about information contained in people's care plans, they were able to evidence that people's individual choices were respected. Staff we spoke with were able to confirm their understanding of the importance of this.

When we spoke with a relative of a person receiving care, they confirmed that staff who supported their family member understood the nature of their health condition, how it impacted on their overall welfare, and spoke of the confidence they had in the staff and manager of the agency when providing care. Comments made by relatives of people receiving care are included in the summary of our inspection, which can be read on page four of this report.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

As part of our inspection, we looked at steps the provider had taken to safeguard people receiving care from abuse. To do this, we looked at policies in place, training received by staff and information people had been given before receiving any care.

The provider showed us a service user guide which was issued to people receiving care or their family. This had a section in it for people to read, on what staff had been trained to spot, report, and who they would report this to. We did note that the section on safeguarding did not include what could be considered as abuse, and how, if a person receiving care felt vulnerable, they could report this directly to the provider. We spoke with the manager about this during our inspection, who advised us that they would update the guide immediately.

When we talked to staff providing care, we asked them about the safeguarding policy of the agency. We also asked if they were aware of the safeguarding alert process for the local authority safeguarding teams. One staff member was able to describe the various types of abuse that could occur and was aware of which local authority (St Helens) was responsible for handling safeguarding alerts or concerns. A staff member we spoke with also highlighted other things they looked for when providing care, that could indicate a vulnerable person was subject to abuse. The comments made by this member of staff evidenced their understanding of what forms abuse could take and that signs of abuse or neglect were not always obvious. This confirmed to us that training delivered had been understood and interpreted correctly.

When we checked records at the office of the provider, the manager was able to evidence that staff had read the safeguarding policy and explained that staff had been 'walked through' the policy to ensure they were fully aware of their role and responsibilities. We asked the manager of the agency about escalation of any safeguarding concerns. They were able to explain the escalation process on receiving any safeguarding information and who to contact within the local area safeguarding teams.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the time of our inspection the care agency had only been recently set up and had started delivering care in May 2013. We looked at what induction staff had received, what training had been planned and what level of skills, qualifications and experience staff had before providing care to person.

The manager of the agency had previously worked for a large domiciliary care agency. They were able to evidence their own experience in health and social care, qualifications and training gained and mandatory training that was due to be refreshed along with dates for those courses. The manager had also been trained in conducting risk assessments, and was experienced in supervising staff delivering care. For example assessing how care staff used a hoist, to ensure its safe and correct usage. The manager was able to show us a timetable for formal supervision of care staff and a diary of training events that had been booked for staff. These courses included refreshing mandatory training, for example, updates for safeguarding, manual handling, health and safety, as well as care of people with dementia. The manager explained that as they were only a small agency, delivering care totalling less than 60 hours a week, no formal induction had been delivered to staff. They were able to show us that staff had been 'walked through' all company policies, and that staff had signed to confirm their understanding of this.

When we checked staff qualifications, the manager was able to evidence training delivered to staff by previous employers. This training was relatively recent and certificates for courses attended by staff were held in staff files. We asked the manager how staff were able to access material to increase their knowledge, for example, to update them on any new recognised best practice. The manager explained that staff visited the office every Friday, and were free to use a computer to access the St Helens Adult Social Care website. Courses available were advertised on the website and staff were signed up to attend some of these. We discussed with the manager the requirement to ensure all staff were given time to access learning which supported them to provide care and support to people. The manager recognised this responsibility and spoke of their commitment to the ongoing development of staff.

We talked to a member of staff and discussed with them the level of support they had

experienced, when looking to develop their skills for their position at the agency. The staff member told us when they went into the office each week, courses were highlighted to them by the manager; if there was something they felt would be particularly useful, they would feel comfortable about asking to do that training. The staff member told us the relationship between staff and the manager was very good, and that they felt supported in the work that they did.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

As part of our inspection, we looked at systems the provider had in place to make checks on the quality of service delivered to people receiving care. We also spoke to people receiving care and their relatives, asking them if they were able to give their views on the service and if any changes they had requested had been implemented.

At the time of our inspection, Together Care were delivering home care packages to six people and had three permanent staff members delivering care. The provider was able to evidence telephone calls made each week to people receiving care or their relatives. In these calls, the manager checked that people were happy with the service, that care calls were made on time, and that the nature of care and support delivered met each person's requirements. When we talked to relatives, they confirmed they spoke with the manager of the agency on a regular basis and that any requests made for changes in the way care was delivered, were met. We asked one relative for an example of this. They explained to us how their family member needed a carer to stay with them, until a pre-booked taxi arrived to take them to a day centre. The relative described how sometimes the timing of the transport would alter. They told us the member of staff had always remained with their family member, until transport to the day centre arrived. This confirmed the provider of the service had built in the flexibility needed on timing of care calls to meet the individual needs of a person. Another person we spoke with had often changed the timing of their care calls and told us how the provider had been responsive to this. We noted when checking care files there was a section for completion on whether a person could make themselves heard. This evidenced that the provider was making staff aware of any communication difficulties people experienced, how people communicated with staff, and how they communicated their wishes on how care was delivered to best meet their needs.

We looked at how the quality of care delivered by staff was formally monitored. The manager was able to show us records of spot checks performed, whilst staff were actually delivering care. The spot checks recorded the arrival and departure time of staff and that they followed recorded instructions from people about entering their homes. As the service was still in its infancy, there was no formal questionnaire in place for people to complete

anonymously to give feedback. The manager explained that this was something that would be developed over the next few months.

From paper records checked during our inspection, we were able to see that systems were in place to evaluate the consistency of service provided. The manager showed us a computer package that was to be implemented, which logged the arrival and departure times of staff from people's property. This, along with feedback from staff and people receiving care, meant that the provider could determine whether time allotted to each care call was sufficient to deliver the care required. It also meant that any subsequent call to another person was planned to give staff sufficient time to travel to that call. The provider explained that system would be used to protect time allocated for the delivery of care, and would ensure that time required for staff travel between calls, did not infringe on this.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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