Together In Care Forensic Ltd

Together In Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Together In Care is a domiciliary care agency. It provides personal care to adults with a range of support needs in their own homes in the Kirklees and Calderdale areas. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the first day of our inspection, 107 people were receiving a service, of which 89 were supported with personal care needs. On day two, 111 people were receiving a service and of those, 99 people needed staff to support with personal care.

People's experience of using this service and what we found
Staff were required to work particularly long hours with limited days off. This placed people at an increased risk of harm due to the impact of staff working long hours. We received mixed feedback about the timeliness of call times. Call logs showed staff did not always stay for the full duration of their visit and travel time between calls was not allocated in some cases. Quality performance needed some improvement as these issues had not been identified and acted on.

The management of people's medication was found to be safe. Feedback indicated people received their medicines as prescribed. Some recording issues were being dealt with at the time of inspection.

Risks relating to catheter management needed clearer recording. The registered manager was aware of this and arranging further training. However, a relative assured us staff had an understanding of responsibilities around catheter usage.

People and relatives consistently told us they felt safeguarded from the risk of abuse. They were largely complimentary about the care provided by staff. Recruitment checks had been carried out before staff commenced working.

We received mixed feedback from staff about the culture they worked in. The registered manager had signposted workers to agencies if they felt they wanted external support. Feedback was consistently sought from people and relatives. Staff spot checks were taking and staff received support through induction, training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We have made a recommendation about the provider reviewing information they hold in an 'app' to ensure confidential and sensitive information is not quoted.

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

Rating at last inspection and update

The last rating for the service at the previous premises was good, published on 31 December 2021.

Why we inspected

The inspection was prompted in part due to concerns received about staff working an excessive number of hours and the working culture some staff experienced. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Together in Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people not receiving a service which was consistently punctual and provided staff with sufficient travel time.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Care Quality Commission

Together In Care

Detailed findings

Background to this inspection

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

Inspection team
Both days of our inspection were carried out by 2 inspectors. Following our visit, an Expert-by-Experience and an inspector made telephone calls to people and their representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
Both days of our inspection were unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the Inspection
We spoke with 8 people who received a service and 8 relatives of people who received a service. We also spoke with 7 members of staff. We reviewed a range of records. This included 3 people's care records, as well as medication records. We looked at the recruitment of 7 staff members as well as records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• Risks to people had not been reduced through manageable staff workloads.
• Prior to our inspection, we received concerns which suggested staff were working long hours with a lack of days off. The registered manager told us this was not the case.
• During our inspection, we looked at staff rotas and saw instances where staff were expected to work particularly long days. This placed people at an increased risk of harm as staff may not have been fully alert. We also saw examples where staff were maintaining this level of working hours with limited or no days off between shifts.
• We looked at recorded call times and saw these were not consistent with the times people were expecting their visits to take place. Feedback from people and relatives was mixed around staff arrival times. Staff meeting minutes for August and September 2022 acknowledged there had been lateness in some calls. Some staff told us they did not have enough travel time between calls and said they were given a standard time of between 5 and 10 minutes, despite the distance they needed to travel. The registered manager confirmed their system did not allow travel time for journeys under 4 miles.
• We received mixed feedback from people and relatives as to whether they received a consistent service from the same group of staff.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks to people had not been lowered through sufficiently monitored staff working hours. Rotas did not account for sufficient travel time to enable care visits to be punctual.

• Recruitment checks had been carried out before staff commenced their employment.

Systems and processes to safeguard people from the risk of abuse
• People were safeguarded from the risk of abuse.
• People and relatives consistently expressed they felt safe when staff provided care. One person said, "I do feel very safe with them all. They are all very helpful" and another person commented, "I feel very safe with my carers. I have got to know the group who visit me very well."
• Staff received safeguarding training and knew how to recognise and report abuse. The registered manager was aware of their safeguarding responsibilities.

Assessing risk, safety monitoring and management
• Some aspects of risks were not fully recorded.
• One person had a risk of falls, but this wasn't reflected in their risk assessment. The same person's

continence care plan did not refer to their catheter. The registered manager said they were aware of this and told us they would review the needs of all people who used catheters. A relative said staff understood the importance of changing people's catheter bags regularly. Staff meeting minutes for September 2022 showed catheter training was being arranged for staff.
• Satisfaction survey results from September 2022 showed staff felt risks to people were effectively communicated to them.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
• One person's care plan showed they were living with dementia. We looked at their mental capacity assessment and saw this recorded the person as not having this condition. However, the care plan did say they were able to make some decisions. This was discussed with the registered manager who was reviewing this.
• One relative told us, "Staff do not rush. Staff will ask for consent throughout the day from my (relative). For example, (staff) ask if they would like their medication or personal care."
• Care plans reflected the importance of care being delivered based on people's wishes and preferences.

Using medicines safely
• People received their medicines as prescribed.
• Medication records showed occasional gaps in recording. There was no evidence of any impact on people. During the inspection, we discussed the importance of robust recording with the registered manager. We saw a report on missed medicines was in place.
• People and relatives said where they needed assistance with their medicines, this was managed safely. One person said, "They give me all my tablets which they write up on their phones." One relative told us, "The (staff) do give my loved one their tablets as (person) refuses to take them from me."
• The registered manager and care coordinators were knowledgeable about people's medication needs. Staff were trained in the management of medicines and assessed as competent.

Preventing and controlling infection
• Risks relating to the prevention and control of infections were suitably managed.
• Care plans contained guidance staff followed to prevent the risk of spreading infection. One person told us, "They (staff) always wear the PPE so that I feel safe." Other feedback also showed staff consistently wore PPE to care visits.

Learning lessons when things go wrong
• We were not fully assured lessons were always learned
• Although we had been assured by the provider that staff were not working potentially unsafe hours, records and feedback showed staff working long hours with limited days off at the time of our inspection.

This meant lessons had not been learned and acted on in this case.
• However, we have seen other examples during this inspection where lessons were learned.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Quality performance was not always consistent.
• Quality assurance systems had not identified issues around the timeliness and duration of care visits which we found at this inspection. Following our inspection, the registered manager told us they were meeting with staff to review their working hours.
• The registered manager told us their electronic systems did not allow them to cancel calls and as a result, records showed medicines had not been signed for on occasions. Following our inspection, the registered manager said they were moving to a new system which would improve this and other recording.
• Accident and incident records contained sufficient detail and there was evidence the registered manager had reviewed these.
• Examples of staff spot checks being completed were seen at this inspection.
• We identified two people were named in the provider's WhatsApp messaging group used by staff to communicate key messages.

We recommend the provider reviews the information they are holding in this 'app' to ensure confidential and sensitive information is not quoted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Staff we spoke with provided mixed feedback about the culture they worked in.
• Some staff said they did not feel they worked in an environment which was supportive and inclusive. Other staff told us they were happy working for the provider and felt they received adequate support. September 2022 staff meeting minutes showed a discussion took place where workers were given information on third party agencies, such as unions for them to obtain support if they wished.
• We saw staff received regular supervisions and training opportunities. An induction was provided for staff before they commenced working. This included an opportunity to shadow more experienced workers. Feedback from some relatives showed staff were not always skilled in carrying out household tasks such as making porridge and managing boxed medication, which they then had to be shown. The registered manager said office staff met with care workers on a weekly basis to discuss any such issues and to ensure they were confident carrying out daily tasks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong
• Satisfaction survey results from September 2022 showed people felt action was taken in response to concerns or complaints.
• The provider submitted statutory notifications to the Care Quality Commission in response to reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Most people and relatives felt engaged with their service.
• People and relatives consistently said they received a monthly call from the provider to ensure they were happy with the service provided. We overheard these calls and found them to be caring, professional and open to feedback. Satisfaction survey results showed people did not feel discriminated against.
• Feedback showed most people and relatives were happy with the care provided. One relative said, "If we needed something added on, they will listen. They are fantastic and don't rush my (relative). My (relative) can be slow or tired, but they are very patient and will sometimes stay for longer to help."

Continuous learning and improving care; Working in partnership with others
• The August 2022 staff meeting minutes showed there was a commitment to lessons learned and making improvements to the service.
• Staff meeting minutes were detailed and effective in providing clear guidance for staff.
• Staff worked with healthcare partners to meet people's needs.

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 HSCA RA Regulations 2014 Staffing Risks to people had not been lowered through sufficiently controlled staff working hours. Rotas did not account for sufficient travel time to enable care visits to be punctual.