

Almost Family Limited

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Inspection report

All Care House, Cidermill Farm
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Almost Family Limited is a domiciliary care agency providing personal care to 6 people at the time of the inspection. The service provides support to older people. The service supported 10 people in total.

People's experience of using this service and what we found

Right Support: People were involved in their care planning and were provided with a draft of their care plan to modify and finalise. Care plans were regularly reviewed, and support was adapted to people's changing needs. People told us they were encouraged to be as independent as possible. 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.

Right Care: People's diversity was not being captured as accurately as it could be and the registered manager changed their system as a result of our feedback on the day of inspection. The registered manager explained it was important that they respected people's privacy and dignity by being subtle in their provision of care. They told us, "There is nothing worse than having a branded car on your drive which says 'care'. We could be a relative. It takes the stigma away." People told us they felt an effort was made for care to be provided in the way they chose.

Right Culture: The ethos of Almost Family Limited was to promote a bespoke care service which was tailored to the person's needs rather than service led. There was a focus on providing care calls at the time people specifically requested rather than directed by staff availability and service needs. Staff were conscientious in their work and wore additional personal protective equipment if they had a cold and felt it would make people feel more comfortable. People and their relatives told us the management and team were approachable and open with their communication.

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 this service was requires improvement (published 22 August 2019). The service had been

inspected since, where we found breaches of regulation had been met, but the rating of the service was not updated (published 15 October 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Almost Family Limited

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

The inspection was carried out by 1 inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 1 March 2023 and ended on 6 March 2023. We visited the location's office on 1 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. 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 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, nominated individual and care staff. We contacted 2 professionals for their experience of working with the service. We reviewed a range of records which included 2 people's care plans. We looked at recruitment checks and training records for 2 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 with a rating, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The provider had not raised any safeguarding concerns but had worked closely with the district nurses who had initiated a safeguarding referral for one person upon their hospital discharge.
- Staff had been trained in safeguarding and were able to explain their responsibilities to keep people safe. One staff member told us that if they saw signs of skin breakdown for example, they, "would alert the manager and inform the district nurse."
- The provider had a safeguarding policy in place to ensure that if any concerns were raised, they would be dealt with appropriately. The registered manager was aware of their responsibility to notify and share information with the local authority to ensure joined up working when protecting people from abuse.

Assessing risk, safety monitoring and management

- Staff were familiar with people's risks. One staff member told us, "[Registered manager] gives me paperwork and I go through risk assessments with people." Staff reported to be confident at risk assessing continuously whilst supporting people.
- People told us they felt safe in the care of the staff. One person told us they are "happy, and it feels safe".
- People had risk assessments in place for relevant areas of their care such as skin integrity and falls. They supported staff to provide care safely and according to their individual needs, with clear directions and how to respond to indicators of risk.
- The registered manager completed spot checks on staff to monitor they were providing a safe service. The registered manager responded to our feedback that these could be more frequent.

Staffing and recruitment

- Staffing and recruitment had been a challenge for the service but there were enough staff to meet people's needs. People and relatives told us staff had never missed a care visit One person said, "They never miss a call. [Registered manager] sometimes has to step in".
- Staff reported to feel dedicated to the service and flexible in covering each other's rota if they were absent. One member of staff told us, "If there are any issues, someone will drop what they are doing and just go there."
- There were safe recruitment processes in place that ensured staff recruited by the provider were suitable. This included thorough reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of the inspection, no people were supported with their medicines. We saw processes in place to manage these safely when this is necessary.
- Staff told us they had previously supported people with medicines and were familiar with the documentation required as well as how to support someone safely. All staff had completed training in medicines. One staff member told us, "We always write notes and sign everything. I always wear rubber gloves to give medication out".

Preventing and controlling infection

- The provider had taken steps to protect people who used the service, their relatives and staff from the risk of infection. There was an Infection prevention and control policy in place. Staff told us that they were vigilant in wearing Personal Protective Equipment (PPE).
- People told us that staff wore appropriate PPE at all times. One person told us "[carer] has been wearing mask this week as she feared she had a cold on the way."
- Staff had completed training around infection prevention and control.

Learning lessons when things go wrong

- Incidents and accidents had been recorded and we saw how peoples care plans had been amended according to lessons learnt. Staff had identified where a person had needed emotional support and the triggers for that need. The care plan had been updated to support a different approach, and fewer incidents had been recorded since this change.
- There was an incident and accident policy in place and staff told us they were confident that they knew how to respond to an emergency and felt they could always contact the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection with a rating, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had assessed people's needs and these were recorded within a care plan which was then used as a live document and amended as necessary. Cultural, religious and sexuality needs had not been captured for everybody and we were told by the registered manager that in those cases people did not wish to disclose this information. There was no record to confirm this. The registered manager took immediate action to rectify this and capture the information in line with The Equality Act 2010.
- People were involved in their assessments and were provided with a draft care plan which they had the opportunity to amend before their care began.

Staff support: induction, training, skills and experience

- Staff had completed the necessary training to equip them with the skills to deliver effective care. New staff were subject to an induction process which included all core training and shadowing other carers. Training in practical skills such as first aid and manual handling were provided by an external agency which had the facilities to do so.
- We asked people if they felt staff had completed the necessary training, people told us, "I'm sure they have, yes" and "I have no reason to think they haven't."
- Competency checks were completed annually. In our last inspection, it was highlighted that spot checks were not as frequent as they could be, and this had not improved. There was a risk that staff practices could be less effective without this monitoring in place. One to one meetings between staff and the registered manager were held every 6 to 8 weeks. Records showed staff were encouraged to reflect on their practice and progression.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to drink enough to avoid dehydration. One member of staff told us "[person] had a jug and we worked out how much [they were] drinking. We would write down if [they were] drinking or not. The risk was [they] would get a urine infection if [they] do not drink enough."
- At the time of the inspection nobody needed support to eat. Staff told us they would support people to check for perished goods and what was needed to be purchased to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw evidence that the registered manager engaged with health professionals to ensure people received positive outcomes. These were documented in people's care plans. Staff regularly worked with the

district nurses to support people's skin health.

- Staff worked closely with relatives, and community health professionals to ensure people were supported with their various needs and people received joined-up care. One member of staff told us "I have taken people to the doctors.". Daily care notes recorded occasions where staff had called the doctor or reported concerns to the registered manager or relatives.
- The registered manager coordinated with people and relatives to be clear on who was following up with health professionals. One relative told us "[registered manager] wanted to be sure that we were keeping the doctor informed."
- The registered manager had supported people to source live-in care from other agencies when their care needs had increased.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported to make decisions about their care in line with the Mental Capacity Act 2005.
- Where it was unclear if a person had capacity to consent to care, a decision specific mental capacity assessment, and where appropriate a best interest decision, had been completed around this. The assessments lacked detail of how they had been carried out and the registered manager reflected on improving these going forward.
- Staff had a good understanding of decision making responsibility and who had legal authority where someone could not make decisions themselves. One member of staff told us, "I always get consent. We talk to the [legal representative] if the person can't consent".
- For people who were not able to consent to care, the registered manager had liaised with their legal representative when making decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection with a rating, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt they were supported with kindness and care. One relative told us, "They are very caring, and have a good rapport with my [relative]." One person told us, "They are very friendly, like part of the family".
- Staff told us of occasions where they were attentive to people's needs. One member of staff told us, "I turned up and [person was] very poorly, and I managed to get the doctor to come in. [They] said I don't think I could have done it without you, and it was lovely of you to have stayed." Another staff member said, "Someone local had a frozen roast dinner for Christmas and it looked awful so, he was only down the road. I offered to cook him a roast dinner and took it round there."
- Staff had an awareness of supporting diversity and equality. One member of staff told us, "They might not eat meat. If they need to pray or go to church. Normally it would all be in the book as you go in, but I would always ask about that and allergies to double check".
- Staff had a one-page profile available to people which was similar to those for people who used the service, creating equality in how staff and people became familiar with one another.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the writing of their care plan. A draft copy was sent to them for amendment before care commenced. Care records included people's preferences and how they would like to be supported so staff knew the level of support to provide.
- We saw that care plans were reviewed with people soon after care had started to make any changes and then routinely on an annual basis or as the need arose.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One member of staff told us, "I encourage people to get up and stand for themselves if they can." Another staff member told us, "A [person] loves us cooking for [them], but [they] liked to be involved and sit in the kitchen and we would do it together."
- Staff were able to explain how they support people's dignity. One member of staff told us, "If they are sitting down, you try to cover their modesty up with a towel, how you'd like to be treated."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection with a rating, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that took account of their needs, wishes and preferences. One person told us, "They always ask if it is ok to do something and how I want things to be done".
- People had a one-page profile with detail of their personal preferences, history and what they felt was important for the staff to know about them.
- Personalised care plans were in place for specific needs and diagnoses. We saw a care plan for a person's skin condition and pictorial guidance for the specific support needed. We were assured staff knew the people they supported well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had a good understanding of the Accessible Information Standard. They explained that pictures are used within care plans to support people to understand what the staff should be doing to support them along with the terminology used by professionals.
- Staff spoke conscientiously about people's communication needs. One member of staff told us, "I support a lady who loves doing puzzle books and she was struggling to read. I asked her if a magnifying glass might help. I spoke to her family too and they got her a magnifying glass." Another member of staff told us, "I have a lady who is hard of hearing and she likes us to speak loudly so I have to project my voice.". This was reflected in the persons care plan.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to contact the registered manager if they had a complaint. One relative told us, "[the registered manager] is approachable if I have any concerns but have not had to raise any."
- At the time of the inspection there were no complaints recorded. There was a complaints policy in place, and we were told there had been no complaints since the last inspection.
- Compliments had been recorded and fed back to staff. Staff told us that they appreciated the compliments they received. One staff member said "they say I respect their feelings. I get on really well with all my clients".

End of life care and support

- The service was not providing end-of-life care at the time of our inspection. People's end of life wishes had been discussed and recorded but tended to be focussed on the persons Will and Testament rather than the support they would like towards the end of their life. The registered manager assured us that they intend to revisit these discussions to get more detail on the care and support preferences of people.

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 with a rating, we rated this key question requires improvement. At this inspection the rating has remained 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

- We identified a shortfall in some audit records and lack of detailed recording in some areas. The registered manager had responded promptly to additional feedback that we delivered on the day of inspection.
- Quality assurance systems were not yet fully effective. For example, audits had not picked up missing detail from initial assessments. Audits had not identified a lack of recording of investigation following an incident. Overdue training was seen to be scheduled but had not been responded to promptly and in good time for the refreshment period.
- Records were stored across several paper and electronic formats and not always organised, which contributed to some delay in retrieving information. The registered manager was most familiar with where records could be found, but there was a risk to continuity if the registered manager were to be absent unexpectedly. The nominated individual told us they were looking to purchase an electronic application to manage records more efficiently.
- The registered manager and staff were clear about their roles and what was expected of them; this was often discussed in regular staff meetings and one to one supervision.

Continuous learning and improving care; Working in partnership with others

- The lack of robust quality assurance and record keeping identified at the last rated inspection had been improved upon. Action continued to be taken to make improvements and the registered manager was clear that the service would not expand until all improvements had been completed. This included a tighter auditing process and organisation of records to be held electronically.
- The provider worked closely with the local community health teams. One professional told us, "Both [the registered manager] and his team have contacted the nurses with questions" and "I have found the care team and [the registered manager] as their lead very attentive, reassuring, thorough and professional."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The culture of the service was empowering and inclusive. Staff told us they felt they could rely on one another and the registered manager. They felt able to share their ideas and thoughts with one another. One member of staff told us that the provider, "Involves us a lot more in the running of things. Making us feel part of the whole process".
- Feedback we received was complimentary about the registered manager. One person said, "[they are] very

approachable and supportive, easy to talk to." One relative told us they, "Keep me informed as much as need be. When [person] was needing more care, communication with [the registered manager] increased". Another relative told us, "The management support the staff and my parents well."

- Staff told us they had a good relationship with the registered manager. One member of staff told us, "He is always on the end of the phone. He is really good and really helpful." Another staff member told us, "It's a sociable friendly company...people will cover calls for each other. You can say what you need to say. [the registered manager] is very good, he is understanding about whatever is going on in your life."
- The registered manager and the nominated individual were aware of their responsibilities about reporting significant events to the Care Quality Commission and had notified us where required. They had an understanding of their Duty of Candour and were open in discussion about areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with the service and a questionnaire had been sent out just prior to the inspection which was awaiting responses. The registered manager told us, "The consultancy company collect the responses independently from us, so we get an accurate picture.". Results from the previous questionnaire showed people had been satisfied with their care.
- The registered manager told us the service was rebranding with a new logo and website. The provider was planning to launch the new brand and improve engagement by bringing back a newsletter which had been waylaid since the pandemic.
- Staff reported that they felt involved in the way the service was run. One member of staff told us, "[They] involve us a lot more in the running of things. Making us feel part of the whole process."
- The provider used applications which supported staff who had difficulty with reading, writing and spelling. This improved the accessibility of information for all staff.