

Altogether Care LLP

Beaminster - Care at Home

Inspection report

Unit 4
Lynden Way, The Square
Beaminster
Dorset
DT8 3AX

Tel: 01308863775
Website: www.altogethercare.co.uk

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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?	Good ●

Summary of findings

Overall summary

About the service

Beaminster Care at Home is registered to provide personal care to people living in their own homes. At the time of the inspection the service provided personal care and support to 52 people living their own homes in the Beaminster and surrounding areas.

Not everyone who used the service received personal care. 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.

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

People were supported by caring, motivated staff who knew everyone very well and treated people as individuals and with dignity and respect. People were cared for by a consistent staff team who had received appropriate training to carry out their roles.

The provider had robust recruitment systems to ensure staff were safely recruited. Staffing levels were appropriate to meet the needs of the people using the service. However, some people told us their visits were not always on time. The registered manager told us they were reviewing their policy with regard the time scale people could wait for support.

Staff spoke knowledgeably about the systems in place to safeguard people from abuse. The provider had a training programme that ensured people received care from staff with the correct skills and knowledge. Staff received regular supervision and annual appraisals to ensure they were fully supported in their role.

The provider actively sought feedback from people about their care and acted on the feedback received. People told us they were aware of the complaints procedure and received good responses when they contacted the office. Staff communicated with people in a way they understood. This meant people had access to the information they needed to make decisions about their care.

People received their medicines on time and as prescribed. Staff understood the importance of infection prevention and control and wore protective equipment appropriately when supporting people. Learning from accidents and incidents was analysed and shared with the team to reduce the chance of them happening again.

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over 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.

Initial assessments were completed with people to establish whether the service would be able to meet their presenting needs. From the initial assessment a care plan was drawn up to show how people's needs

would be met by the service. People told us they had been involved in their assessments, and the reviews of their care plans.

Staff consistently demonstrated a kind and caring approach towards people. People's privacy and dignity was supported at all times. People were supported by staff who were respectful and knew them well. People were encouraged to maintain their independence. People told us they felt respected by staff. One person said, "We respect them and they respect us."

People we spoke with were very complimentary about the service and felt it was well led. The registered manager led by example, including working alongside staff. Staff felt included and encouraged to contribute their views and ideas.

The service worked alongside other providers in the local area and understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being.

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

Rating at last inspection

The last rating for this service was Good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 well-led.

Details are in our well-Led findings below.

Good ●

Beaminster - Care at Home

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 Care Act 2014.

Inspection team

On the first day the inspection team consisted of one inspector and an Expert by Experience who contacted people by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector and assistant 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.

The service had a manager registered with the Care Quality Commission. 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.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity was carried out on 20 and 27 August 2019

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with the key information about the service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people and one relative by telephone. We visited three people in their own homes. We spoke with five members of staff including the registered manager, two operation managers.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix. We received correspondence from two health professionals involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. Comments included, "I have no concerns, my property is safe." "We are in safe hands."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There was one open safeguard at the time of the inspection. This was being dealt with in partnership with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed. People's needs, and abilities had been assessed prior to moving into the service and risk assessments had been put in place to guide staff on how to support people safely.
- Potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff. One relative told us "The carers always make sure there is a cushion between (relative name) legs to stop her getting sore."
- The service shared information in regards to risks. For example, an audit of environmental risk completed in August 2019 looked at hazards and how staff may be harmed. Risk assessments were in place, and staff were informed if an issue had been raised.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people using the service. People told us any new staff were introduced to them with more familiar staff before they started supporting them.
- People told us they could not rely on their visits taking place when they should. Comments included, "Time keeping can be appalling, they don't contact you to tell you they are going to be late." "I have a rota but can't guarantee they come when they should. It changed yesterday from 7 am to 10pm. They do their best to get here on time." "The office keeps changing the times. They send an email telling me what time they are coming." The care coordinator told us, "I can't deny for the past two months we've had a lot of sickness. Whoever is on call will try and ring clients to let them know the different time." The registered manager told us they had a two-hour policy in place, which was agreed at the beginning of the package. This meant people may not receive their support for a period of two hours. The registered manger agreed this was a

long time and needed to be reviewed.

Using medicines safely

- People told us they received their medicines on time and in a safe way. However, we reviewed three medicine administration records (MAR) and found there were gaps. One record stated staff had administered medicines when the person's records stated they had not been given. We discussed the discrepancies in the records with the registered manager who informed us they would ensure staff were made aware of the importance of completing MAR charts correctly.
- Where staff provided support to people with their medicines they were trained and deemed competent before they were allowed to administer medicines.
- Peoples independence to manage their own medicines was maintained as long as safe to do so.

Preventing and controlling infection

- Annual infection control processes were in place. The last audit was completed in December 2018. The delivery of the service was regularly monitored by spot checks which included points relating to good hygiene and infection control practice to ensure that staff were abiding by the infection control policy and their infection control training.
- Spot checks ensured staff were wearing protective clothing. One person told us, "They always wear gloves and aprons."

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records were overseen by the registered manager and senior staff who monitored for any themes or patterns to take preventative actions.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. The field supervisor told us, "Following the assessment the care plan is written. We always check with the client it is the correct support for them."
- Assessments identified the care and support required. Reviews were regular and updated when required. The registered manager told us where required appropriate referrals to external services were made to ensure effective support was received.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, during hot weather staff reminded people about good food and fluids, by eating a balanced meal and drinking lots of water. People were shown charts on what was good to eat and drink.

Staff support: induction, training, skills and experience

- People received care from staff that were knowledgeable and had received the training and support they needed. Staff told us they had received the appropriate training to complete their roles. Where training needs had been identified action had been taken to enrol the appropriate staff to the training.
- The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training this was provided.

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

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements or preferences.
- People received support to maintain independence and prepare their own meals. Some people had support from staff in meal preparation.
- Where people had specific dietary needs, eating and drinking risk assessment were in place and reviewed. One person told us, "The staff know what I like to eat and help me with my meal. They always leave my kitchen clean and empty my bin."
- Records showed that staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care and to access healthcare services and support.

- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate. One person told us, "The carers treat my legs, if there are any concerns they speak with the district nurse." A relative told us, "The carers make changes the district nurses ask them to do. They will come along to visit. They advise us if they think (relative's title) needs to see a GP."
- The registered manager told us they contacted relevant health professionals if people's needs changed and required their advice. One health professional told us, 'They answer the phone during office hours promptly and will deal with issues/concerns as they arise'.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was sought before care and support was provided. Care plans were developed with people, agreed with the content and had signed to receive care and treatment and gave their consent.
- People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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 received kind and compassionate support, free from discrimination. Staff supported people as individuals and respected their individual needs, choices and preferences. A person told us, "We respect the carers and they respect us."
- People spoke of kind and caring staff who sometime went above and beyond. One person told us, "They are here to help me, but do lots of things for my wife too". Staff knew people's preferences and personalities and spoke positively about people they supported. It was evident that they were empathetic and cared for people they supported.

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

- Staff communicated with people in a way they understood. This meant people had access to the information they needed to make decisions about their care.
- The provider actively sought feedback from people about their care and acted on the feedback received.
- People and relatives said they could discuss their care or any issues with the management team. One person told us, "I ring the office if I want something they are so kind, one of the girls came to visit me when I was not well." We heard office staff supporting people in a kind and caring manner when they contacted the office to discuss their care.
- Staff told us how they offer people choices daily during their care calls. This was confirmed by people and their relatives.
- Positive feedback was received in regards people's experience of using the service. they included, 'The new carer is very sweet, very nice a lovely girl'. 'The carer that came today was amazing and very kind. 'Just to say how good the carer was over the weekend, although new he came in and did everything he needed to do what great care'. 'I know my granddad is in the best hands with Altogether Care. Fantastic company thank you'.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff told us how they support people to remain covered and close doors and curtains during personal care to maintain their dignity. One relative said, "They support (title) to be as independent as possible". Another said, "They are very flexible and respectful".
- The service held a dignity day in February 2019 where by staff and people using the service were invited to come to the office and share what dignity meant to them. Comments on the dignity tree included: listening

and respecting. Respecting everyone's wishes choices. Closing curtains. The registered manager informed us the dignity tree, "Enabled the service to think about our actions and our work, and how we can embrace dignity more".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had their needs assessed before they started to use the service. People's care was planned to meet their needs and daily records showed how care workers had delivered this.
- Care plans were regularly reviewed and updated if people's needs had changed. We reviewed three care plans which identified when reviews had taken place. One person told us they had been involved in their review. They said, "Someone comes and chats about my care, I'm at risk of falls so they check everything is still ok." We noted the review had been signed by the person. The registered manager informed us they were reviewing care plans and information held in them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They told us they were able to provide large print information, pictorial information and signed posted people to community links such as the blind society.

Supporting people to develop and maintain relationships to avoid social isolation;

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health, communication and social care needs and demonstrated that other health and social care professionals were involved.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of how to make a complaint and would do so if they needed to. The provider had a complaints procedure that was available to people and their relatives. Information on how to make a complaint was shared with all people using the service. At the time of the inspection there were no current complaints being dealt with.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our

inspection.

- The service had supported people previously who required end of life care. Local palliative care and district nursing teams were involved and consulted where appropriate. The registered manager was able to discuss the positive approaches taken by the service. they told us, " A lot of our end of life is with (palliative care nurses) and we have worked with them quite a lot something I'm very proud of how we have worked with nurses".

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 the last inspection this key question was rated as Good At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a new registered manager in position. The registered manager had been in post since March 2019. People told us they had met the new registered manager. People we spoke with were very complimentary about the service and felt it was well led. The registered manager led by example, including working alongside staff. Staff told us they enjoyed working at the service. One member of staff said, "It's OK working here, I like being in the community."
- People received individual, person centred care from a staff team who were dedicated to providing people with the best care possible. Staff worked well as a team together for the benefit of all people. One person told us, "Always polite when I ring the office". A health professional said, "They have been involved in the care of individuals with complex social care needs and this has worked well for the most part. For the majority of the time this goes very well, there have been occasions when it has not, and we have had to speak to Altogether Care about our concerns. The agency has generally been responsive to such feedback and have rectified the issue either through retraining, changing the rota or in extreme circumstances letting the carer go".

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives. They notified CQC of events when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure. Staff spoke knowledgeably about their responsibilities. They told us they enjoyed their jobs and supporting the people who used the service and received regular supervision and training. Staff were confident in the quality of care and support they were able to offer people.
- Monthly audits were in place that ensured people's details were correct. However, we found the medicine audits had not found the gaps in the records we viewed. For example, we reviewed three MAR charts and found some gaps had not been addressed through the audit. The registered manager told us they would

ensure future audits identified any gaps. They told us they were establishing what records needed to be clearer in regards their monitoring and auditing of the service. they told us, "As the newly registered manager I am still addressing the changes I wish to make."

- The registered manager was clear about their role in regards the monitoring and audit of risk. For example, following a safeguarding meeting, additional measures had been put in place to monitor the risk .The registered manager shared the outcome of the monitoring with senior managers as required.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The provider had a whistleblowing policy and staff knew how to raise concerns if needed. Notifications to CQC as required by the regulations had been appropriately made.

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

- The management team actively encouraged communication amongst everyone who used, visited or was employed by the service.
- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments.
- Regular staff meetings were held to keep staff up to date with changes and developments within the service. Meeting minutes were clear, detailed and made available for all. This ensured any member of staff that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care

- A wide variety of audits were undertaken that included medicines, care and support plans, infection control, seizures and falls, nutrition and health and safety checks. These audits were used to form the basis of a cycle of continuous improvement within the service.
- Learning from incidents and investigations took place and appropriate changes were implemented.

Working in partnership with others

- The service worked collaboratively with all relevant external stakeholders and agencies.
- The management team took part in local forums to ensure sharing of good practice and ongoing learning could be maintained.
- Positive feedback from healthcare professionals reflected confidence in the capability and commitment of the staff team.
- The management team took part in local forums to ensure sharing of good practice and ongoing learning could be maintained.