

Altogether Care LLP

Weymouth - Care at Home

Inspection report

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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

Weymouth 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 126 people living their own homes in the Weymouth 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 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. The policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. 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 and their relatives were very positive about the service and the care provided. A relative said, "This is a great care company and we are very happy with the care and support we get. Sometimes the carers are quick to pick up on any marks so help to prevent bed sores."

Sufficient staff were available to meet people's needs, and people told us they were supported by staff they knew. Some people were disappointed that they did not receive a rota informing them who would be coming and at what time. The service was addressing these concerns.

The service continued to be effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. Staff told us they were happy working for the service and there were opportunities for development.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. People were supported to access healthcare services if needed.

The service advised people of the action to take if they wished to make a complaint or were not happy with the providers response. People told us they knew how to complain if they needed to, and were confident if they had any concerns these would be addressed by the service.

People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed. Where errors occurred, the service learnt lessons.

The service continued to be well led and benefitted from clear and consistent leadership. The registered manager had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. Systems were in place to monitor the quality of care provided and continuously improve the service. The management team and staff engaged well with other services and had developed positive relationships.

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 Good (published 06 January 2017). At this inspection the service remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

Weymouth - 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. On the second 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.

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.

Notice of inspection

We gave the service 48 hours' 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 site visit activity started on 22 October 2019 and ended on 23 October 2019. We visited the office location on both dates and visited people in their homes on the second date.

What we did before 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 key information about their 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 13 people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, operations manager, care coordinator, training officer and care workers.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures, surveys and weekly reports were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We also received written feedback from a healthcare professional who regularly works alongside 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.

Assessing risk, safety monitoring and management

- 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. One member of staff told us, "Safeguarding processes protect people, so any concerns we can raise through the manager or the safeguarding team. I have raised an alert before."
- The service helped people to live well at home and reduce risks to their health. 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.
- People told us they felt safe. Comments included, "I do feel safe, when they [staff] use my stair lift they always ensure that I am strapped in correctly".
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staffing and recruitment

- The service had safe systems for recruitment, including the taking up of references and disclosure and barring service (police) checks. This helped ensure only people of suitable character were employed.
- There were sufficient staff to support people, people told us they received their care on time. One person told us, "I think they have enough staff. They have never missed any calls and they do stay the time that they should".
- Staff told us they received enough time to support people safely. A phone app was used by staff to receive their rota. Care workers used the app when they arrived and left a person's home. The registered manager told us, "This has stopped any missed calls as we are alerted if the carer has not arrived at the person home. It also supports our lone working policy."

Using medicines safely

- Where people received medicines as a part of their care support this was done safely. Staff had received training in medicines administration and had their competency assessed.
- Medicine administration records (MAR) were completed by staff for each administration. We reviewed five people's medicine records and noted they were completed well with no gaps. Where people needed support with topical creams, charts and body maps were in place.

Preventing and controlling infection

- People were protected from infections. Staff told us they had received training in infection control and had a plentiful supply of gloves and aprons available to them.

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. The registered manager told us, "We try to mitigate risk to prevent them from happening, when accident do happen we learn from these".

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 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

- People's needs were assessed, and a care plan drawn up before people received a service. Care workers were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.
- The service understood the importance of supporting people to make day to day decisions and choices. Assessments of their care and support were detailed. Information was regularly reviewed which ensured it remained up-to-date. This ensured people's diverse needs were met.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them. Care workers were knowledgeable about people's needs. The training officer told us, "We hold induction training over three days. If new staff don't complete the three days induction training, they have to come back. All staff have regular refresher training."
- Newly employed care workers shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- Staff told us that they felt supported and received appropriate support. They had regular supervisions, team meetings, and training to enable them to fulfil their roles. One member of staff told us, "There are opportunities for development. I am doing NVQ3, we are always asked if we want to do any additional training."

Supporting people to live healthier lives, access healthcare services and support

- Care plans recorded when people required support preparing food and drinks and if they had any specific dietary requirements or preferences.
- Staff had been provided with training on food hygiene safety. They carried out, or supported, some people with their shopping and meal preparation and people told us staff were competent in preparing food.
- Staff were knowledgeable about people's needs and supported people when required to receive support from a number of healthcare professionals such as GPs, district nurses, dentists and palliative care teams.

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.

- The service was working within the principles of the MCA. Care workers obtained consent from people before they proceeded with any task at hand. We observed records where people needed support to make decisions a best interest process had been followed, identifying the decision makers, and how the best interest had been agreed or reviewed.
- 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.
- People's relatives told us staff asked people if they needed any assistance. Comments included, "They are very good, and always talk through what they are going to do to make sure she is happy." "Always ask for my consent before they do anything."

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 has 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 and their relatives told us care workers were kind and caring. They said, "They are just kind." "I have no problems with any of them, they are all caring to me. They know about my family and the things in life that are important to me. I cannot fault them." "This is a great care company and we are very happy with the care and support we get. Sometimes the carers are quick to pick up on any marks so help to prevent bed sores."
- The service respected people's diversity. Staff had received equality and diversity training, and understood the importance of treating people fairly, regardless of differences. The service had relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- The provider actively sought feedback from people about their care and acted on the feedback received.
- People told us they were able to express their views including preferences about receiving support from male and female carers. They told us their choices were respected.

People told us they were happy with the care and support they received from the service. There were numerous thank you cards at the office. These included comments such as, 'Thank you so much for helping me to keep my lovely [loved one's name] in the comfort of his home. You treat him with respect that pleases me.' 'Thank you for the care your organisation has provided it has been much appreciated.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Support plans described how people should be supported so that their privacy and dignity and were upheld. Care workers could describe how they protected people's privacy and dignity, including closing doors and drawing curtains when undertaking personal care.
- People were supported to maintain their independence. People's relatives told us about how staff took time to support people to participate as fully as they could.
- Personal information was kept securely in the registered office. Information for care staff was shared in a secure manner via mobile phone alerts.

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 told us they knew staff well, however they raised concerns as they no longer received a rota. Comments included, "Unfortunately we don't get a rota any longer. They haven't told us why it has stopped, and it's not the carers faults. It's an office issue I think." "I am baffled some days, as they will turn up at 7am one day and 9am the next to help me, it does depend on if they have an emergency." This meant people were unsure who would be visiting and at what time. We discussed these concerns with the operations manager. They told us this issue was currently being addressed, by consulting with people about their rotas.
- People using the service each had an individualised plan of their care, drawn up with them and based on an assessment of their needs. Plans were reviewed regularly, information on people's needs was available in paper copy in their home.
- People's care records contained information about their choices and needs. Everyone was supported to make choices about their care and support. This practice was consistent with values of person-centred care.
- People and their relatives told us they were involved in their care. Comments included, "I was involved in the care plan. It is reviewed. If I need changes I ring them and talk about what my needs are, and it gets changed."

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.

- People's communication needs were known and understood by staff. Support plans identified people's communication needs, and the registered manager ensured people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met.
- Care plans contained information about the support people might need to access and understand written information. The registered manager told us, "We would put people in touch with services that provide things such as talking clock". Relatives whose loved ones found it difficult to communicate, said staff were "Very good at picking up how their loved one was feeling", by their touch and body language."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One person told us, "I know how to complain, and the number of the office is on the front of my file." People told us that they had no reason to complain and matters were always dealt with when they had any concerns and therefore they felt they did not need to formally complain. At the time of the inspection there were no current complaints being dealt with. The registered manager told us, "Reflective practice is used when dealing with complaints to see what lessons can be learnt."

End of life care and support

- Although the service was not supporting any people with end of life care needs at the time of the inspection, they had done this previously.
- The registered manager told us that people were involved in making decisions about their preference for end of life care.
- We read compliments from families when their loved ones had passed away. One relative had written, 'Thank you very much for all the care and support that we were given to [name] in her last few months, please forward thanks to carers.'

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

- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did. Several of the staff we spoke with talked about the satisfaction they gained from making someone happy. For example, one member of staff said, "We monitor how they are in the community. We do questionnaires for clients asking how they are getting on if they are happy with the service. If someone said they were not happy I would record and share. I want them to be happy."
- There was an understanding that in the planning of care, people's opinions mattered. As a result, there were a range of formal systems to seek views of people and include them in decisions about how the service was provided.
- The registered manager had a visible daily presence in the service and led very much by example. They told us, "Our values are to listen to staff. To ensure that we are providing excellent care, we are a family run business, family values are the centre, we look after our staff and if they are happy the clients are happy."
- People and their relatives told us the service was well led, they told us they could call the office any time and would receive a response. The managers and leaders told us they welcomed feedback and used this to develop the service. The operations manager told us the returns of the survey sent out in March 2018, had been "Disappointing." They told us although everyone was positive about the service, it was an area for development to get people to return their forms. People confirmed they had received the questionnaires.

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 Care Quality Commission of events when necessary.

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

- The service was well led by an experienced registered manager and a supporting management team. The management team completed a full range of quality audits on a monthly basis, actions were identified and

addressed to bring about improvements. Audit results were monitored by the provider. Representatives of the provider visited monthly to provide support and undertake their own quality monitoring.

- Staff told us they were clear about their roles and had good support from the registered manager and management team. One member of staff told us, "I would not work for anyone else this is a good company to work for. The manager is good, I can talk to her and she listens and follows up on any concerns. We have staff meetings. We are a close team and know each other well. we have out of work social time."

Continuous learning and improving care

- There was an effective system in place to check on quality and safety in the service.
- The registered manager had clear plans for the further development of the service. They told us they planned to ensure retention of staff. They said, "We have staff awards and rewards. Employee of the month, outstanding achiever or if they go above and beyond they get recognised by the CEO. We tell staff to let us know if you have a concern tell us and we will try to fix it."

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs and their desired outcomes.
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.
- Positive feedback from healthcare professionals reflected confidence in the capability and commitment of the staff team.