Altogether Care LLP

West Moors - 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
West Moors-Care at Home is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 62 people were receiving the regulated activity of personal care from the service. 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 felt safe in the care of West Moors - Care at Home. People received their medicines as prescribed. However, we have made a recommendation about the documentation of medicines.
People's care plans were detailed and kept up to date to ensure they received effective care and support. The service encouraged people to be independent and maintain a safe living environment.

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 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 service did not provide 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.

Right Support
Staff understood people and their individual needs well. People were supported by appropriate numbers of staff on each visit to ensure their safety and meet their needs. Staff knew people well and provided kind, caring, person-centred care and support.
People received care and support in their own homes, there were appropriate risk assessments in place to support them and maintain their environment. Referrals for specialist equipment and to other organisations such as the fire service were made to ensure people were safe.
Staff communicated with people in ways that met their needs. Staff supported people with daily living tasks in a way that promoted their independence and achieved the best possible outcomes.

Right Care
The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. Care plans and risk assessments were detailed and person-centred ensuring people were supported to live full, active lives and encourage them to be as independent as possible.
Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to raise concerns.

Right Culture
There was a positive and open culture at the service , a number of staff members commented on the, 'Open door policy' and one staff member stated, "There is always somebody from the office there for you day and night."
The service was well led with a focus on the recruitment, training and development of staff to ensure that people received a safe, caring and responsive service. Staff had confidence in the leadership of the service and felt the service was well led.
Staff demonstrated good understanding around providing people with person centred care and spoke knowledgably about how people preferred their care and support to be given.

The last rating for this service was good (published 18 November 2017).

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our findings below.

Is the service effective?

Good

The service was effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our findings below.

West Moors - 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 Health and Social Care Act 2008.

Inspection team
Two inspectors and an Expert by Experience carried out the inspection. 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 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 the service 24 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 activity started on 7 October 2022 and ended on 28 October 2022. We visited the location's office on 7 October 2022 and 20 October 2022.

What we did before the inspection

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 11 people and two relatives about their experience of the care provided. We received feedback from six members of staff including senior care workers, field care supervisors, registered manager and the area regional support manager. We received written responses from two health and social care professionals.

We reviewed a range of records. This included two people's care and support records and five people's medicine administration records. We looked at five staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Good

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People received their medicines as prescribed. The provider had a policy in place. However, we noted there were a number of recording errors by staff. We raised this with the registered manager and regional support manager, and they took immediate action to address the shortfall.

We recommend the provider reviews and follows their policy and procedure to ensure the safe documentation and administration of medicines.

● Medicines were administered by trained staff. Medication competencies were checked by the registered manager.

● People had guidance in place for as and when required medication. Detailed care plans and risk assessments had considered how medicines were used safely.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to protect people from the risk of abuse. The service used software that provided staff with updated policies and procedures.

● People told us they feel safe with the staff. One person told us, "I have a responsible group of carers; they make me feel safe and more secure. I am not just a number to them; they treat me like their relative." Another person said, "I trust them; everything is taken care of."

● Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.

● The registered manager had a safeguarding and statutory notifications log and shared information with other organisations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks to people were managed . Individual risk assessments for people detailed the action staff must take to reduce the risk of avoidable harm.

● Risk assessments included any risks associated with meeting people's care needs such as; skin integrity, eating, drinking, adverse effects of medicines and mobility.

● Environmental risk assessments identified any risk to both people using the service and staff, this included any fire risks such as the storing of their belongings and whether the property had working smoke and carbon detectors. Referrals were made to the local fire service for people who consented to extra support to make their home safe.

● Staff had training on how to use equipment and regular spot checks of care were completed by the management team. One member of staff told us, "Making sure the equipment is working is part of our duty of care to clients. We make sure it safe to use, we report to the office if there are any concerns and if it is urgent, we get it replaced."
● Accident and incidents were reported to the office by telephone and recorded on the person's care notes. The registered manager explained, "When there is an incident the staff involved will have a reflective supervision. Any actions identified [to prevent recurrence] such as additional training for that staff member, or care plan review is completed."
● Learning was shared through communication updates using a weekly manager's memo. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

Staffing and recruitment
● People were supported by staff that were recruited safely. The providers recruitment process required staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
● We viewed five staff files and found each file had valid Disclosure and Barring check completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staffing levels met people's care needs. All office staff had received training to support with care visits in the instance of an emergency or staff sickness.
● Staff told us they had time to complete care visits and travel to the next person without rushing. One staff member said, "There is enough time planned, if someone needs more time because they are sick or there is a situation, I call the office who cover my next visit or they come and take over." Another staff member told us, "This morning, I went to a new client and gained their confidence. The visit took longer than it normally would because I was getting to know them. If I need more or less travel time, I tell them, if I have a problem [the office] sort it out."

Preventing and controlling infection
● Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. Everyone we spoke with told us the care staff wore PPE.
● We were assured that the provider's infection prevention and control policy was up to date. Staff confirmed they are able to access the most recent version of this policy electronically.

Good

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 we rated this key question good. At this inspection the rating for this key question has remained 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

- People were involved in assessments of their care needs. Assessments were carried out for each person before their visits commenced.
- People told us that they receive care from staff that know them well. One person told us, "I have good quality care; they have put me with carers I connect with." Another person stated, "The staff are good; if they are new, they may just need a little direction, but once I have explained things they just tend to get on. If there is a new carer, I find they often shadow another for a couple of weeks."
- Specialist health and social care professionals had been involved in assessments and planning of care. This included district nurses and occupational therapists. One professional fed back, "Commissioners have a good working relationship with the provider [name] and with this particular branch."
- Care plans were updated with the person, their family and any professionals involved in their care.

Staff support: induction, training, skills and experience

- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively. One relative informed us, "The staff seem to have the training to be able to ensure [person's name] needs are met; they will check [person's name] skin to make sure that they are not getting sore." Another relative said, "I think the level of knowledge for the care they give seems fine."
- There was an induction programme in place which included competition of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively about the induction and training provided, they felt supported. One staff member told us, "When I first joined, I had the few days office induction and shadowing. I had all the encouragement, I approach the trainers, I have no issues at all."
- The registered manager informed us that she actively seeks feedback from the in-house trainer about the new staff member's progress and will complete a welfare check with the new staff member in first two weeks of their induction to determine what their ongoing training needs may be.

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

- People were supported to maintain a balanced diet. Care plan tasks identified the level of support people needed from staff to prevent malnutrition and dehydration.
- One person told us, "The carers get my meals for me, and they always ask me what I would like; they will put something in the microwave after asking what I fancy." Another person stated, "The carers make all of my meals for me; they always ask me what I would like and cook things properly."

● One person informed us they had recently been placed on food and fluid monitoring to help them recover from illness and said, "The carers make sure I take antibiotics and they know I've got to have it with food. If I refuse they say come on do us a favour and I'll do it for them they're very kind, to give me that encouragement."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use equipment safely.
● Staff made referrals to health professionals such as the GP, speech and language therapist and dietitian. For example, where a person's needs had changed, they presented with behaviour that was out of character or if staff suspected an infection. One staff member told us, "If there's an incident you see what you can do to help, dial 111 or 999, call the on-call and log it all in the notes to make sure the next carer knows what to follow up on."
● Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. Examples included, occupational therapists for support with mobility aids and district nurses to monitor wounds and provide catheter care.

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.
● People's consent to care and treatment was obtained and recorded in the care records.
● The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
● Assessments included consideration to any advanced decisions or known wishes. The registered manager asked people and their relatives to provide evidence of lasting power of attorney, hardcopies of these documents were held securely in the registered manager's office.
● People's care records continued to identify their capacity to make decisions. Staff received training in the principles of the MCA.

Good

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 we rated this key question good. At this inspection 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

- Staff knew people well, their life history, interests and hobbies. They were focused on people respecting their personal preferences. People told us: "The carers are friendly, efficient and have a good bedside manner, they really cannot do enough for me", "I lost all my modesty in hospital and they don't make me feel embarrassed at all, quite the opposite they tell me but they do it [care] all the time" , "The carers truly know their job and they give me reasons to laugh every day. "
- People's spiritual needs were supported. An example was, the registered manager informed us that one person's visit time had been altered to an earlier start on Sundays so the person was able to attend a weekly church service.
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Compliments about the service shared in the feedback log and online included: "It was evident that carers have attended to every single need for the person, tea on side, comfortable, had eaten and I can see their needs are being met", "I am very grateful for all the care and kindness I receive from all the staff."

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

- People and relatives views were considered by the service and were sought to make decisions about care.
- The registered manager explained as part of the initial assessment people were asked how they wanted to be supported. They said, "Visit timings are relayed to social services to share with people what times are immediately available."
- A member of staff informed us, "Care plans are always up to date, the soft copy is always accessible on your phone and the alerts help you if you are new in the house."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Gender preferences of carers were documented, and feedback from people confirmed these requests were followed , "I really like the carers that come and see me. I don't like having men and you always make sure that I don't have them."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do so.
- People's personal information was kept secure and the management team understood the importance of keeping documents and care records secure to ensure people's confidentiality was maintained. The registered manager informed us, "When a staff member takes a photo on their work mobile and uploads it to our app, the app deletes the photo from the device."
- Mobile technology was used to record daily notes. Staff were required to write care notes while at the

person's property including visit arrival and departure time. This provided live information which was viewed by the office team to help plan any roster changes.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; End of life care and support

- People's care plans detailed their support needs and how they wanted those to be met. The focus of the service was person-centred, staff spoke knowledgably about people's needs and care preferences.
- People were supported to make day to day choices. For example, when they got up and what they did during the day. One person told us, "I tend to have the same four carers, they are all getting to know me better; they know what I need such as getting my meal, filling up my drink, and getting anything I ask for." Another person stated, "The carers help me out of bed in the morning, they leave me while I shower, then will ask me if I would like to sit in the armchair or go back to bed."
- Staff had access to people's care plans on the electronic care planning system and a paper copy at the person's property. This meant staff had access to the most up to date information.
- People were given the opportunity to discuss their end of life care needs and wishes. The electronic care plan system had a section for end of life wishes and considered a person's spiritual preferences and detailed people's preferred location to receive care. The service had recently supported a person to move into a hospice, working closely with other professionals once the person expressed this wish.
- Staff knew people well and were flexible in their approach. A staff member told us about support they had given to a person at the end of their life and said, "Because of [the person's condition] they were now blind and had many hallucinations. We spent time sitting with them and describe what was out of the window like the autumn leaves and changing colours of plants to help them know when it was and where they were."

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.

- Communication methods used by the service included a welcome pack with details of office staff and a weekly rota with names of carers and times of visits.
- Care plans detailed people's sensory preferences around touch and smell. For one person, they liked to hold new clothes before confirming they wish to keep them and another person liked to be shown the choice of meal rather than verbally told their choices.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People and their relatives knew how to make

complaints should they need to. One person told us, "I would call the main office if I was worried about anything; they are very approachable and are a good team."

● The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and the Care Quality Commission.

● The registered manager kept a complaints log and used the weekly memo and team meetings as part of their response to share information and learning.

Good

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 for this key question has remained good. 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 positive culture within the team. Staff members told us: "[Management] never take you for granted. The registered manager's weekly memo always has a little joke and you can always come in and raise anything", "I'm proud of the carers we've got here the ones that are nervous, we give that helping hand, and I give them the same support I've had to come through the ranks", "If we can't [change something] they always explain why. The communication is amazing" , "Care is covered by office staff, we're a big family here."
- People, their relatives, professionals and staff gave us positive feedback about the management team. Comments included: "[Registered manager] is really good, they make me feel valued", "I am proud to work for West Moors since [registered manager] arrived, they always emit a positive vibe all the time. , "[registered manager] is lovely, full of fun and you always get a smile out of them."

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 provider 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.
- The registered manager understood CQC requirements, and understood to inform the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The registered manager showed a commitment to learning and making sure people received a continual improving service. A range of audits were regularly completed and, where needed, adjusted to make data more accessible.
- The registered manager and provider used live system data to ensure care was delivered and was safe and responsive to the needs of people. This ensured visits to people and allocated care tasks were completed.
- Staff performance was monitored with spot checks. Staff understood their roles and responsibilities within the service and identified processes in place should they need to raise concerns.
- The service used online publications, guidance and information sharing to ensure they kept up to date with changes. The registered manager was learning their role, continued professional development was important to them.

● The service completed six monthly client surveys. This information was put into the service action plan and used to drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were involved in the running of the service. The registered manager regularly asked for feedback on the service they provide from people and their relatives. The service collected customer review forms which directly asked for feedback on care. This was reviewed by the registered manager and regional area support for analysis, a recent change driven by this feedback was to provide dedicated travel time for staff in-between visits.

● The service worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed. One health and social care professional said, "I find all staff to be approachable and amenable to implementing any suggested changes, for example, in moving and handling techniques."