Altogether Care LLP

Christchurch 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
Christchurch Care at Home is a domiciliary care agency that was providing personal care to 48 older adults living in their own homes at the time of our inspection. 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 told us they felt safe. Staff understood how to recognise signs of abuse and understood the actions needed to keep people safe. Risks to people were assessed, monitored and regularly reviewed. Staff were knowledgeable about the actions needed to reduce the risk of avoidable harm. Staff recruitment processes ensured applicants were suitable to work with older people. There were enough staff, with the right skills, to meet people's needs. People had their medicines administered safety. Infection, prevention and control practices were in line with current government guidance.

Assessments had been completed gathering information about people's care needs and choices. Any equipment needed was in place and in good working order. Staff received an induction, on-going training and support, that enabled them to carry out their roles effectively. Staff understood the health issues people lived with and worked alongside other professionals to ensure effective care. 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.

People spoke positively about the care they received and felt involved in decisions. Staff understood the importance of respecting people's privacy and independence. People described staff as kind, caring and respectful.

People received care that reflected their needs, choices and lifestyle. Staff knew people well, which meant they were able to recognise and respond to their changing care needs. People and their families had an opportunity to be involved in end of life planning, ensuring their last wishes, spiritual and cultural needs were known. A complaints process was in place that people felt able to use if needed. Records demonstrated the process had been used appropriately in line with the organisation's policy.

The culture of the service was open, honest and person centred. Staff spoke positively about their work and felt supported in their roles. Quality assurance processes were effective at improving outcomes for people. Partnerships with other agencies supported new ideas and provided up to date national guidance supporting best practice.

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

This service was registered with us on 8 July 2020 and this is the first inspection.

Why we inspected
This was a planned first inspection so that we could rate the service.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Christchurch 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
The inspection was carried out by one inspector and an Expert by Experience. 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 homes.

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.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with nine relatives about their experience of the care provided. We spoke with eight members of staff including the regional support manager, registered manager, care co-ordinator, supervisor and care

staff.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff files in relation to recruitment, training and staff supervision. 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 training records and supervision records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe as staff were caring and respected their wishes.
- People were supported by staff that had been trained to recognise signs of abuse and understood the actions needed should they suspect abuse had taken place.
- Records demonstrated that legal requirements to report safeguarding concerns were being met. Information had been shared appropriately with external agencies, such as the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- People had their individual risks assessed, monitored and regularly reviewed. This included risks associated with skin damage, falls, swallowing and health conditions such as diabetes.
- Staff knew people well and were able to tell us the actions needed to minimise the risk of avoidable harm whilst ensuring people's freedom of choice was respected.
- Specialist equipment was in place when required, such as hoists to aid transferring a person. Processes were in place to ensure these were regularly maintained and safe to use.
- When specialist assessments had taken place, instructions were followed by the care team. This included a safe swallowing plan provided by a speech and language therapist and moving and transferring plans provided by an occupational therapist.

Staffing and recruitment

- People were supported by staff that had been recruited safely. The process included exploring employment gaps, obtaining and verifying references and carrying out a criminal record check to ensure the applicant was suitable to work with older people.
- Staffing levels were able to meet people's assessed care needs. We spoke with a member of staff who told us, "There are enough staff but sometimes it has been difficult. The back-up is the supervisors and office staff are able to get involved (carry out care visits). It's good as it enables (them) to keep in tune with people and what they need."
- People and their families told us that critical time-scheduled visits, such as prior to a day centre or hospital visit or for medicine to be administered, were on time. Times for other calls could be variable, within a two-hour range, which some people found frustrating. The care co-ordinator was aware of these issues and working to meet people's expectations within contractual parameters.

Using medicines safely

- People had their medicines administered by staff trained in safe medicine practices and who had their

competencies checked regularly by senior staff.
● Some people had medicines prescribed for as and when required (PRN). Protocols were not always in place. Protocols should provide information about the medicine, be person centred and ensure consistent, appropriate administration. The regional support manager told us they would ensure each PRN medicine would have a protocol added to people's medicine records and this was commenced during our inspection.
● Medication risk assessments had been completed. Where risks had been identified actions had been taken, including storing medicines in a lockable medicines safe.

Preventing and controlling infection
● Policies and practices were in line with the latest government infection, prevention and control guidance.
● Staff had completed infection, prevention and control training and demonstrated a good knowledge of safe practices. Spot checks were carried out to check competencies and provide any additional support.
● Personal protective equipment (PPE), such as gloves, aprons and masks, were in good supply. Staff had completed additional training during the COVID-19 pandemic, such as how to safely put on and take off PPE.
● Staff were participating in the COVID-19 testing and vaccination programmes.

Learning lessons when things go wrong
● Accidents and incidents were reviewed by the registered manager and actioned where necessary. This included changes to a person's care plan, requesting specialist assessments and making changes to a person's environment to make it safer for them.
● Learning was shared with staff either electronically, during supervisions or at team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated 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
- Assessments had been completed which provided information about the care and support people needed and reflected their cultural and lifestyle choices. This information had been used to create person centred care plans.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology including moving and transferring equipment and call bell alarms.

Staff support: induction, training, skills and experience
- Staff received an induction, on-going training and support which enabled them to carry out their roles effectively. A staff member told us, "I feel supported; I have spot checks and find them very helpful."
- Training had been specific to people's health conditions including dementia. A staff member explained, "With clients with a dementia it's good to have the same carers, know the carers they get on well with, to build a rapport, it makes a difference."
- Appraisals took place annually and provided opportunities for professional development such as diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
- People had their eating and drinking needs and choices understood and met. This included providing textured diets for people with a swallowing difficulty and ensuring any cultural dietary needs are met.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Records showed us that people were supported to access healthcare, both for planned and emergency events. A relative told us, "(Carers) saw that (relative) wasn't well and called an ambulance."
- Staff worked collaboratively with other agencies, such as district nurses, ensuring positive outcomes for people. Examples included catheter and wound management.

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 had their rights upheld as the principles of the MCA were followed. Records showed us that people, or their legal representative had signed to consent for care to be provided.
- Staff supported people to make their own decisions and respected choices they made. Examples included meal choices and preparation and assistance with personal care.
- Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 families spoke positively about the care they received. A relative told us, "They have (person's) interest at heart." Another said, "(Staff) care about what they are doing and with sincerity, and they listen; they do their utmost best."
- Staff respected people's lifestyle choices. Staff had completed equality and diversity training and demonstrated they were knowledgeable about people and what was important to them. A relative told us, "(Staff) understand that praying is important to (relative) so they do give them some privacy, which is nice."

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

- People had their communication needs understood. This meant staff were able to support people to be involved in decisions about their care. One person told us, "(Staff) would make a drink if necessary but if I say no, they listen."
- Records showed us people had been involved in decisions such as whether they would prefer a male or female care worker and this had been respected.
- If people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity and independence respected. A relative told us, "(Person) is very independent and (staff) are sensitive to that; they explain they don't want to stop (person) doing as much as they can for themselves and they all get on incredibly well."
- Personal data was stored securely to ensure confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had person centred care plans that reflected care needs and choices. These were monitored and reviewed annually with people and, if appropriate, their families. Staff knew people well, which meant they were able to recognise and respond to changing care needs.
- Changes to people's care needs were communicated between the office and staff via an electronic care application which meant up to date information could be shared immediately. Updates to care plans were not always completed in a timely way. We discussed this with the registered manager who told us pressures due to the pandemic meant reviews had been delayed but had recommenced.
- Fact sheets providing information about people's health conditions had been included in care and support plans. This meant staff understood about people's health conditions and the possible impact on a person's day to day life.

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 carer's.

- People's communication needs were clearly assessed and detailed in their care plans. This included any sensory aids such as spectacles and hearing aids. Information could be provided in other formats such as large print if needed.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to in a timely way. The complaints procedure included information on how to appeal to external organisations if not happy with the complaint outcome.
- People and their families told us they felt able to raise a complaint with the office, should they need, and that it would be dealt with appropriately.

End of life care and support

- People had an opportunity to discuss and plan for end of life care and support which reflected their spiritual and cultural backgrounds and end of life wishes.
- Where people had made 'Do Not Attempt Resuscitation' decisions a copy was kept on their care and support file and the original in the person's property.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff spoke positively about the service and their work. A member of staff told us, "The culture of the service is caring; we are all about caring for our clients."
- Staff told us they felt able to share ideas or concerns and would be listened to. A member of staff explained, "It's a healthy atmosphere, you feel part of a team and can bounce ideas off each other."
- Staff felt appreciated in their roles. An awards system was in place, which recognised staff going the extra mile and included positive feedback and compliments from clients and their families.

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. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- The registered manager had a good understanding of their responsibilities for sharing information with CQC. The service had notified us about any changes to their regulated services or incidents that had taken place.
- The provider had created a 'Staff Charter' that focused on trust, respect, compassion, positivity and safety. This detailed what was expected from staff and what staff could expect from the provider.
- Quality assurance processes provided information about quality and safety. This was reviewed by both the registered manager and provider, who identified trends and actioned improvements. This included a trend analysis of falls, which led to changes to a person's living space and reduction in falls.

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

- During the COVID-19 pandemic restrictions have limited opportunities to meet in groups. Staff meetings had taken place virtually and provided an opportunity to share information about the service. Face to face meetings were due to recommence.
- At the time of our inspection a quality survey had been sent to people and the staff team to gather their feedback on the service. The regional support manager told us feedback would form part of the service's on-

going action plan.

Working in partnership with others

● The service had developed links with other agencies in developing best practice guidance. This included CQC, Public Health England and Skills for Care.