

Altogether Care LLP

# Altogether Care LLP- Southampton Care at Home

## Inspection report

272-274, Shirley Road  
Southampton  
SO15 3HP

Tel: 01722442525  
Website: [www.altogethercare.co.uk](http://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

The service was a domiciliary care agency which provided personal care services to people living in their own home. There were 42 people using the service at the time of the 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 were happy with the care they received. However, they fed back that they felt that there could be improvements made in consistency of care call times and staff. The registered manager was aware of issues raised and told us they were taking steps to improve communication around these areas. People told us the registered manager was approachable and friendly.

The registered manager had a good oversight of the service. they carried out regular audits of care plans, care notes and care visit times to help ensure people were receiving the care and support which they needed.

The registered manager was focused on making continuous improvements to the service. They had recently introduced an electronic care planning system which helped improve safety and responsiveness.

Staff were motivated in their role and spoke enthusiastically about the people they cared for. Feedback from people was that staff were helpful and understood their needs.

People received personalised care that was in line with their needs. People told us they were treated with respect and were encouraged to remain as independent as possible in everyday personal care routines and tasks.

Their care plans reflected the care that they needed and how they preferred their personal care routines to be carried out.

People were supported to manage their medicines to help ensure they were administered as prescribed.

Risks related to people's health and medical conditions were assessed and reduced. The provider worked proactively to involve external professionals when people's needs changed or there were concerns about their health and wellbeing.

Staff received appropriate training in their role and the registered manager promoted ongoing learning and development through support, training and supervision.

There were enough staff in place to meet people's needs. The registered manager had planned expansion of the service carefully to help ensure any increase in the number of people using the service was done safely.

There were policies and procedures in place to protect people from the risk of suffering abuse or coming to avoidable harm. The registered manager promoted learning through incidents by sharing outcomes of investigations with staff to reduce the risk of reoccurrence.

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.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 16 October 2020 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Altogether Care LLP- Southampton 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

The inspection was carried out by one inspector and one 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 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.

### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people and five relatives via telephone about their experience of the care provided. We visited the provider's office on 10 and 15 March 2022 to speak to the registered manager, the regional manager and review records, policies, audits and care plans. We spoke to eight staff via telephone between 11 and 18 March 2022.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 of 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 told us they felt safe receiving care from staff. One person said, "I feel safe and secure with them [staff]".
- Staff knew how to recognise the signs of abuse and protect people from experiencing avoidable harm. Staff had received training in safeguarding adults and were able to describe the actions they would take to help keep people safe.
- The registered manager had a good understanding of procedures to follow when concerns were raised about people's safety or welfare. Records of safeguarding investigations demonstrated that the registered manager had taken appropriate action in these cases to help keep people safe.

Assessing risk, safety monitoring and management

- There was a business continuity plan in place. This detailed the contingency plans in place to keep the service running safely in the event of exceptional circumstances, such as extreme weather, loss of the use of care planning technology and acute shortages of staff.
- There was a 'non-entry' policy in place. This detailed the steps for staff to take if they were unable to establish contact with people at planned care call times. This helped to ensure that there was a clear procedure to follow to establish people's safety and whereabouts.
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by senior staff outside of office hours. This helped to ensure that people, relatives and staff could contact the provider in an emergency.
- Assessments were in place to assess risks associated with people's medical conditions, health and wellbeing. Where risks were identified, guidance was in place to reduce the risk of harm. In one example, one person's risk assessment detailed the support they needed to monitor their diabetes and steps staff should take in when symptoms associated with this condition fluctuated. This helped support the person to manage this condition.

Staffing and recruitment

- Overall people told us they felt staffing levels were good. They told us they had not had any missed calls and that they had not experienced any disruptions to the care they received. However, people said that care call times could be variable and they were not always sure what time their care calls were scheduled for. Comments included, "I just don't know what time to expect them", and, "The timing of the care calls can be erratic."
- The registered manager was aware of feedback around varied care call times. The provider had a policy in place where people's care visits were scheduled within a specific time window as opposed to a specific time. This helped the provider manage necessary changes at short notice due to staffing absence. However,

people who required a time critical visit would receive this.

- The registered manager monitored staffing levels to ensure they were able to grow the size of the service safely. They had carefully considered staffing numbers and the location of prospective care packages when new referrals were received. This helped to ensure there were adequate staffing resources in place to meet people's needs.
- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

#### Using medicines safely

- The provider had a medicines policy in place. This detailed the procedures staff were required to follow to help ensure they administered people's medicines in line with best practice guidelines.
- People's care plans detailed the support they needed to manage their medicines. Care plans clearly detailed who was responsible for the ordering and collection of people's medicines. This helped to ensure staff had a clear understanding of the care tasks required.
- The provider ensured any special instructions around medicines administration were authorised by an appropriate medical professional and clearly documented in people's care plans. One person told us about how they were supported to take their medicines with food as they had difficulty swallowing tablets. This decision was documented in the person's care plan and they told us staff understood this requirement.
- The registered manager had proactively developed working relationships with GP surgeries and pharmacies. This helped to ensure people did not experience a disruption in the supply of their medicines.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends to help promote practice to reduce the risk of reoccurrence.
- Staff completed incident forms using the provider's electronic care planning system. This enabled incident reports to be reviewed by office staff and actions taken quickly in response.
- The registered manager shared learning from incidents with staff through team meetings, training sessions, memos and discussions in staff supervision. In one example, the registered manager used learning from an incident to improve staff's knowledge around recognising the early signs that people may have an infection.

# 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

- The provider had introduced the use of technology to enhance the delivery of effective support. This included an electronic care planning system which helped the provider monitor care call times, durations and how care tasks were carried out. One member of staff told us, "The App (electronic care planning system) is 99% effective, you can see the care plan and it tells you exactly what you need to do on each visit." A relative told us, "I believe they have care plans and information on their phones".
- People's needs were assessed prior to care commencing. This included reviewing assessments from professionals and meeting people to identify their needs and preferences. This helped to ensure these needs could be met through the delivery of care.

Staff support: induction, training, skills and experience

- People told us they felt that staff were competent and professional. Comments included, "All the staff have good skills", "I'm more than happy with how they [staff] all work", and, "Three staff in particular are excellent with [my relative]".
- Staff received a two- day classroom-based training programme, which covered the main aspects of their role. In addition to this, new staff were offered time to shadow more experienced staff whilst working which helped them become familiar with people's needs. Staff were positive about the training and support offered. Comments included, "It was a bit daunting when I started but the training and shadowing was good and helped me settle into the job".
- Staff who were new to care were offered training in line with 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. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- The support people required with their eating and drinking was documented in their care plans. This included any allergies or dietary requirements. People were mostly independent in this area, requiring only minimal support, such as help heating up meals.
- Care plans contained details about how to support people with eating and drinking outside of care visits. For example, ensuring people had drinks and food available after staff left. This helped to promote good nutrition and hydration.

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

- People's healthcare needs were documented in their care plans. Where people had specific healthcare needs, background information about the condition was detailed. This helped to ensure staff understood the effective management of these conditions.
- The registered manager worked with external agencies to ensure professional guidelines were incorporated into people's care plans and referrals to healthcare services were made when necessary. Examples of this included working with social workers, doctors, occupational therapists and pharmacies.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

# 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 told us that staff were kind and caring. Comments included, "Staff actively ask what will be most helpful for me in each call, and if I can't identify anything specific they will sit and talk", and, "I'm blessed that they [staff] are friends as well."
- People told us that staff did not rush them when providing support with their personal care. Comments included, "Staff always stay for the full time and if there's time they sit and chat, which makes me feel valued", and, "They are all friendly, professional and efficient and they always complete all that has to be done".
- Staff we spoke to were motivated in their role and understood people's needs. Comments included, "It's a really important job, helping people is humbling, knowing they rely on us [staff]."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The registered manager engaged people in regular reviews of their care. This included visits and telephone calls, to discuss care and make any changes required. One relative told us, "I'm satisfied that what is provided is what was requested, and it dovetails with what we in the family can and wish to do to manage [my relative's] needs".
- There was mixed feedback from people around the number of different staff provided, telling us they would prefer fewer staff who visited more frequently. Comments included, "I wish they were more consistent, lots of different ones [staff]", and, "It seems to be a different person every day. I'd prefer to have the same person as much as possible".
- The registered manager was aware of feedback around consistency of staffing teams. They told us that a range of staff were deployed to provide resilience and contingency if staff were absent or left the service. They told us that they listened to people's requests around staff but were clear about the reasons a variety of staff were necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect when supporting them with their personal care. Comments included, "Staff understand dementia, and more important, consider what it means specifically for my relative as an individual", and, "They understand me well and realise when I might need to take extra time to do a task, they are very patient".
- People and relatives told us that staff promoted their independence. They said they were encouraged to carry out aspects of their personal care themselves to maintain their skills. Comments included, "All the staff

have good skills and what I appreciate is that they encourage me in what I can still do independently, which is really important to me. In fact, this aspect has been so successful, I was able to drop from five visits a week to three".

- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that people's private information was only shared in line with people's instruction and wishes.

# 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 and relatives told us they received care in line with their needs. Comments included, "I have to say the actual physical care by all of them is good", and, "One of the skills of all the staff is their ability to build up good working relationships, both quickly and over time".
- People's care plans were concisely written and clearly detailed the support they required around their personal care. People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.
- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.

Meeting people's communication needs

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

- The provider assessed people's communication needs and made adjustments to help ensure these needs were met. This included providing information and communicating with people in an adapted form when required. In one example, one person requested all communication from the office came via email as this better suited their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider dedicated time and resources towards promoting people's wellbeing. Although not directly commissioned to do so, the registered manager encouraged staff to recognise important events and achievements in people's lives through cards, gifts and events. The registered manager told this helped to ensure people felt valued.

Improving care quality in response to complaints or concerns

- People and relatives told us that the registered manager was responsive when listening to their complaints and concerns. One relative said, "I am confident from previous experience that concerns would be taken seriously and addressed". Another relative told us about how an issue they raised about a care visit was resolved. They said, "The office apologised and didn't charge for the visit and I was happy with that".

- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to.
- The registered manager had investigated any complaints received and given feedback to people to help resolve any issues raised. The registered manager told us they were taking steps to address concerns raised around care call times and consistency of staff, to help ensure there was a shared understanding around arrangements in these areas.
- The provider's senior management also had oversight of any complaints received. This helped to ensure concerns were handled in line with the provider's policy.

#### End of life care and support

- The provider was not providing end of life care to people at the time of the inspection. They had training and procedures in place should they need to support someone at the end of their life.

# 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

- People told us that the registered manager was professional, caring and approachable. They said they were open to feedback and took responsibility for addressing any issues raised. Comments included, "The registered manager and office team are all very helpful. They are easy to get hold of", and, "The registered manager came out to do one care call and I've met other office staff, they have their finger on the pulse".
- Staff told us that the registered manager was supportive and a visible presence. Comments included, "A very good manager and good person too", and "I probably would have left if it wasn't for the registered manager's support".
- The registered manager had a clear understanding of the ethos of the service and the values staff should reflect. The provider had a 'staff charter', which detailed a set of standards and behaviours they wished staff to model. The registered manager had adapted staff supervisions to assess performance in relation to these behaviours. This helped them shape a positive culture within the service.
- The provider had received many compliments from people and relatives about the quality of care they received. The registered manager had collated this feedback together and shared with staff. This helped to recognise and reinforce good staff practice.

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 was aware of their responsibilities in relation to duty of candour. They had written to people and relatives to apologise when things had gone wrong.

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

- The registered manager had a good oversight of the quality of the service. They completed regular audits of care plans, care records and medicines records to help ensure documentation was completed accurately.
- The provider's senior management also had a good knowledge of the service and the key challenges it faced. The registered manager told us they received good support from the provider around the management of the service. They also completed a weekly report to the provider detailing information about key areas such as recruitment, incidents and safeguarding. This helped ensure the provider's senior management had an overview of the service.
- Services that provide health and social care to people are required to inform the CQC, of important events

that happen in the service. The registered manager had submitted these statutory notifications appropriately.

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

- The provider sent out yearly questionnaires to people and staff to gain feedback about their care. At the time of inspection, the provider was in the process of collecting the responses from questionnaires. The regional manager told us that responses would be analysed, and feedback shared with the registered manager and staff.

Continuous learning and improving care

- The provider had an ongoing branch action plan in place. This detailed where improvements were identified as being needed and how these would be achieved. The action plan was formulated using information from audits, feedback and incidents. Current ongoing actions included additional audits of care plans being put in place to help ensure they contained up to date information.
- Senior staff made direct observations on staff during care visits to help ensure standards were being maintained and people were satisfied with the care and support they received.
- The provider had a trainer and training facilities available in branch. This enabled the provider to organise training responsively when people's needs changed, or staff needed additional support.

Working in partnership with others

- The registered manager ensured that professionals were contacted promptly when people's needs changed. This helped to ensure people received the right support and professional input to promote their safety, health and wellbeing.