

## Altogether Care LLP

# Altogether Care LLP - Poole 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

Altogether Care LLP is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection they were providing personal care and support to 113 older adults living in the general geographical area of Poole.

We undertook an announced comprehensive inspection of Altogether Care LLP on 18, 23 and 24 January 2018. One CQC Inspector conducted the inspection; we gave the provider one day's notice of the inspection to be sure the people we needed to speak with would be available.

There was an acting registered manager in place who was in the process of applying to be registered. The service also had a deputy manager in place. The deputy manager was in the process of training for the role of registered manager and told us they would apply to become the registered manager once they were fully trained. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

This was the first inspection of Altogether Care LLP since they had moved their office location to Canford Heath, Poole.

People's risks were assessed and care and support plans developed to ensure care was provided safely. People told us they felt safe with their care staff, who they said were kind, friendly, caring and gentle.

Accidents and incidents were recorded, reviewed and analysed to ensure any trends were identified to enable action to be taken to safeguard people.

There were systems in place to ensure people received their medicines and creams as prescribed. People were protected against the risks associated with the unsafe management and use of medicines. Staff spoke knowledgeably about infection control procedures and were provided with supplies of personal protective equipment (PPE) to reduce the risk of cross contamination.

People were generally provided with support and care by small, consistent teams of staff who they felt were well trained and knew how they preferred their care to be given. Care and support plans gave staff clear guidance on how to support people.

People told us and records showed, weekly rotas were sent to people to highlight which care staff would be completing their visits and when. People said rotas were generally correct, although some changes would happen if care staff were off at short notice.

The provider had a schedule of training in place to ensure all staff received their mandatory and refresher

training. This ensured staff had the required skills and knowledge to care and support people safely.

There was an on-going system of supervision and appraisal for staff. Staff told us they found their supervisions useful and felt well supported to carry out their roles. The provider had a robust recruitment system in place that ensured relevant employment checks and references were carried out before staff commenced employment with them.

People knew how to complain and told us they felt they would be listened to and any concerns or worries addressed.

There were systems in place to monitor and assess the quality and safety of the service provided.

## 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.

Medicines were managed safely and risk assessments were carried out to ensure that people and staff were protected from avoidable harm.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Care workers were recruited safely and there were sufficient staff with the right skills and knowledge to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular supervision and training.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

### Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind, caring, friendly and compassionate.

Staff understood how to support people to maintain their dignity and treated people with respect.

People were kept informed about any changes to their service.

### Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Care and support plans

reflected people's individual needs and were regularly reviewed and updated.

The service had a complaints policy. People knew how and who to complain to if needed.

### **Is the service well-led?**

The service was well led, recent improvements had been made to scheduling visits and staff rotas systems.

There were systems in place to monitor and assess the quality and safety of the service provided.

There was a positive, supportive culture. People and staff were confident to report any concerns to the management team.

**Good** ●

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## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2018, with visits and phone calls to people and their relatives who use the service on 23 and 24 January 2018. We told the service one day before our visit that we would be coming to ensure the people we needed to talk with would be available. The inspection was conducted by one Care Quality Commission inspector.

Before the inspection we received information of concern regarding inconsistencies with care staff and the level of care provided. During the inspection there were a further two safeguarding concerns raised to the local authority by third parties. We were advised the local authority would conduct their own investigation of these concerns if it was required.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views of the service.

We spoke with ten people and two relatives on the telephone and visited four people who received support from the service and met with two of their relatives and friends. We also spoke with the acting registered manager, the deputy manager, office staff and five care staff. We reviewed in depth, four people's care and medicine records in the office and with their permission, the records kept in their home. We also saw records

about how the service was managed. These included three staff recruitment, training and supervision records, staff rotas, staff training records, accident and incident records, complaints, audits and quality assurance records as well as a range of the provider's policies and procedures.

## Is the service safe?

### Our findings

All of the people we spoke with told us they felt safe with the care staff who visited them. One person said, "Overall, I'm very happy with them, they stay for the full time and are normally on time, or thereabout." Another person said, "I've found them to be really, really good, I'm very happy with all of the girls." A relative told us, "We are very happy with them, [person] likes them, they have a great talk and it's nice for him to have someone to chat to."

Before our inspection we had received some information of concern relating to people not receiving their calls and staff arriving very late for calls. We asked all the people we spoke with if they had their visits on time by staff they knew and if they had ever had a missed call. One member of staff told us, "The rotas are really good, they are consistent and we generally get the same routes which is good for us and the people we visit." People told us their visits were made by small teams of consistent care staff who they knew. People said staff were normally on time for their visits. Some people said their visit could be ten or fifteen minutes late because the traffic was heavy but it wasn't a regular occurrence. People said care staff stayed for their full allocation of time and ensured all jobs were completed before leaving. One person said they had once had a very late call, over an hour late but they had phoned the office and it had been sorted out as soon as possible. They told us this had happened a long time ago and it had not happened again. One person said, "I have two carers four times a day, they always come in together and to be honest they are a bit early more often than late, they don't rush me, they are very good." We spoke and met with 14 people and only one of these people had had a missed visit. This person said the call had been missed at the very beginning, when they started to use the services of Altogether Care LLP and had not been repeated. The deputy manager told us learning had taken place from previous missed and late calls and subsequent changes had been made to the scheduling of visits. The changes had improved the rotas and had reduced staff error and missed calls.

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff had completed safeguarding adult's awareness training, which was refreshed at regular intervals. During our inspection two safeguarding concerns were sent in to the local authority by a third party. The local authority told us they would look into the concerns and investigate if it was required.

The provider had a system of risk assessments in place to maintain people's health. Some people lived with health issues which meant they had very specific needs that they required support with: for example, support to prevent skin from breaking down and creating pressure sores, and specific diet requirements and/or a risk of choking. There were risk assessments and clear care and support plans in place to guide staff and ensure that people's needs were supported safely.

For people who had been diagnosed with diabetes, their care and support plans gave staff specific guidance on the risk of hyper or hypoglycaemic incidents. Care plans included what triggers to look for and how people may present if their blood sugar became too high or too low and what action to take. We spoke with

one member of staff about the risks associated with caring and supporting people with diabetes. They spoke knowledgeably about how specific people managed their diabetes and what support and care they would give these people to ensure their health was maintained.

Rotas showed people had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Altogether Care LLP and there was no reliance on agency staff. People and relatives we spoke with all confirmed that this was the case.

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. People told us they had used the on call service and the system had worked well. One person told us they had once had a fall and they had used the on call service, care staff had called for an ambulance and alerted the person's relative straight away, the person said, "It all worked really well."

There was a system in place for staff to determine which people were at most risk if they were unable to visit them, for example during severe inclement weather. The system operated a visual coloured traffic light system which clearly showed which people were most at risk and would need visits at all times.

Accidents and incidents were recorded and reviewed. This system ensured learning from such incidents could be achieved and people's safety maintained. For example, one person had fallen onto a carer while mobilising. Following discussions with staff the person was referred to the relevant health professionals who were able to offer further support and care which reduced the frequency of their falls.

People were protected from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff would not be offered positions unless they had proof of identity and written references. All new staff had been checked against the Disclosure and Barring Service (DBS) records. The DBS is a national agency that keeps records of criminal convictions. Records showed that all the required documentation for recruiting staff safely was in place. Records showed any areas of inconsistency or concerns with previous employment histories were investigated. The outcomes from these investigations were clearly and securely recorded and potential risks managed to ensure people were not placed at risk from people who could be deemed to be unsuitable for employment.

There were systems in place for the management and administration of medicines. Staff had their competencies checked on a regular basis to ensure they were competent to administer medicines to people. People's Medicine Administration Records (MAR's) were electronically generated and colour coded for ease. There was a system in place to ensure any handwritten MAR's were checked and signed by two members of staff to ensure people received their medicines as prescribed. Where people were prescribed topical creams, there were body maps in place to guide staff on where, how much and how often they were to administer creams to people.

The provider had a detailed PRN 'as required' protocol which staff had signed to say they had read and understood. If people were on PRN 'as required' medicines, all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines. People's allergies were recorded and if people needed time specific medicines, for example such as medicines for managing the symptoms of Parkinson's disease there was a system in place to ensure visits were scheduled to enable these medicines to be administered to people at the correct time.

Staff told us they were supplied with their personal protective equipment such as gloves and aprons to ensure they were able to care and support people safely. Spot check observations conducted on staff covered the appropriate use of PPE and their understanding of infection control processes. People and relatives confirmed care staff always wore their personal protective equipment which ensured the risk of cross infection was minimised. One relative told us, ""The carers are very aware of infection control and suppressed immunity, it's good.""

## Is the service effective?

### Our findings

People felt staff were well trained and had the right knowledge and skills to support them effectively. A relative told us, "They are all very good, they know what they are doing" and "The carers shadow other carers to start with so they know what to do, it works ok." One person said, "They look after me so well, they think ahead so if anything goes wrong, like I run out of things, they put it right."

The provider had an assessment process in place to consider and plan any new requests for care. This ensured there were enough staff with adequate time available to meet the person's needs before care was provided. Staff rotas showed that staff were given enough time to travel to their visits and had the time available to meet each person's individual support needs. One relative told us, "They sometimes vary their times a little, but if there are any problems they phone me straight away. I monitor the visits all the time and everything is working very well." Another relative told us, "They have improved with their timings of the visits, originally there were a lot of problems and the visits were not at times that we wanted but it has been sorted and it's much improved now." One person told us, "They have time to talk to me, I never feel rushed."

Most people told us that they received a phone call if staff were delayed for instance if they were held up in traffic, however, some people said they did not receive a call and they would prefer it if they did. We raised this with the deputy manager who said they would discuss this issue with their care staff and implement a solution. They told us the provider was looking into the use of electronic clocking in and out devices for staff which would recognise when staff were running late for visits. This would then alert office staff which would mean they could phone people to inform them if care staff were running a little late. Staff told us they were given realistic travelling times and the length of visit times were adequate which ensured they were able to carry out people's care needs safely and in the way people preferred to be supported.

New staff completed the provider's induction which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. We spoke with staff about the training they had received. One member of staff told us, "I did a full induction when I started which was really good. We have in house trainers so our training can be done here at the office where we can use the hoists. There has been a lot of training and it's been at the right level, I've found it useful." Another member of staff said, "I absolutely love my job, I did the company induction and have been fully supported all the time...I have asked if I can do additional specialised training such as PEG (Percutaneous endoscopic gastronomy, this is where a tube is passed into a person's stomach to provide a way of feeding when they are not able to take foods orally) and STOMA care, they are looking into it for me." Staff training courses were recorded in a database that showed the due date for completion and the date it was completed. Records showed staff had completed training in a range of subjects such as, moving and assisting, food hygiene, safeguarding and medicines.

Systems were in place to provide supervision and support. Records showed and staff told us they received regular supervision sessions and observation spot checks which they found useful and supportive. Supervision sessions allowed staff to put forward suggestions for specific training courses or additional

support where they may need further guidance.

Staff told us team meetings were conducted regularly. One member of staff told us, "Team meetings are held mornings and afternoon which works well because it means people can usually get in for one of them, they are flexible like that. We all put ideas in at the meetings and they take notice, the minutes are also sent out to us so we always get to see them, it's been good." Staff meeting minutes were clear and detailed and made available for all staff to view. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

People told us care staff prepared their meals for them the way they preferred. Records showed people's food and drink preferences, like and dislikes were clearly recorded. People said staff offered them choice when supporting them with their food and drink. One person told us, "They know I like my juices... look at them all here, they always make sure I have some with me when they leave." Another person told us, "They sort my sandwich for me at lunch time or a bit of soup if I want it."

Most people managed their healthcare needs either independently or with family support. Records showed people were supported with their health care needs and any changes in their health or well-being prompted a referral to their health care professionals.

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.

We checked whether the service was working within the principles of the MCA. Staff demonstrated they had an awareness of the Mental Capacity Act 2005. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Consent was recorded in people's care files. People confirmed that their wishes and preferences had been followed in respect of their care and treatment.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they had consented to their care. People told us that they made their own decisions and that staff respected these and carried out their instructions. One relative told us, "The carers will get her what she needs in her own time, they have a special relationship, they know [person] so well and know exactly how she likes things done."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes and hospitals. Where people are deprived of their liberty in community settings, applications are made to the Court of Protection to consider whether the deprivation is in that person's best interests. We talked about this with the manager. No one supported by the service at the time of the inspection was deprived of their liberty and the manager understood their responsibility to recognise where someone might be at risk of being deprived of their liberty and knew which statutory body they needed to alert.

## Is the service caring?

### Our findings

People told us they found the staff who worked for Altogether Care LLP kind, caring, friendly and compassionate. One relative said, "[person] likes them all, they treat me like their daughter and let me know everything that is going on...we are so happy with how they work, they are very kind and gentle." One person told us, "The care is second to none. I can pick up the phone any time; I'm involved and listened to. I'm very happy with the care." Another relative told us, "I don't have to worry, the staff are kind hearted and genuine, they are mindful of doing the right thing, we like and know all the carers well." One person told us, "They are all lovely carers" and "I think they are really caring and on the ball with everything."

Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. People told us staff supported them well and care and support was offered in a friendly and caring way. People told us they were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed.

People told us they were generally supported by the same small team of carers. This meant people could build up relationships and ensure continuity of care was provided. One person told us, "I know who's coming, I get a leaflet through the post which tells me when and who is coming. I do get a few different carers but it's mainly the same people." Another person told us, "The care is very good. I get the same carer each visit. This is very important and we have got to know each other very well...we can have a little chat and they take me shopping and do some cleaning jobs. I'm very happy I can have the same carer all the time." Another person said, "It's really, really good. I'm very happy with all the carers. I seldom get anyone I don't know and I get the list each week of who is coming."

People's records included detailed information about their personal circumstances and how they wished to be supported. People told us the carers were always friendly, polite, kind and respected their dignity and privacy. We asked staff how they ensured people's dignity was respected. Staff replied they made use of towels to make sure people were appropriately covered during personal care and ensured bedroom doors and curtains were closed to maintain people's privacy.

The provider had a detailed equality, diversity and inclusion policy which was updated every two years and had been written in conjunction with The Equality Act 2010. The provider's values were known as the Dignity Do's and incorporated the six C's which staff told us were, Care, Compassion, Competence, Community, Courage and Commitment.

The service had a variety of systems to make sure people were able to say how they felt about the service they received. People's views were sought through visits from office staff, care reviews and annual surveys. People we visited and spoke with told us they felt they were listened to.

Staff spoke knowledgeably about the need for keeping people's personal information confidential. Computers were password protected and people's records were stored securely. There was no personal information regarding people on public display.

## Is the service responsive?

### Our findings

People's needs were assessed before they began to receive a service. Records showed people had an individual assessment completed that took into account their specific health and support needs. Care and support plans were developed from these assessments to ensure people received individual care and support in a way they preferred. Records showed care plans were regularly reviewed and kept up to date with any changes in people's health or support needs. Care plans described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with.

During our visits to people we reviewed their care plans which were kept in their home. Each care plan was clearly written and gave staff guidance on how people preferred their care and support to be given. For example, and 'I like to go to bed around 2100hrs and get up at 7.00am. I sleep with two pillows and one duvet and I like one light left on at night time'. Although care plans gave specific guidance for staff around moving and assisting people, for example, 'Carers ensure walking stick is used and [person] is sat safely on the perch stool for personal care'. Where people required hoisting to move from their bed to their chair, care plans were lacking in detail. There was no guidance for staff on which loops to use on the hoist sling or where to position the loops. We discussed this with the deputy manager who confirmed they would make the amendments as soon as possible. We recommend moving and assisting plans for hoisting people give clear, detailed guidance for staff to ensure people are hoisted safely.

People's care plans included detailed information regarding any specific health conditions they had. For example if they were at risk of stroke, had celiac disease or were diabetic. The information fact sheet gave staff guidance on trigger points to look for and action to take if the person became unwell due to their specific health condition.

Where people were living with a sensory loss care plans gave staff clear guidance on how to support and care for these people. Care plans outlined how the condition affected the person and what specific support the person needed and how they preferred their support to be given. For example, 'Please speak loudly, clearly and face to face' and 'Ensure lifeline available and within reach' and 'Can communicate with body language'. Staff told us how people living with a sensory loss communicated to them. Staff gave examples of how people preferred to communicate, for some people this was by touch and pointing at objects. Other people had their own words and phrases they used that staff understood, such as 'thumbs up' signs and particular phrases and facial expressions. This enabled staff to respect people's choices and to give people their daily support and care in the way they preferred.

A relative told us about the different assistive equipment they had installed in their home to support their relative and maintain their health and well-being. This included an electronic bed turning aid and voice activated controls for the lighting and entertainment systems. We discussed with staff the different equipment being used in people's homes and staff explained the positive impact the equipment had on people's health and wellbeing.

There was a complaints policy and procedure that was given to people when they began receiving a service from Altogether Care LLP. There was a system in place for receiving, investigating and responding to complaints. The provider had received four complaints in the previous twelve months and we reviewed all of these. Two of the earlier complaints did not have a full record of correspondence or action taken, however the most recent complaints demonstrated they had been investigated in accordance with the Altogether Care LLP complaint policy. We discussed our findings with the deputy manager who confirmed future complaints would be investigated in accordance with the provider's complaints policy. They confirmed there was currently one complaint in the process of being investigated and all actions and correspondence had been correctly recorded. People told us they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person told us, "I've no complaints at all. I have their telephone number and would contact them straight away if I needed to." Another person told us, "I've no real complaints." We recommend complaints are actioned in accordance with the Altogether Care LLP complaints policy.

Feedback on the service was sought from people using the service and their relatives. Records showed questionnaires were sent to staff, people and their relatives during March 2017. The questionnaires covered a range of topics such as, respect and dignity, safety, time of visits, people involvement, length of visits and clarity of information given. Following the completion, return and analysis of the questionnaires, some areas for improvement had been raised. These included, uniform care, personal protective equipment and correct spacing of multiple visits. Records showed action was taken to address and improve these areas to ensure a programme of continuous improvement took place.

The provider had received a number of compliment and thank you cards from people who had used their services. Comments included, "A million thank you's to all the wonderful carers."

For people who were reaching the end of their lives they had specific care plans put in place to make sure they were kept comfortable and supported at the end of their life in a way they preferred. The care plans gave staff guidance on how the person wished to be supported. For example, their specific funeral arrangements, if they preferred to have their family with them or the type of back ground music they would like to be played.

## Is the service well-led?

### Our findings

People and staff told us they felt the service was well led. Staff said they felt well supported and the management team were approachable, available and open. One member of staff told us, "I get good support; there is always someone to ask if you need some advice." Another member of staff said, "We are all well supported, everyone here has such a lot of knowledge and they are always ready to help you if you need it. . .they will drop everything to come and help you, they are really flexible, I love it."

All of the staff we spoke with knew how to raise concerns and whistle blow. They told us that they discussed safeguarding and whistleblowing in meetings and felt confident that any concerns they raised would be taken seriously and addressed.

People and staff told us they felt the service had an open, honest and friendly culture. Some people said they felt the service had made improvements over recent months. One person told us they felt that communication between the carers and the office needed to be improved, however they felt recent improvements in this area were being made. They said, "Communication is a problem. The office staff do what they can but they need to tell us more, sometimes they change the rota without telling us. . .It's a lot better than it was." One person told us, "At the beginning there were a lot of problems with timings of our visits, this has improved. . . the rotas have also improved, in the past we didn't get a rota now we get one weekly, it's an improving picture overall." Another relative told us, "It's a lot better than it was." Staff told us changes to the scheduling system and rotas had been made which meant people were getting consistent care staff and visits that were generally on time. Routes for care staff had been reviewed and analysed to ensure travel times were realistic and to help give staff and people consistency. They told us they would continue to review the systems to ensure people received quality care and support.

The majority of people told us they had confidence in the management team and felt any concerns they may have would be taken seriously. One relative felt the service had previously not been well managed but it was improving. Another relative told us, "The manager has it right under control, but they need more support to help them, the performance has really been pulled up and we have a good relationship, any problems are sorted it's a lot, lot better."

The acting registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The provider had a number of systems in place to monitor the care the service provided. These included care plan and risk assessment audits, accidents and incidents audits and medicine management and quality assurance questionnaires. Management staff carried out staff supervisions, annual appraisals and a variety of spot checks as part of the quality assurance systems. We spent time talking with the manager and we were shown the systems and processes they had implemented to ensure a continuous quality service was provided to people.

The provider had a large detailed range of policies in place which included staff recruitment, whistleblowing and safeguarding adults. These were up to date and reviewed on a bi annual basis.

The provider had recognition and award schemes in place for staff. These included an Employee of the Month award and a staff long service award. Both schemes rewarded staff with monetary gifts, certificates and flowers. Staff told us they valued these schemes and felt they gave staff positive recognition for their roles.

The manager told us they kept up to date with current practice by reading the updates from the Care Quality Commission, the local authority and independent care consultancy companies.