

Altogether Care LLP

Altogether Care LLP - Salisbury Care at Home

Inspection report

91 Castle Street
Salisbury
SP1 3SP

Tel: 01722442525
Website: 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

Altogether Care LLP - Salisbury Care at Home is a domiciliary care service that provides personal care to people in their own homes. At the time of the inspection, 33 people were receiving the regulated activity, personal care.

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 gave us variable feedback about the numbers of staff available. The registered manager confirmed there were enough staff to support existing care packages, but staff sickness and self-isolation had impacted on staff availability. Systems were in place to help protect people from the risk of harm. Staff had received training in safeguarding and people felt safe with staff supporting them. Risks people faced had been assessed, and measures were in place to mitigate them. Robust recruitment procedures were being followed, and recruitment was on-going to increase flexibility and enable the agency's growth. Systems were in place to minimise the risk of infection and its transmission. This included regular testing for COVID-19, staff training and ample supplies of personal protective equipment (PPE).

People's needs were fully assessed before they started using the service. People were supported to access health care services as needed, and had enough to eat and drink. Staff were well supported and received training to ensure their knowledge and skills were up to date.

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 were treated with kindness and compassion. People were complimentary about the staff and their rights to privacy, dignity and independence were promoted. Staff enjoyed their role and were committed to providing good support.

People were happy with the service they received. Each person had a support plan, which they helped devise and review. The plans were clearly written, with information about people's needs and preferences. People and their relatives knew how to raise a concern although did not feel the need to do so. Records showed complaints had been properly investigated and used to improve the service. The agency supported people at the end of their life. Staff worked with other health care professionals to ensure such care was provided in a responsive and dignified manner.

The registered manager was clear about their management responsibilities and had good oversight of the

service. There were a range of audits to assess the quality and safety of the service. Feedback about the service was encouraged, and used to improve the service. There was a positive culture, and a commitment to ensure people received good quality support, which met their needs.

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

Rating at last inspection

This service was registered with us on 05/08/2019 and this is the first comprehensive inspection. A focused inspection of the service was undertaken on 13/11/20. At that time, the safe key question was the only area inspected, and an overall rating for the service was not given.

Why we inspected

This inspection was planned, as the service had not received a comprehensive inspection or been awarded a rating since registration.

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?

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 - Salisbury 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

This inspection was undertaken by two inspectors 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 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 a short period 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 18/08/21 and ended on 08/09/21. We visited the office location on 26/08/21.

What we did before the inspection

We reviewed information we had received about the service since its registration. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally

obliged to send us within required timescales. We used all of this information to plan our inspection.

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 to six people who used the service and four relatives. We spoke with five members of staff in the office including the registered manager and regional support manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, quality auditing and staff training. We spoke with five more staff and contacted ten professionals who have had contact with the service. None of the professionals however, responded to our requests for feedback.

Is the service safe?

Our findings

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

At the last focused inspection, this key question was not rated. At this inspection, 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

- Systems were in place to help protect people from harm.
- Staff received training in safeguarding and knew what to do if they had concerns about a person's safety. One staff member told us, "I can recognise the different types of abuse and would keep alert to any changes in the person themselves, how they are." Another staff member said, "I can report things to other services such as the council."
- A record of any safeguarding concerns was maintained. The information enabled any trends to be identified, to minimise any reoccurrences.
- People told us they felt safe with staff supporting them. One person said, "Yes, absolutely [feel safe]." Another person said, "Yes, they are lovely all of them." Relatives had no concerns about safety. One relative told us, "Oh yes, definitely, the girls and the gentleman are very good with [family member]."

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

- Risks people faced had been considered, and measures were in place to mitigate them.
- People's support plans showed risks such as those associated with equipment, skin integrity and falling had been assessed. There was guidance for staff to enhance safety.
- People told us staff helped them minimise any risks they faced. One person told us, "Two staff help me to transfer. I feel safe. They are very helpful." A relative said, "They always put one hand on [family member's] back when they walk, to make sure they are safe."
- A record of any accidents and incidents was maintained. This contained details of immediate action taken and any measures needed to minimise a reoccurrence.
- Lessons learnt following an accident and incident were disseminated to staff. This ensured any shortfalls were used to improve the service.

Staffing and recruitment

- There were enough staff to support people safely.
- The registered manager told us they had safe staffing numbers to cover all visits. However, staff sickness and self-isolation, had at one point put pressure on staff availability. To minimise disruption, some staff completed additional visits, and office staff supported people as needed.
- People gave us variable feedback about whether there were enough staff. Specific comments included, "They are pretty much on time. There is the odd difference because of traffic", "They are pretty good" and, "Not always. The timings are variable." One person told us, "They usually come on time. Lunch can be anytime from 10.45am to 1.30pm and breakfast can vary a lot." A relative told us their family member's lunch time call on one day, was cancelled as they had no staff to do it.

- More staff were being recruited to enable greater flexibility and the safe growth of the service.
- Staff had been recruited safely. Checks included gaining information about the applicant's performance from their current employer, and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- People's medicines were safely managed.
- A new electronic medicine administration system had been introduced. This alerted the staff member and office staff, if any steps of the medicine administration process had not been fully completed. There had not been any errors with people's medicines since the introduction of this new system.
- Records showed people had received their medicines as prescribed.
- Staff had received training in the safe administration of medicines, and regular audits took place.
- People had no concerns about the support they received with their medicines. One person said, "They help me with my tablets in the morning." Another person said, "They give me my tablets every day."

Preventing and controlling infection

- Systems were in place to minimise the risk of infection and its transmission.
- Staff took part in a weekly testing programme to minimise the risk of spreading COVID-19.
- Plentiful supplies of personal protective equipment (PPE) were available for staff to use. One member of staff said, "We have plenty of PPE and we can collect it from the office or they deliver it out to us if we need it."
- Staff had received training in infection prevention and control. Videos and pictorial formats were available to show staff how to put on, and take off, their PPE safely.
- People told us staff wore appropriate PPE whilst supporting them. Specific comments were, "They wear the masks that they should do" and, "They put on all the stuff."

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 comprehensive 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

- People's needs were assessed before they were offered a service. This ensured the agency could meet them effectively.
- Records showed the assessment process covered areas such as general health, mobility and nutrition. This information was used to develop the person's support plan.
- People told us they had the opportunity to discuss their needs before they received support. Specific comments were, "Someone did come" and, "Yeah, they did that last year. Someone came a month ago to redo it too."

Staff support: induction, training, skills and experience

- Staff received training to ensure their knowledge and skills were kept up to date.
- Records showed staff completed an annual two-day training course. This covered topics such as basic first aid, food hygiene and nutrition, moving people safely and dementia. Catheter care formed part of the learning about infection prevention and control.
- Staff told us they felt supported and well trained. One staff member said, "Yes, I feel skilled for my job. I have had lots of training, using hoists, manual handling, medication and safeguarding." Another staff member said, "We can ask for specific areas of training we are interested in."
- New staff worked with more experienced staff to enhance learning and confidence. Their competency was assessed before they were able to support people on their own. One staff member confirmed this. They told us, "I had around 7 or 8 shadow shifts with the seniors and other carers. I learned a lot. It was 100% a good experience. You learn different things from different people, different approaches."
- Staff received one to one meetings with their supervisor to reflect on their work. There were annual reviews of staff's performance, although not all had been completed on time.
- People and their relatives told us, on the whole, staff were well trained. Specific comments were, "Yes mostly they are. I am very pleased with them", "They seem to be" and, "I am happy with most of the carers, some are better than others."

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

- People were supported to have enough to eat and drink.
- No one who used the service was at risk of malnutrition and needed additional support or monitoring.
- Information about the assistance people required with eating and drinking was clearly identified in their care plan.
- People told us they were happy with the assistance they received with their meals. One person said, "They

do the cooking for me. They are very helpful." Other comments were "They do make me tea and food if I want them to", "They heat up [a brand of microwaved meals]" and, "They encourage [family member] to drink if they haven't drunk enough."

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

- People were supported to access a range of services to meet their healthcare needs.
- Details about health conditions, and any support people required, was detailed in their support plan.
- There was an on call system in place from 6.30am to 10pm each day. This enabled staff to gain advice or inform the office of any identified ill health. The office staff would then give direction, or take the necessary action.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records demonstrated people's capacity was assessed as required. If a person was deemed not to have capacity to make a particular decision, there was evidence of how decisions were made in their best interest.
- Information showed a person's capacity had been assessed in relation to the administration of their medicines. As a result of the assessment, staff were able to give the person their medicines covertly. This is when medicines can be disguised in food or drink, without the person's awareness.
- People told us they were encouraged to make decisions about their support. One person said, "They always ask what I want." A relative told us, "If [family member] wants their care, they will do it. If [family member] says no, they don't."

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 comprehensive 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

- Systems were in place to ensure people were treated with kindness and compassion. This included regular checks of staff's performance, and staff training.
- There was a staff charter, which promoted making a difference to people's lives. The charter described the responsibility of staff in relation to trust, respect, compassion, positivity and safety.
- The registered manager told us all staff went 'above and beyond'. This was particularly so throughout the pandemic. They emailed the staff to thank them for working hard to cover extra shifts, to ensure people's support was not disrupted.
- People were complimentary about the staff. One person told us, "They are very caring; I would say so." Another person said, "They are very good."
- Staff told us they were committed and enjoyed their work. One staff member said, "I love my job. Getting up in the morning and knowing you are going to help someone is very rewarding." Another staff member said, "I like the person-centred part of the job, treating people as individuals."

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

- Systems were in place to encourage people to make decisions and direct their support.
- People were involved in the development and review of their support plan.
- People's preferences regarding how they wished to be supported, were detailed in their support plan.
- Regular reviews of people's support took place. This gave people an opportunity to express their views, and raise any amendments they felt they needed.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted.
- Information within care records demonstrated how staff promoted people's rights. This included enabling people to do as much for themselves as possible, to promote their independence.
- There was a Respect, Privacy and Dignity policy, which staff could access when needed.
- People were asked their preference of whether they wished to be supported by male or female staff. Their choice was respected and documented in their care records.
- People told us their rights were promoted. One person said, "They are very good at that." A relative said, "They always draw the curtains so no one can see [family member]."

Is the service responsive?

Our findings

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

This is the first comprehensive 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 their relatives were happy with the service they received. One person told us, "They are good, I am satisfied how they are with me." Another person said, "They are very caring and they always ask what I want." However, one relative told us their family member's care was not always at the right time. Another relative said, "The supervisor is good and the girls. I would just say the timing needs to be improved."
- People's support took their needs, wishes and preferences into account. Daily records gave an account of the support people received.
- Each person had a detailed care plan in place. The information was up to date and regularly reviewed. The information covered areas such as health conditions and medication, life history and aspects of importance, as well as physical and mental health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the Accessible Information Standard.
- People's communication needs were considered during the assessment process and detailed within support plans. This included, "I find it difficult to always understand what carers say with masks on, so please speak slowly and clearly." Another person had said, "I would like to be spoken to clearly and concisely, without too many vague open-ended questions or conversations."
- Additional support to aid communication was provided as required. Records showed one person received audio books, which were delivered to them by office staff.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern or make a formal complaint.
- There was a complaints policy and procedure in place. All complaints received had been properly documented and investigated.
- People told us they did not generally feel the need to complain. One person said, "I have not had anything I needed to complain about." Another person however told us, "Not really, but I have been muttering about the timings of the calls."

End of life care and support

- The service provided care to people at the end of their lives as required.

- Staff received training in end of life care, as part of their initial two day training course.
- Staff worked with various agencies, such as the community nurse, when supporting people 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 comprehensive 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; 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

- There was a positive culture within the service, and a commitment to ensuring people received good quality support.
- The registered manager told us successful support was based on, "Right staff, right time, right places and gaining the right packages from brokerage". They said they were working hard to achieve all these factors, all of the time.
- The registered manager was readily available and very much involved in the day to day running of the service. There was regular communication with staff, and clear leadership was demonstrated.
- Staff were complimentary about the management of the service. One staff member told us, "The manager and the office staff are all so lovely and helpful. I think the company runs very smoothly even when it is busy." Another staff member said, "The whole office and the managers are all good at communication, they are all hands on as well. We all speak to each other all the time."
- The registered manager understood their responsibilities under the duty of candour.

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

- The registered manager understood their role and responsibilities, and had a clear understanding of the regulations, they needed to comply with.
- There were a range of audits, which assessed the quality and safety of the service. These included medicines, notifications, people's support plans and daily communication records.
- The audits were undertaken and monitored through various levels of management. This meant managers, including senior managers, had clear oversight of service provision.
- Spot checks of staff's performance were undertaken to ensure all support was completed to a good standard. Any shortfalls identified would be addressed with the staff member, and further monitoring would then take place.

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

- Feedback about the service was encouraged and acted upon where needed.
- People could give their views informally through discussion, within reviews, or annual surveys.

- People who were new to the service, had their support reviewed after six weeks, then six monthly and annually thereafter. Requests for reviews earlier than this timescale, would be accommodated.
- Supporting staff and gaining their feedback, was deemed an integral and important part of management responsibility. Staff were kept informed through a mobile application, fortnightly emails, informal discussions and meetings with their supervisor. One member of staff told us, "I can go to any of the managers. The communication is great. We are kept updated and someone is always on hand."
- The service had established good relationships with other agencies such as the local authority and other registered managers. The registered manager said they met with other managers within the organisation, every few months.

Continuous learning and improving care

- There was a clear desire to continually develop and improve the service.
- Systems had been developed to enhance the general monitoring and auditing of the service. This included the electronic monitoring of medicine administration, and people's support plans.
- New software for policies and procedures was being introduced. This would ensure greater accessibility and enable the information to be kept up to date more easily.
- Information and good practice was shared across services within the organisation.
- The registered manager clearly explained any action taken to address feedback received. They said information regarding lessons learnt, was also shared with staff and used to improve the service.