

The Together Trust

The Together Trust

Domiciliary Care Agency

Inspection report

The Together Trust Centre
Schools Hill
Cheadle
Cheshire
SK8 1JE

Tel: 01612834848

Website: www.togethertrust.org.uk

Date of inspection visit:

28 November 2018

12 December 2018

Date of publication:

01 March 2019

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: Together Trust Domiciliary Service provides support to adults, young people and children who have complex support and personal care needs. The service operates in several local authority areas across the North West, with each project supported by its own management structure. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection the service was supporting 16 people in this way.

People's experience of using this service:

- People who used the service received highly personalised care and support which met their individual needs
- People were encouraged to share their views about what they wanted to achieve and their support was built around these goals to help them achieve them.
- People using the service and staff knew each other well and efforts were made by the service to ensure people were supported by the same staff as much as possible.
- People were treated with respect.
- Staff were imaginative in the ways they developed people's interests and hobbies to engage them in the wider community, for example through work placements.
- The service had a culture of continually looking to be self-critical in order to improve the quality of care provided. Complaints and other incidents were used as opportunities for learning.
- Risks to people were managed to allow them to do the things they wanted in as safe a way as possible.
- The service met the characteristics for "good" in all of the key questions we inspected. Therefore, our overall rating for the service after this inspection is "good".
- More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Good (30 December 2016)

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor the service through information we receive and future inspections.

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 ●

The Together Trust Domiciliary Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides support to adults, young people and children who have complex support and personal care needs.

Not everyone supported by The Together Trust receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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. At the time of our inspection the Head of Personalisation was acting as the manager of the service and was in the process of becoming the registered manager for the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it supports people across a large area and we needed to be sure that the manager would be in.

Inspection site visit activity started on 28 November and ended on 12 December 2018. We visited the office location on 28 November 2018 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the service, information from other stakeholders, for example the local authorities and information from members of the public. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people using the service, nine members of support staff and the manager. We also reviewed care and medication records of three people, records of accidents and incidents and complaints. We visited the registered office, houses where three people were supported and an activities hub which people using the service, and the wider community, attended.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed other interactions between staff and people they supported.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with were trained in safeguarding people and understood their responsibilities to identify and report signs of abuse.
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.
- We saw robust investigations had taken place, in conjunction with local authority safeguarding teams, to look into any concerns raised. Each investigation had a learning log to highlight any improvements that could be made to the service.

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

- People supported by the service were encouraged and supported to take managed risks, for example using public transport and managing their own money.
- Risks to the person being supported, other people being supported and staff were assessed and identified before people were accepted into placements with the service.
- Where risks were identified, plans were put in place to minimise the risk of the person and other people coming to harm. Adaptations were made to people's homes to ensure they could pursue activities that interested them in a safe way.
- We saw examples where learning identified through safeguarding investigations and other incidents had been identified and included in people's assessments to ensure they could continue in activities they chose in as safe a way as possible.

Staffing and recruitment

- Safe recruitment practices were followed and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- Recruitment processes were tailored depending on where the applicant would be working. The manager told us, "We want the right staff we don't just want staff."
- New staff underwent a comprehensive induction with their competencies checked during the classroom based training and again when they were working under supervision.
- Staff we spoke with told us they felt there were enough staff to support people safely and many staff would work extra shifts to cover sickness and holidays to keep the use of agency staff to a minimum. Where agency staff were needed they were booked for a long enough period to allow the service time to recruit a permanent member of staff. This ensured people were supported by familiar staff.

Using medicines safely

- Processes were in place to support people with medicines safely.
- We saw records showing people had received their medicines as prescribed.
- Robust audits of medication records were completed and where records had not been completed clearly, action was taken by the management to remind staff of the importance of accurate record keeping.
- People's medicines were reviewed with clinicians involved in their care to ensure the use of medicines was kept to a safe minimum.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- People's homes were clean and in a good state of repair. Where people's needs meant some cleaning products couldn't be used, alternatives such as steam cleaners were used to help reduce the risk of infection.
- Staff understood the importance of infection control.

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.

Good: 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

- Support plans we reviewed were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.
- Support plans detailed outcomes the person wanted to achieve and how staff could help them achieve them.
- People's cultural needs were a central part of their support plan.

Staff support: induction, training, skills and experience

- Staff told us they had the skills they needed to support people and if they needed extra training they were able to request it. The manager told us, "If support workers want training, our approach is always how can we get that? We review the training regularly to ensure it matches the needs of the people we support."
- Specific training was given to staff to match the needs of the people they were supporting, for example in understanding Autism or dealing with challenging behaviour.
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "I've got my local supervisor who I can go to but I can speak to head office at any time if I need to."

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

- The service supported and encouraged people to eat a balanced diet.
- We saw reviews had taken place where concerns were raised about people gaining weight. Measures had been put in place to monitor their weight and their support plans reviewed to see if they were meeting their needs.

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

- The service had excellent relationships with other organisations involved in supporting the people they also supported. The manager told us, "We don't work with any local authorities that aren't responsive to the needs of the people. We have open and honest relationships and are free to challenge each other."
- When people needed to go into hospital, and it was appropriate to do so, their regular support worker would go with them to hospital so a familiar person was with them. The manager told us, "We have built relationships with people's consultants so if they need to go in [to hospital] we talk with them and the ward manager and see what support they want from us and how we can best do it."
- People were supported to attend appointments at opticians and GPs through staff explaining to them in ways the person understood, such as creating picture boards explaining what the appointment was for.

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

- Where people needed more complex healthcare treatment, their ability to make the decisions about the treatment for themselves was assessed. Where they were not able to decide for themselves or with support from staff, best interest meetings were held involving the person, the support worker who knew them best and if appropriate the person's family. Where people had no family to participate in the best interest meetings we saw Independent Mental Capacity Advocates (IMCAs) were involved.
- Where people had their liberty restricted because of Orders from the Court of Protection the service worked hard to identify ways people could be supported in the least restrictive way possible.
- Where people had behaviour that meant they may sometimes need to be restrained appropriate safeguards were put in place and staff were trained to use the least restrictive technique.
- People's care records included information about how staff could communicate with them to obtain their consent. The manager explained, "We assume people can make the decision. We have consent forms that staff can use to show how people can give their consent."

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they felt happy and well looked after. One person told us, "It's fun. I like it." People told us they knew their support workers well and liked them.
- People's communication needs were assessed and recorded and creative ways to communicate people were used, for example creating short picture boards to explain a day's activities.
- Interactions we observed between staff and people they were supporting were friendly, compassionate and professional.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People were encouraged to contribute their views to how they were being supported.
- Daily care records included a section that could be completed by the person to say how they were feeling and express their views about the care they were receiving. This was then used as part of the regular reviews of the person's care.
- Advocates and Independent Mental Capacity Advocates were involved in people's care where the person was unable to express their views and had no-one else to express an independent voice.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Clear plans were in place to allow people to exercise their independence whilst remaining safe.
- We saw people being treated with respect
- Information about people was kept securely. Daily care records were scanned into the service's computer system reducing the need to keep confidential information about people in the homes.
- Staff we spoke with were clear about the importance of confidentiality and good data protection practices.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People's transition into the service from other services was bespoke to the individual and done in a way to best meet their needs and help them cope with the change. Some people had very short transitions of only two days other people were introduced to the service gradually for more than six months before moving. The manager explained, "It's about what the person needs to make them feel most secure."
- The culture of the service was to be creative to find solutions to meet the needs of the person. We saw examples demonstrating how the staff in the service had enabled people to partake in outdoor activities despite difficulties presented by the person's behaviour.
- People's interests were supported and encouraged. People were encouraged to take part in activities in the community and staff identified ways people's interests could be extended, for example through arranging work placements that would interest the person and maximise the person's independence and control over their lives. The manager told us, "The key is how can we get this person to where they want to be in their life."
- The service ran a day centre which people from across the organisation were supported to attend. People told us they had made friends through the day centre and looked forward to going there. There were a wide variety of activities available that matched the interests of the people attending.

Improving care quality in response to complaints or concerns

- Complaints were investigated robustly and were used as an opportunity to both resolve the person's concerns but to identify the root cause of the complaint and identify any improvements that could be made to the service. The manager told us, "We need to know how we haven't met the person's expectations. It doesn't matter who people raise issues with we just want people to raise them so we can address them."
- Where improvements were identified, these were shared throughout the organisation so that improvements could be made to other services provided by the organisation.
- After changes had been implemented, analysis was done and people's views sought as to how effective the changes had been and what improvement had been experienced by people.

End of life care and support

- The service had processes in place to support people as they approached the end of their lives.
- People's support plans for the end of their life were individual. The person said how they wanted to be supported and the service worked to meet their needs.
- Plans for the end of people's lives were kept under regular review to ensure they continued to meet the person's needs and wishes.

Is the service well-led?

Our findings

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ The manager had a clear vision of providing person centred care to the people they supported. The vision was understood and support worker's demonstrated the values of the organisation.
- □ Staff we spoke with told us the culture was very open and they were able to speak up if they weren't happy. One member of staff told us, "We can speak to head office if we need to but we can speak to our local managers instead and things will get sorted."
- □ The outcomes of investigations were shared with appropriate organisations in an honest and open manner.

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

- □ The manager understood their regulatory role and responsibilities and was in the process of becoming the registered manager for the service.
- □ The manager understood their responsibilities to notify CQC and other organisations about certain incidents.
- □ The manager undertook investigations in conjunction with different local authority safeguarding teams.

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

- □ The manger explained the service values for the organisation were written by people using the service and people working for the service rather than management.
- □ Training was available for families on subjects such as positive behaviour support and restraint. The manager explained, "We do restraint training with parents to demonstrate the type of holds we use so parents know what and why we are doing."
- □ The manager added, "We need people to speak up and be engaged in the service. The Together Trust isn't a building, it's the staff, people we support and the culture so we need them to be involved."

Continuous learning and improving care; Working in partnership with others

- □ The manager had a commitment to continually look to improve the service.
- □ Regular audits and reviews were undertaken to ensure the service was continuing to best meet the needs of people they were supporting and identify any areas of improvement.
- □ Investigations into incidents and complaints were thorough and conducted in way that people understood it was a learning rather than a blame exercise. Staff we spoke with told us they also felt this was the case.
- □ The manager had built good relationships with local authorities and other organisations involved in

supporting people to try to ensure the best outcomes for people.