

Altus Care Limited

Altus at Home Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 24 February 2016 and was announced.

Altus at Home Support is a small domiciliary care agency. Care and support is provided to people in their own homes. At the time of our inspection the service was supporting 12 people who had a range of needs mostly associated with older age.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager was working towards professional management qualifications.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures had not always been robust. Medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People were complementary of the services provided. The comments we received from people demonstrated that they felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff daily to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

Recruitment processes designed to ensure staff employed were suitable to work with vulnerable people were not always followed robustly.

There were sufficient numbers of staff and staff were trained to handle medicines correctly.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that was trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions.

The management had a good understanding of their responsibilities under the Mental Capacity Act 2005.

People were supported to eat and drink enough. Staff ensured that actions were taken so that their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People benefitted from staff who knew them and worked with them in a calm and caring way.

People's rights to dignity and privacy were respected and they were supported to be as independent as possible.

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive and proactive in recognising and adapting to people's changing needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Recruitment processes were not always followed as robustly as they should have been.

The registered manager was not always familiar with the legislation governing the registration of the service.

Staff were happy working at the service and there was a good team spirit.

Staff felt supported by the management and felt the support they received helped them to do their job well.

Altus at Home Support

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 was planned to check 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 24 February 2016 and was announced. This was the first inspection of the service since it was first registered in April 2014. This was a comprehensive inspection which was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available in the office.

Prior to the inspection the registered manager had not completed a Provider Information Return (PIR). This was because they had received a request to complete it shortly before the inspection visit. 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. However, they did inform us that this would be forthcoming. We looked at all the information we had collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we contacted some community professionals and received two responses. During the inspection we spoke with three people using the service and three care workers. We also spoke with the registered manager, the nominated individual and the administrator.

We looked at six people's care plans and daily records. We also looked at the recruitment files for the five care staff and staff training records. We saw a number of documents relating to the management of the service. For example, team meeting minutes, the employee handbook, some policies and procedures, quality audits and complaints records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One person told us they felt "very safe" when with staff. Two relatives told us they felt their family members were kept safe by the service. One social care professional felt people were not kept safe at the service due to gaps in the care staff recruitment files. A follow up visit was imminently scheduled by this individual to review progress. Feedback from another local authority confirmed that the registered manager had worked closely with them to improve their processes.

Before offering a service, risk assessments of the person's home were carried out to identify any risks to staff or the individual when providing the care package. People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with providing personal care, medication and meal preparation.

People had not always been protected by the recruitment processes in place because not all the required checks had been undertaken or verified. The current registered manager had taken over the management of the service in June 2015. However, she had failed to undertake an audit of the files at the point when she had assumed the role as the manager. The gaps in recruitment checks had been pointed out as a result of a quality visit from one of the local authorities who had commissioned services from the agency. Efforts were then made by the manager, to obtain references for individuals where these were missing. However, it was noted that an open reference ('to whom it may concern') had been accepted for one existing member of staff without any documented attempt to verify its authenticity.

Staffing was provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. Relatives felt there were enough staff and one told us staff usually turned up on time and were reliable. One person told us that they were happy with their regular carer. However, on the days when they were not working two male carers attended to their needs and sometimes arrived much earlier than the scheduled time. This was pointed out to the registered manager who visited the person that same afternoon. She provided assurances that the scheduled times would be adhered to in the future.

People's medicines were handled safely. The agencies policy was to only assist with medications when they were provided in blister packs. Only staff who had received training and had been assessed as competent were allowed to administer medicines. Staff confirmed they had received in house training and that their competence had been checked by the management. Staff training records confirmed that all staff had received the training.

Is the service effective?

Our findings

People received effective care and support from staff who were trained and knew how people liked things done. One relative told us that staff, "knows (name) needs very well". One local authority representative told us that indications were that staff were competent to provide the care and support required by people who use the service because feedback from people was positive overall.

New staff were provided with induction training and opportunities for shadowing staff who were familiar with people's needs. Staff told us they completed an induction which prepared them fully for their role before they worked unsupervised. We received documentary confirmation that one care staff member who had not worked in the care industry before was not working alone because they were not yet confident to do so. Practical competencies were assessed for topics such as moving and handling and administration of medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

All staff had registered with the local authority e-learning programme. A written schedule of staff training was provided following the inspection visit which indicated that staff had received training in a range of topics including equality and diversity, mental health, communication, health and safety, fire training, infection control and dementia. According to the schedule not all staff had completed all of the available training. It was not clear what plans or requirements were in place to ensure that all staff undertook a minimum of topics as required by the agency

In addition to induction and additional training we were told the staff were provided with training related to the people they supported. Although there was no specific programme in place we were told that staff were supported to obtain further qualifications.

Staff told us they got the training they needed to enable them to meet people's needs, choices and preferences. One local authority representative thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Whilst another local authority representative thought the agency could improve on the range and type of training that staff could access. Relatives told us they felt the staff had the training and skills they needed when looking after their family members.

People benefitted from staff who were well supervised. Staff told us they had one to one meetings (supervision) with their line manager every two to three months. Staff also confirmed they had yearly performance appraisals of their work carried out. Staff told us they felt the regular supervision and appraisal enhanced their skills and learning.

People's rights to make their own decisions, where possible, were protected. 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. The

registered manager had a reasonable understanding of the MCA and all staff had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

We saw people's health care needs were recorded in their care plans. Their health was monitored where needed and health referrals were made as and when appropriate.

Is the service caring?

Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Care plans contained some information about people's personal preferences. People said staff were caring when they supported them. One person commented: "Staff are very nice, I have no complaints". Another said, "I am satisfied with the care. In general they are efficient and caring". Relatives told us staff were caring when supporting their family members. One relative commented, "Staff are very caring. It's all going quite nicely". Social care professionals felt the service was successful in developing caring relationships with people they support.

People's diverse needs and how to meet them were contained in people's individual care plans. Staff told us this included cultural and spiritual needs where they had been identified. People said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning. The registered manager and care workers kept in regular contact with the person's relatives by phone and in person. Written notes in the care plan recorded all communications.

The registered manager told us they frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed workers were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen and staff confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes.

We saw staff meeting records which confirmed that staff had been reminded about their conduct and what the agency required of them. Areas included never providing private contact details to people they supported, ensuring that identity badges were worn at all times and that the appropriate dress code was adhered to.

People's care records were kept secure in a locked cabinet in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other service users when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete. A relative commented, "We have no worries about confidentiality." We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "Yes, very much so." A relative told us, "They are very respectful of both of us."

Is the service responsive?

Our findings

People had individual care plans developed from an assessment carried out prior to them using the service. Care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes. One person said their care plan had been reviewed and, "They made sure I was happy and everything was up to date." Other methods of gathering people's feedback included telephone monitoring and face to face meetings.

Staff told us how they responded to people's changing needs. They said they wrote any concerns in the daily notes and informed the office immediately. They told us the office would then inform the next carer due to visit the person and take action if a review of care was needed. Daily notes were generally of good quality and there was evidence that these had improved over time. They briefly described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager on a periodic basis dependent on the level of care provided. Any issues were noted and addressed with individual members of staff.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any formal complaints since first registered in April 2014. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. There had been several safeguarding issues raised in the first year of operation which mostly concerned the timing of calls and cover for when staff were off work due to illness. We were provided with evidence and feedback from the local authority which indicated that the service had responded to these concerns and that improvements had been made under the management of the current registered manager.

Is the service well-led?

Our findings

The registered manager had taken over the day to day running of the agency in June 2015. At this time the registered manager had not been proactive in assessing the documentation held particularly in relation to staff records. It was not until a local authority quality visit identified numerous gaps in staffs required recruitment checks that the manager took action to rectify the situation. One experienced and long standing staff member did not provide an appropriate employment reference as part of this retrospective work and there was a failure to follow this up.

We were provided with the policies and procedures that the agency operated within. It was noted that a range of documentation referred to Department of Health guidance and regulations which had been superseded. When questioned, the manager had difficulty in providing an accurate account of the most up to date legislation under which the service was registered and was legally allowed to operate.

People benefitted from a staff team that were generally happy in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and would be taken seriously. They were sure managers would take action where appropriate. Staff members told us their manager was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to their managers. Staff told us the manager was open with them and always communicated what was happening at the service and with the people they support. They felt well supported by the manager.

Care plans, daily records and risk assessments were reviewed on an ongoing basis and any changes were recorded on the care plan and in daily records. It was not clear how the manager monitored staff training or what training was considered to be mandatory for the agency. The majority of staff training was provided by e-learning. It was acknowledged that this was not always the most effective way to ensure that staff understood their responsibilities.

Quality assurance systems were in place to monitor the quality of the service being delivered. The registered manager had recently sent questionnaires to people to gain their views of the services provided. However, their return was awaited in order that responses could be evaluated with the purpose of identifying trends and/or areas for improvement. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service although one person told us that they were not always made aware when care staff were running late.

We received feedback from local authority representatives which was conflicting in nature. Concerns were expressed about the competence of the manager to manage the service based on previous discrepancies found during quality visits. However, the host local authority representative advised that the registered manager had worked closely with them in order to improve processes within the agency following the registered manager's appointment last year.

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.