

Alters Recruitment Limited

Southampton

Inspection report

Suite 30, Lowman's House
78-80 Portswood Road
Southampton
Hampshire
SO17 2FW

Tel: 02380555315

Website: www.altersrecruit.co.uk

Date of inspection visit:

20 March 2019

21 March 2019

Date of publication:

16 April 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:

- Alters Recruitment Limited Southampton is a home care service that was providing personal care to 16 people in their own homes at the time of our inspection.
- The service supported people with a range of care needs including older people who might be living with dementia, physical disability or sensory impairment.

People's experience of using this service:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- There were detailed and individual assessments to guide staff to protect people from risks to their safety and wellbeing.
- There were detailed and individual care plans to guide staff to support people according to their needs and choices.
- Staff had developed lasting, caring relationships with people they supported.
- The provider assessed and met people's individual communication needs and responded quickly when people's needs changed.

Rating at last inspection:

- At the last inspection (published 24 August 2016) we rated the service good.

Why we inspected:

- This was a planned inspection to check the service remained good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our well-led findings below.

Good ●

Southampton

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:

- One inspector carried out this inspection.

Service and service type:

- The service is a home care agency. It provides personal care to people living in their own homes.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service three days' notice of the inspection site visit. We needed to be sure the registered manager or other senior staff member would be available, and we needed to give the registered manager time to obtain people's consent for us to contact them.
- Inspection activity started on 20 March 2019 and ended on 21 March 2019. We visited the office on 20 March 2019 to see the registered manager and staff, and to review records. On 21 March 2019 we spoke with people who used the service and their family members by telephone.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with four people who used the service and one family member. We also received an email from another person's family member.
- We spoke with the registered manager and two staff members.
- We looked at the care records of four people.
- We looked at other records to do with the running of the service.

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:

- People were consistently safe and protected from the risks of avoidable harm and abuse.
- Everyone we spoke with said they felt safe when care workers were in their home.
- One person's family member told us care workers "handled [Name] very carefully" and were "right there" in case the person fell.
- Staff had regular training in safeguarding which was followed up in supervisions and staff team meetings.
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- The provider reacted to concerns about people's safety by following the agreed process, cooperating with the local authority safeguarding team, and notifying us.
- There had been one recent concern which the provider had investigated and concluded there was no risk to the person's safety.

Assessing risk, safety monitoring and management:

- People were involved in identifying, assessing and managing risks to their safety and well-being.
- The provider had an effective process to identify risks which included individual risks and risks arising from people's home environment.
- People's individual risk assessments included risks associated with treatment for any individual medical conditions.
- Risk assessments were detailed, individual to the person, and considered advice from other agencies, including the fire service and social services.
- People's care and support plans reflected their individual risk assessments. People took part in regular reviews of their risk assessments and care plans.
- There was a business continuity plan in place, and the registered manager had considered how they would apply it in response to a range of emergencies.
- The provider managed risks to keep people safe in ways that meant they had the most freedom possible, regardless of disability or other needs.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to make sure people had a safe, consistent and reliable service.
- People told us they received planned care visits at the correct times, including at weekends.
- The provider's policy was to decline care packages if they could not recruit to support them safely.
- The provider's recruitment process included the necessary checks that candidates were suitable to work in the care sector.
- New staff did not start work until the necessary checks were complete and required records in place. A

sample of staff files were included in the monthly internal quality audit.

- People could be reassured staff had been checked for their suitability to work with people in their own homes.

Using medicines safely:

- Staff managed medicines consistently and safely and kept accurate records.
- People who received support with medicines told us this was done according to their needs and wishes.
- There were weekly medicines audits which checked records. The registered manager followed up any errors identified
- People received their medicines from trained staff who had their competency checked via routine spot checks.
- People's care plans included guidance on how they liked to have their medicines administered and where people looked after their own medicines. Guidance for medicines prescribed to be taken "as required" covered when the medicine might be required, its purpose, maximum dose, and when to seek GP advice. Body maps were in place to show where creams and ointments should be applied.
- Records relating to medicines were accurate, complete and up to date, including those for medicines prescribed to be taken "as required".
- Processes were in place to make sure people received their medicines as prescribed and in line with their wishes.

Preventing and controlling infection:

- There were processes in place to reduce the risk of the spread of infection.
- People told us staff used personal protective equipment, such as disposable gloves when appropriate.
- Staff received training in infection control and food hygiene. Routine spot checks included the use of personal protective equipment.
- The provider took steps to protect people from the risk of infection.

Learning lessons when things go wrong:

- There was a process in place to record and follow up incidents, accidents and near misses.
- Staff were aware of their responsibility to report incidents honestly and felt supported to reflect and identify lessons to learn.
- The provider had analysed responses to people's care plan reviews, identified learning points, and communicated these to all staff.
- Where necessary the provider made changes in people's care plans to promote people's safety.

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:

- Comprehensive assessments and care planning led to good outcomes for people.
- People we spoke with all said their care and support met their needs and took their choices into account.
- One person's family member told us they were very pleased with the person's care, the person's wellbeing had improved, and staff had acted positively to avoid risks associated with pressure areas.
- The registered manager assessed people's care needs using a "baseline assessment" form, and developed care plans that were detailed and individual to the person.
- People's care assessments reflected guidance and updates from relevant organisations.
- Where people had individual needs, the provider took advice from other health and social care professionals, and other agencies involved.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- Staff had the right skills, knowledge and experience to carry out their roles.
- People were satisfied that their care workers were properly trained.
- People knew their care workers had training at a local college and new starters had a period of working alongside an experienced colleague before they worked alone.
- Staff were very impressed by the training they received, and told us their training had prepared them for situations they might meet while supporting people.
- The provider's induction training was based on the Care Certificate, which defines national standards for care workers.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- At the time of our inspection people who used the service were independent in their choices of what they ate and drank.
- Staff supported people with preparing their food, and prompting and encouraging them to eat a healthy, balanced diet.
- Where appropriate, people's care plans reflected guidance from speech and language therapists about risks of problems swallowing.
- Where there were concerns about how much a person ate and drank, staff kept records of their intake at mealtimes when they received support. The service worked with other agencies to support people to eat and drink enough.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- The provider worked with other healthcare professionals, such as community nurses, to understand and meet people's needs.
- When required, staff contacted, or advised people's families to contact, GPs and paramedics to make sure there were prompt interventions by other services.
- Keeping in mind people's consent, staff shared appropriate information with other agencies to make sure people's care was consistent and continued to be effective.

Supporting people to live healthier lives, access healthcare services and support:

- People experienced positive outcomes regarding their health and wellbeing.
- Staff kept an eye on people's general health and wellbeing and told the office if they had any concerns, for instance if a person appeared confused, possibly due to an infection.
- The registered manager put particular focus on avoiding pressure injuries where people had limited mobility. This was covered in staff induction and followed up in staff team meetings. At the time of our inspection nobody using the service had a pressure injury, and this success was noted by some people's families.
- The registered manager told people about other services, such as day centres, if these might improve people's wellbeing.
- The service had supported people to be more active in their community, for instance by going shopping or swimming.

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

The Mental Capacity Act 2005 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 Act.

- Staff received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated guidance.
- Nobody supported by the service at the time of our inspection had been assessed as lacking capacity.
- Records showed people had consented to their care plans and other arrangements. The registered manager checked this periodically to verify continued consent.
- Staff were aware of their responsibility to deliver care only with the person's consent.
- All the people we spoke with were happy everything was done with 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; respecting equality and diversity:

- People had positive relationships with staff who treated them with dignity, respect and kindness.
- People described staff as "very helpful, friendly and reliable", and "friendly, caring and very kind".
- One person said, "They listen to me and are very helpful."
- Staff said they had time to have conversations with people. One staff member said the provider had a caring ethos which was reflected in how staff supported people.
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.
- The provider had an ethnically diverse staff team who could support some people using their own language if they did not speak English, and match them with care workers who shared their religious or cultural background.
- The provider's baseline assessment forms covered people's cultural, religious, language and racial needs.
- A family member of a person who used the service had written, "Carers are attentive, friendly and indeed, 'caring'."

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

- The provider supported people, their families, and other relevant people to be involved in decisions about the service.
- People and their families were involved in regular reviews of care plans and risk assessments which took place once a year or when people's needs changed.
- One person told us, "They listen and know what to do."
- Email feedback from another person's family member included, "We as a family feel very at ease with [Name's] care as you are so reliable, courteous and your communication is exceptional."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with all said they felt staff respected their privacy and dignity.
- One person said they had "a good, two-way relationship" with their care workers. Another person referred to care workers' "kindness and respect".
- Routine spot checks covered privacy, dignity and independence. One spot check record included, "[Name] is very pleased. Carers care for her with respect and always ask what to do."
- There were many references in written compliments from family members about how the provider supported people's independence. These included, "Without you they could not have remained in their own home for so long," and, "It was their wish to live and die in their own home. They could not have fulfilled this without your care staff."

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:

- Staff supported people according to care plans which reflected their needs, preferences and risks involved in their care.
- One person said, "They are pretty good. I have no complaints. They come on time, they do the job, and if I ask them they do other things."
- Another person's family member said, "They are first class. If there are any problems you only have to ring up and they sort it out."
- The registered manager had a range of methods to make sure people's care and support were in line with their agreed care plans. These included regular reviews of daily logs of care, spot checks and care reviews with the person and their families.
- The registered manager had identified that there had been a small number of missed or late calls. They had addressed these with the individual care workers. The provider had started to assess whether an automated call monitoring system would improve communication with people if their care workers were going to be late.
- The service identified and assessed people's information and communication needs in line with the Accessible Information Standard.
- People's care plans highlighted their individual communication needs.
- One person's care plan included detailed instructions about their hearing aids, and how staff could make it easier for them to lip read if they were not wearing them.
- People with communication needs arising from disability or sensory loss had choice and control because these needs were identified, recorded and met.

Improving care quality in response to complaints or concerns:

- The provider had a system to log, follow up and close complaints. People knew how to complain if they needed to.
- Where the provider received a complaint, they wrote to the complainant to explain what they had done. There was also shared learning about the complaint and any recommendations at staff team meetings.
- There had been two complaints in the year before our inspection, both of which had been dealt with professionally and closed.

End of life care and support:

- The provider made appropriate arrangements to support people in their final days, although there was nobody receiving end of life care at the time of our inspection.
- Staff had received specialist training in end of life care.
- End of life care reflected the wishes of people and their family to make sure the person was comfortable and pain-free.

- Feedback from the family of a person who had been supported in their final days referred to the service as "exemplary, reassuring and flexible".

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service was well led and had a positive, person-centred culture.
- Staff told us the registered manager had successfully shared an ethos which encouraged independence and supported people's human rights. Staff spoke of the service as a "caring organisation" with workers motivated to support people in a caring way.
- People told us they thought the service was well managed with open communication.
- One person told us the registered manager had recently spent two and a half hours with them to carry out their care plan review and "do all their paperwork".
- The registered manager was aware of their responsibility to be open in communication with people and others involved in their care.

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

- There was a clear and effective management system.
- The service had a manager registered with us. This means they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.
- The registered manager was the provider's area manager. They had recently recruited a branch manager to be responsible for the day to day running of the service. The new branch manager intended to register with us.
- Staff were clear about their responsibilities and described the service as well organised. They said they were always informed about relevant changes.
- There was an effective quality assurance system which included monthly internal checks overseen by a corporate quality monitoring officer, and a yearly quality survey to monitor the impact on people using the service.
- The registered manager developed and tracked a plan of action to address any areas for improvement identified.
- The registered manager showed an understanding of regulatory requirements. The ratings from our last inspection were clearly displayed in the service.
- The provider notified us of certain events as required by regulations.

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

- The provider used a range of methods to engage with people and staff

- The yearly quality survey was carried out by the provider and covered both the provider's registered services. The registered manager received the results and recommended actions for their service.
- The provider also engaged with people by means of care plan reviews and spot checks.
- Engagement with staff was through a regular programme of supervision, appraisal, spot checks and team meetings. These were opportunities for two-way conversations.
- The registered manager made reasonable adjustments for staff members' equality characteristics, for instance by adjusting rotas to accommodate periods of religious fasting.

Continuous learning and improving care:

- The registered manager had an ongoing plan of action to drive and sustain improvements to people's service.
- Actions were identified from the annual quality survey and monthly quality assurance audits, comments from people who used the service, and staff.
- The registered manager had an arrangement with another manager in the provider's organisation to periodically audit each other's service. This meant there were opportunities for learning across the organisation.
- Where learning opportunities had been identified, these were communicated to staff promptly and effectively.
- The provider had updated policies and procedures to reflect changes in data protection legislation.

Working in partnership with others:

- The service worked collaboratively to deliver joined-up care.
- The registered manager was a member of the local authority's provider forum.
- The service had good relationships with other healthcare providers, including GPs, the community nursing team and professionals from other healthcare disciplines.
- There was a good relationship with social services. Social care professionals knew there were staff with certain languages who could meet the communication needs of people from the same cultural background.