

Alma Care (UK) Limited

Alma Care (UK)

Inspection report

9-19 Southbridge House
Southbridge Place
Croydon
Surrey
CR0 4HA
Tel: 020 8240 4457
Website:

Date of inspection visit: 31 July 2015
Date of publication: 08/09/2015

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 

Overall summary

This was an announced inspection that took place on 31 July 2015.

The agency provides short term domiciliary re-enablement care, longer term, crisis intervention and live in care. Re-enablement is the process whereby people are supported to regain the skills to live independently.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in May 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People told us they were very happy with the service provided. The designated tasks were carried out to their

Summary of findings

satisfaction, they felt safe and the staff team and organisation really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

The staff we spoke with were knowledgeable about the people they supported, the way they liked to be supported and worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. They were well trained, knowledgeable, professional and accessible to people

using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as required. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People were positive about the choice and quality of the service provided. They also said the management team and organisation were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

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.

The agency was suitably staffed, with a well-trained team that had been security checked. There were effective safeguarding procedures that staff understood.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

Good



Is the service caring?

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity were respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Good



Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



Alma Care (UK)

Detailed findings

Background to this inspection

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

This was an announced inspection and took place on 31 July 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 25 people using the service and 19 staff. During the inspection, we spoke with five people using the service or their relatives' four staff, two local authority service commissioners and the registered manager.

During our visit we looked at copies of four care plans for people who use the service that were kept in the office as well as in people's homes. Information included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

Is the service safe?

Our findings

People and their relatives said that they thought the service was safe and there were enough staff to meet their needs. One person told us, “The service makes me feel safe.” Another relative said, “A good service and staff.”

The agency had policies and procedures that enabled staff to protect people from abuse and harm. This included assessing risk to people. Staff confirmed and records showed they had received induction and refresher training in abuse and harm recognition. They understood what abuse was and the action they would take if they encountered it. Their response was in line with the provider’s policies and procedures. Staff were also aware of how to raise a safeguarding alert and the circumstances under which this should happen. The organisation’s safeguarding, disciplinary and whistle-blowing policies and procedures were also provided in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people’s skills and

knowledge of the care field they were working in. References were taken up, work history scrutinised and security checks carried out prior to starting in post. There were enough staff provided to meet peoples’ needs, in an appropriate and timely way. People said if there was a problem, it was resolved quickly. The staff rota met people’s needs flexibly and safely during our visit.

There were risk assessments that enabled people to take acceptable risks and enjoy their lives safely. The risks assessments were monitored, reviewed and adjusted as needed. They were contributed to by people using the service, relatives and staff. Staff encouraged input from people whenever possible. Staff were trained to assess risk to people. The staff said they shared information within the team regarding risks to individuals. There were also accident and incident records kept. They told us they knew their clients well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

Staff prompted people to take medicine or administered it as appropriate. The staff who administered medicine were appropriately trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency with copies of the medicine administration records kept on file in the office.

Is the service effective?

Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient and relaxed way that people liked. They said the type of care and support provided by staff was what they needed. People and relatives said that they felt the staff were adequately trained in order to be able to undertake the tasks that were required. One person told us, "An excellent service, they always turn up on time." A relative told us "A very good service, I used it in the past for my (relative) and am now using it for my (a different relative)."

Staff were well trained and received induction and annual on-going mandatory training. The induction was comprehensive; person focussed and took place over three days with two weeks of shadowing more experienced carers before working alone. Performance reviews took place after 12 weeks. Training included safeguarding, re-enablement, infection control, lone working, medicine, food hygiene and equality and diversity. Re-enablement was supporting people to re-establish the skills they needed to live independently within the community. Local authority training courses provided some of the staff training particularly that which was service specific such as end of life. Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them, as part of the

re-enablement programme or if required by people using the service in the longer term. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the local authority re-enablement, hospital discharge teams and other community based health services, such as district nurses and commissioning social workers.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if encountered. They understood the difference between legal and illegal restraint practices. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

Staff were aware of and had received training in the Mental Capacity Act 2005 and 'Best Interests' decision making process, when people were unable to make decisions themselves. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The care co-ordinators carried out spot checks in people's homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment.

Is the service caring?

Our findings

People and their relatives told us that they were treated with dignity and respect by staff. They listened to what people said and valued their opinions. They provided support in a friendly and helpful way. This followed the philosophy of the service that was to enable people to make their own decisions regarding the support they required and when they needed it. People also spoke positively of the way having consistent care staff ensured that they understood people's needs and preferences as individuals. This demonstrated a person-centred approach to the care that was provided. One person we spoke to told us, "I'm very happy with the staff, they are really good." A relative told us, "We are very fortunate with the staff." Another relative said, "I can see from my (relative's) expression that they are very happy and fond of the staff."

People and their relatives said enough information was provided by the agency about the service provided. This was contained in information leaflets and a customer information pack that outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. They confirmed that they had been involved in developing and deciding their care

plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. One care staff told us, "The people we support are the most important thing." Their training included respecting people's rights, dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided.

People and their relatives confirmed that they were aware there was an advocacy service available through local authorities.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views by the agency and placing authorities. They were fully consulted and involved in the decision-making process before the agency provided a service. People were also confident that they received personalised care that was responsive to their needs. They said staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us about the importance of capturing the views of people using the service and their relatives so that the support could be focused on the individual's needs. One relative said, "If there is a problem or staff are going to be late, they always let us know." Another relative told us "We are so happy; all the jobs are done really well."

Service commissioners including the local authority re-enablement teams arranged care packages. These included short-term six week care packages. They carried out an initial assessment, provided a care plan and commissioned the service from the agency. Once the agency had received the care plan, the manager and a care co-ordinator would carry out an assessment visit. During this visit they check the tasks identified in the care plan, with the person to make sure they met the person's needs. This would include risk assessments. If there were inconsistencies, these were referred back to the commissioning teams for review.

Staff providing the re-enablement service supported people to re-establish the skills they required to live independently, on a one to one basis. Needs were met and support provided promptly and appropriately. People's personal information including race, religion, disability and

beliefs were clearly identified in their care plans. This information enabled care workers to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person's needs. Some people who received a longer term service did so having firstly used the re-enablement service and then decided to continue with the agency.

The agency documented the reduction in re-enablement services provided when people became more independent and able to carry out tasks for themselves. For the longer term packages, people's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. This was recorded in people's files, reviewed and updated. Feedback was requested at the end of re-enablement programmes and there were spot checks for people receiving a longer term service.

The care plans were individualised and person focused and people were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with the agency that were reviewed.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. People using the re-enablement service also had access to local authority complaints process. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People and their relatives told us that they felt comfortable speaking with the manager, staff and agency and were happy to approach them if they had any concerns. They said there was frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service more personal. Staff also liked the fact that they lived close to people using the service as this meant they could get to their calls on time. One person told us, “We have really good communication with the office.” Another person said, “You can speak to them and they get back to you.”

During our visit to the office there was an open culture of supportive, clear, honest and enabling leadership. The manager, who was registered with the Care Quality Commission (CQC) was able to describe a vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives. This vision and values was clearly set out and staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings.

Staff told us the support they received from the manager and care co-ordinators was good. They were in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information including during regular minuted staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. A staff member told us, “We get all the support we need.” There was a clear career development pathway and senior staff had been promoted internally.

The records demonstrated that regular staff supervision, post placement de-briefs and annual appraisals took place with input from people who use the service. This was to help identify if the staff member was person centred in their work. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews, a minimum of annually with people who had longer term packages, regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The current small number of people using the service enabled the agency to have a very individualised approach to monitoring the quality of their care. Frequent quality checks took place that included spot check visits; phone contact with people who use the service and their relatives and audits of people’s and staff files, care plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.