

Alternative Means Limited

Alternative Means

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Alternative Means is domiciliary (home care) service providing personal care to people in Pulborough and surrounding areas. Some people had additional services offered by the provider including domestic, recreational and companionship help. This inspection took place on 9, 10 and 14 November 2017. 72 hours' notice was given as the service is small and we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits. This allowed us to hear about people's experiences of the service.

At the last inspection in June 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

At the time of the inspection, the service was providing personal care to 20 people.

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 2008 and associated Regulations about how the service is run.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able for example peeling vegetables. The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service ensured information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs for example simple questions and information was given to people with cognitive difficulties and information about the service available in larger print for those people with visual impairments.

The service was well led by a registered manager and provider and supported by a small, dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents such as medicine errors were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good ●

The service was effective. People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

Is the service responsive?

Good ●

The service was responsive.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was understood to support people's individuality.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team, underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Quality assurance systems drove improvement and raised standards of care.

Alternative Means

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 9, 10 and 14 November 2017 was announced. The provider was given 72 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with three people who used the service and contacted eight relatives and two carers for their views on the service. We received 11 comment cards from people during the inspection. We spoke with three staff during the inspection and the registered manager.

We looked at three records which related to people's individual care needs. We viewed three staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

The systems, process and practices at Alternative Means enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff confirmed that they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise concerns. The registered manager informed us there had been no safeguarding alerts at the service in the past three years and told us, "Safeguarding training is completed at induction and annually. Staff also completed safeguarding training through West Sussex county council. We check staff understanding in supervisions, that staff know the types of abuse and how to raise concerns."

Some staff supported people to buy their shopping and go on outings. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. The registered manager told us staff values were very important during the recruitment process, "We want a caring person, able to demonstrate that at interview, that they want to be a career and it isn't just a job. We look for the right attitude, positivity and a desire to change people's lives for the better" and "We keep recruiting to try and get the right candidates." We received mixed views from people about staff. Some people told us they liked the more mature care staff with life experience, other preferred young staff. The registered manager told us that as far as possible they tried to match staff with people but recruitment was an ongoing challenge.

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team; this helped to provide continuity for people and meant if people had appointments there was flexibility with the times of visits. As far as possible, staff told us they worked as a team to meet people's needs so people were supported by staff they knew. People confirmed home visits were never missed and they were notified if staff were running behind schedule. People had information about the staff who would be visiting in their homes so they knew which staff to expect on particular days. For people with visual impairment, rotas were available in large print if required. Contingency plans were in place for bad weather for example a larger vehicle was available for staff use in the event of snow.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. A lone working policy was in place and an out of hour's service to support staff safety and ensure people having early or late visits received them. Staff vehicle

MOTs and car insurance were checked to ensure people were safe if they were travelling with staff.

People were supported by staff who managed risk effectively. Staff told us, "We read people's care plans, check equipment, medicines and record everything." When people's health declined, and increased people's risk of falls for example, people's doctors were contacted, equipment arranged, environmental hazards such as rugs considered and the frequency of staff calls to reduce risks.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed stock checks occurred each day to ensure people had received all of their medicines. Good records were in place in relation to specific medications for example body maps were used for pain relief patches. The registered manager shared a medicine error which had occurred in early 2017. Medicines had been administered at the wrong time by mistake. The registered manager called for medical advice, met with staff involved, booked additional staff training and undertook supervision and spot checks with the staff involved to reduce the likelihood of a repeated incident.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care for example wearing protective clothing. A relative told us, "I always feel safe with the carers and their hygiene is first class". People confirmed their homes were kept clean and tidy and staff supporting them with meals, prepared and served food safely.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire. Incidents which occurred were recorded and analysed to improve safety. Safety hazards within people's homes were removed. For example staff had noted potential hazards in one person's home and liaised with family to remove these to reduce the likelihood of falls.

Is the service effective?

Our findings

The service continues to provide effective care.

People were supported by staff that were trained to meet their needs. Staff underwent training on essential subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported, for example catheter training. All staff confirmed the training was good. Training was delivered by in house training in addition to external training as required. All staff confirmed training was robust and worthwhile.

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff new to care had the opportunity to work within the on-site care home the provider also owned to gain experience under observation. Staff also shadowed more experienced members of the team as part of the induction. The registered manager advised the induction and shadowing continued until new staff felt confident with people. People confirmed staff had shadowed others until they were competent.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and staff and the registered manager confirmed an "open door" policy. They told us, "staff can pop in for a chat or discuss people's care needs anytime". Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

The registered manager told us all the people they currently cared for had the ability to make their own decisions. Staff however, were knowledgeable about how they would support someone who had difficulty in making decisions for themselves if people's needs changed. All staff gave people opportunities to help them make choices and decisions for themselves wherever possible, for example what people wanted to wear or eat on a particular day. Consent forms were in place for aspects of care and support where required, for example property and key access, and sharing information.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's nutritional needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were for example, how people preferred their porridge. Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take. Staff knew who required their food and fluid intake to be monitored and when

they needed to encourage people to eat and drink. When people's nutritional needs had changed, staff had been trained in supporting people so they were able to remain at home.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. People's doctors had been informed when Alternative Means started to support people at home. Staff knew people well and monitored people's health on a daily basis. Changes in people's health were communicated to staff via their mobile phones so staff were aware. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support. Visiting professionals were encouraged to document their visits in people's notes to support good communication with all staff involved. The registered manager advised that chiropodists, beauticians, dentists caring for people at home feedback any concerns they had about people.

Alternative Means used technology advances such as "people planner" to organise the rotas. Mobile phones communicated essential information to staff quickly. The service was looking at tablet computers to enhance care planning and visits to enable "real time" recording of information which the office would be able to see instantly. They hoped in the future feedback questionnaires would also be sent to people electronically rather than by post but were conscious not all people they cared for had a computer or online access.

Is the service caring?

Our findings

The service continued to be caring.

The registered manager told us the caring nature of staff was monitored closely through spot checks, feedback and supervision with staff. Positive feedback we received included, "Wonderful care"; "[X] was made as comfortable as possible by the care, compassion, patience and humour shown by all care staff" and "Staff pleasant and caring throughout." Another relative told us, "The care provided is excellent. All the staff show love and care for my wife and for me. They treat [X] with the dignity she deserves."

People and relatives all told us staff were kind and caring and feedback forms also confirmed this. One person wrote to us, "The care I get is excellent, I am very well treated by pleasant carers" and another, "Nothing but kindness, their support has been invaluable." Comments from relatives included, "Once mum had a power cut, staff went beyond the call of duty to wait with mum until a local friend and the electrician arrived" and "It is such a worry having a vulnerable parent that we don't live close to and our priority and mums is to try and maintain as much independence for her as long as we can in her own home. Alternative Means are helping us to do that." A relative shared, "They are always jovial and helpful, in excess of requirements i.e. washing up breakfast dishes!"

Staff spoke of people in a caring, thoughtful way. Staff told us how much they loved their jobs and the people they cared for, some staff had left the company and returned, "Alternative Means meets the "mum test"." Staff shared examples of when people had been upset and they had offered TLC (tender loving care) for example when one person's cat had died. Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, covering them with towels and giving privacy when they wished for example if they wanted to use the bathroom alone. A relative shared, "Staff treat [x] with dignity, humour and have been very good and helpful." Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff.

Staff ensured people were supported and cared for as they would their own family. Staff rota's were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. One relative commented, "We were listened to and received the right and good care on each occasion." The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. People, where possible, received their care from the same staff member or group of staff members. This suited people and they told us they appreciated not having to repeat information. It supported relationships to be developed with people so they felt they mattered.

People's social interests and preferences were recorded. Alternative Means offered a companionship service and supported people to go shopping or to other activities if they wished. People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

Where people had lost their independence due to ill health, staff supported them to regain their confidence so they were able to return to the activities they enjoyed, such as their regular hair appointment.

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person said; "I wouldn't be able to be here (in their own home) without them". Staff shared how they encouraged people to help with cooking if they were able, for example peeling the vegetables to help maintain their independence and sense of value and worth.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. No one we met required care plans presented in an accessible format; however care reflected people's diverse needs and social situations.

Is the service responsive?

Our findings

The service continued to provide responsive care to meet people's needs.

Relatives told us, "We've been very happy with the way the agency (Alternative Means) has found help to look after my husband when we have needed it" and "They respond quickly to requests for rota changes and they always contact me if they have any concerns about mum".

The registered manager / provider's referrals usually came through word of mouth, some through the local authority system. The service undertook their own assessment of people's strengths and needs. Comprehensive, individualised care plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly. This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition. Relatives confirmed when people's needs changed, the service was responsive, "There has never been an issue accommodating my mother's needs, in particular when we had to increase her need for visits due to a fall and subsequent hospital admission...I can also confirm that I have always received a good response from any query or request made."

People had support plans in place which were individualised and encouraged choice and independence. One person said, "They know how I like things done and always carry out my wishes. "They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how people liked their shower and how to communicate with people. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them. People confirmed they reflected their needs.

Staff shared examples of personalised care they provided. For example, respecting people who preferred their shower in the evening before bed, others who liked their main, hot meal at lunch with a glass of sherry and people who enjoyed a walk around their garden with staff. Staff gave examples of learning when they hadn't followed people's routine and reflected for example staff shared how one person liked their trousers put on last; staff had put them on first which had unsettled the person. They know knew to always dress the person this way.

The registered manager and provider considered matching staff with people, for example age group, gender and life experience. This supported personalised care and a part of the recruitment strategy.

The registered manager gave us an example of support they had provided to one person at the end of their life. Care planning had considered the person's and families wishes and preferences. Staff had worked with the district nurses and palliative care nurses to ensure their care and pain were kept under regular review. The registered manager told us they were there to comfort them when they passed away and felt honoured

when family asked if they could chose his funeral clothes and they would have known what they would have liked to wear. Staff attended the funeral. The registered manager told us family often asked staff to attend the funeral and the office staff would arrange the planning rotas to support staff to say good bye to people they had cared for.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was in people's homes. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. We reviewed one complaint which had been thoroughly recorded, investigated and responded to according to the provider's policy. A memo was sent to all staff to share learning from the complaint to prevent a reoccurrence. If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager.

Some people had a companionship service where care staff supported people with housework, cooking, shopping, a cup of tea and a chat or took them out to local places. People enjoyed this aspect if it was a part of their care. Staff shared examples of how sometimes people just enjoyed them sitting with them whilst they watched their favourite television programmes. This helped people at risk of social isolation within the community.

Is the service well-led?

Our findings

The service continues to be well-led.

Feedback from people and relatives included, "I'm extremely happy with Alternative Means"; "I would recommend their services to others"; "Special thanks to the Registered Manager for your time, hard work and support over the past few months when [X] was struggling to stay at home" and "I have found Alternative Means to be very helpful and supportive in helping me and my family care for our mother who has Alzheimers."

People and relatives told us the culture at the service was positive. Staff had confidence in the leadership team. The provider and registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes. People and staff told us they knew the office well. The registered manager told us they were always available across the week and staff had their mobile number if required out of hours, "I'm always here for a chat or staff can schedule a meeting." The providers were also at the service on a daily basis. The registered manager told us, "They are very supportive, always here if I need extra support. They listen to my ideas for progressing the business; support my training needs and career progression. I feel very valued." My vision for the service is to engage staff in the vision and values of the service, to promote people's independence, to provide high quality care. I listen to staff opinion and act upon it."

Staff were given the opportunity to share feedback and ideas in staff meetings, in one to ones with the management team, informally and via the staff survey. Staff felt supported by the management team, respected and listened to, "any problems and we can ring in". Staff told us staff meetings updated them on new people using the service, any changes and they always received positive feedback. We observed staff visiting the offices during the inspection to feedback to the management team. A few staff felt additional resources would support the office staff and aid communication. For example, they explained both the registered manager and office administrator covered staff shortages and this occasionally affected the smooth running of the service. We spoke with the registered manager about this who advised recruitment was ongoing and they had recently introduced a "refer a friend" scheme to support recruitment. They hoped this; alongside technology advances, would make the office more efficient.

The service encouraged staff to provide quality care and support. We observed the management team role modelled the organisation's values. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care, "I feel supported and cared for."

The registered manager worked in partnership with other agencies when required for example primary healthcare service, the local hospital and social workers.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and via the on call system. The provider's

whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous improvement of the service. Results we reviewed were very positive.

The service was striving to continually improve to enhance the care and quality of the service. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good, quality standard. CQC registration and regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones. People and staff felt involved and engaged, they felt able to question practice and feedback areas of improvement for example minor issues with the scheduling. Robust processes were in place to ensure the integrity of confidential information within working hours and out of office hours.