

Alters Recruitment Limited

Southampton

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

This inspection took place on 22 July 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The Southampton branch of Alters's Recruitment Limited provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 20 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

At our last inspection on 16 and 18 June 2015, we found three breaches of regulations. The service was non-compliant with people's risk assessments, communication and records. During this inspection we found action had been taken and improvements made.

The service had a registered manager. 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. The service was currently in the process of registering the manager for the regulated activity of personal care.

People and their families told us they felt safe and secure when receiving care. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held quarterly. There were sufficient numbers of staff to maintain the schedule of care visits.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. People received their medicines safely.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and felt they could visit the office and be listened to. Staff meetings were held regularly. There were systems in place to monitor quality and safety of the service

provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

Staff were trained and assessed as competent to support people with medicines.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to take account of people's needs and recruiting practices were safe.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and people's needs were reviewed regularly to ensure this remained appropriate for the person.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

The service was well led.

Staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. □

Good ●

Southampton

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 22 July and 01 August 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with five people who used the service or their relatives by telephone and visited three people in their own home. We spoke with the registered manager and seven staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

Is the service safe?

Our findings

At our previous inspection of the agency in June 2015, we identified that risks to people were not always managed appropriately. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by September 2015. At this inspection we found improvements had been made and risks to people were now managed appropriately.

People told us they felt safe. One person said, "I feel safe with staff, if I asked staff to help they definitely would." Another person told us, "I'm happy with the care I receive and I feel safe." A third person told us they felt safe and explained, "I have a small group of carers who know me really well and know my needs. I was not feeling very well recently and the carers reported this to the office who then called me up to check if I was alright." A family member said, "[person's name] is very happy and safe with carers."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example a risk assessment for the someone who was at risk of falls, informed staff if there was no answer at the door they were to immediately inform the office and use the key safe to get in and make sure the person was okay and not on the floor. It also informed staff to ensure that the person used their stick to walk and that it was within easy reach of the person when staff were not present. For another person they had a health condition which had resulted in a stroke in the past and may be at risk of happening again. There was detailed guidance to direct staff if they had any concerns. One staff member told us, "If I notice a risk I contact the manager who is helpful in sorting out the problem."

There were safe medicine administration systems in place and people received their medicines when required. One person told us, they were supported with their medicines and staff will always check if they required any pain relief. They said, "Staff always check to see if my legs are hurting". People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All care plans clearly documented what medicines were for, where it was stored and people's preference for how they like to take it. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. The registered manager told us that medicine administration records (MAR) were audited every two weeks.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I have had safeguarding training, if I had any concerns I would inform the office and record what happened."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us, "I look at the amount of work we have and I don't pick up any new packages of care if we haven't got the right staff for the package."

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness. This contained a set of procedures to follow and the main contact numbers for emergency services.

Is the service effective?

Our findings

At our previous inspection of the agency in June 2015, we identified that staff could not communicate effectively with people who used the service. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by September 2015. At this inspection we found improvements had been made and people we spoke to and records we saw showed that communication had greatly improved.

People we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "I'm very happy with the service. Carers do not rush me and afterwards if I choose to go back to bed then the carers do not stop me." Another person said, "I think all the carers know what they are doing and seem very good at their job." A family member told us, [person's name] has a team of four carers who know her needs very well." They also told us, "The carers have got to know [person's name] really well as she is hard of hearing and has to lip read. I've got no issues with communication or language with the carers."

People told us they were always asked for their consent before care was provided. One person told us, "The carers are all friendly and don't force me to do things I don't want to do." Staff said they gained people's consent before providing care. We spoke to one staff member and asked them what they would do if a person refused to take their medicine. The staff member said, "I would encourage them to do so and perhaps go back later to see if they wanted to take it. If they refused again I would record it and report the incident to the office as it was the client's choice." Care plans and contracts had been signed by people showing they consented to the care planned and processes used by the service to support the delivery of care.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "Training is regularly updated, which is very helpful as new regulations and rules come out. It also helps you understand the care provided." Another staff member said, "When I started my training I shadowed with an experienced member of staff and received lots of training which I enjoy, as I find training really helpful." They also told us they had completed their NVQ 2 and was now in the process of completing their NVQ 3 in health and social care.

The service had appropriate procedures in place for the induction of newly recruited members of staff.

People told us, if a new staff member started; they were accompanied by a regular carer and shown how people like things done. New staff were supported to complete an induction programme before working on their own. Training was provided over five days and was classroom based. New staff were ready to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "When I first started I went on training, then I had to come into the office so they could check my understanding of training, by asking me lots of questions. Then I completed shadowing with different members of staff for a few days. This gave me a lot of confidence."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "Every three months I have supervision with my manager, which is helpful. If we have a problem we can discuss. I also have a yearly appraisal, where you get to listen and think about the past year." Another staff member told us, "Supervisions every three months, we discuss training, which is how I come to do my NVQ."

The registered manager told us that in June 2016 she held a group supervision session. The registered manager said, "The session was focussed on specific topics raised from service user feedback, management observation, auditing and general themes and updates." They also told us, "I used these session's as a group learning tool and it enabled me to address issues on a global level." Records showed the group supervision covered the following topics: MCA, whistleblowing, reporting and recording, additional training needs, confidentiality, dignity and pressure sores. At the end of the supervision there was a set of questions and reflections for staff to answer about these subjects. The registered manager said she reviewed these answers and picked up any individual issues and fed back to staff accordingly.

People were supported at mealtimes to access food and drink of their choice. One person told us, "The carers help me with a meal when they come round. Most of them are good cooks and they will always give me a choice of what I want to eat." They also told us that staff will always leave her out drinks and that most of them now know how she likes her tea. The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about specific food preferences.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed.

Is the service caring?

Our findings

People said staff were caring and supported them with kindness and respect. One person told us, "I love [staff members name] she is brilliant she is, she knows what I want and how I want it'. Another person said, "They [the staff] always come with a smile and sometimes we will have a little chat if they have enough time." A third person told us, "I have three main ones that come, we have a right laugh." They also said, "Building a rapport is really important, the girls know me and I know them". A family member said, 'If they treat their own mothers like they do [family members name] then those mothers are very lucky." Another family member told us, "Very happy, no problems at all, they are kind and I am kind to them."

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. This was conducted very professionally and the staff member was putting the people at ease. They explained why they were there and chatted to put people at ease and their knowledge of people was obvious. They showed an interest in each person and listened carefully. People were given choice all the way through support being provided, with staff checking if people needed any additional help. People we visited were very happy with the service they were receiving from the agency. One person told us, "If I need something done then they [staff] will do it." Another person said, "Carers know me very well and understand my needs. All the carers are polite and always are respectful in my home". A family member said, "All carers are really friendly and know my husband's needs well."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "I explain what I am going to do, and what we can do to help. If providing personal care I always cover up the half I am not washing." Another staff member said, "Dignity, I make sure curtains and the door is closed. I then make sure the person's body is covered up so it gives them a sense of privacy and dignity."

People told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. Care plans provided information about how people wished to receive care and support. Information seen in care plans was very detailed and provided carers with the person's life history and their desired outcomes, which enabled the carers to communicate effectively with the person and what was most important to them. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff told us that people were encouraged to be as independent as possible. One staff member said, "I encourage independence and offer choice, encourage them to do what they can do for themselves."

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also

secure and password protected.

Is the service responsive?

Our findings

People received individualised care which met their needs. One person told us, "I receive the same carers every time and I get a rota through the post, so I know whose coming." A family member said, "If I ring Alters for extra support, I know they will help". Another family member told us, that if there are any issues she would phone up the agency and that the agency will always be very responsive to her requests and will be able to make changes necessary for her family member. They said, "They have always altered the schedule to meet [person] needs".

People received care that was personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping, dressing and attending appointments. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. one staff member told us, "Care plans are written in detail, so if we have a new client, all the information needed is included. It makes you feel comfortable to do the job."

The care plans were updated regularly to ensure a true reflection of the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received. One person said, "Somebody came out from the office to talk to me about my care, but I was quite happy so didn't think anything needed to change." One family member told us, the new manager came out to see her and [person's name] in person in March and they have had consistent periodic reviews throughout the working relationship. They also said, "The manager seemed kind and wanted some honest feedback and seemed to want to keep improving the service. As a consequence of this the carers now take out the bins once a week, which is really important to [person's name]."

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results we looked at were positive. One person had said they didn't know how to contact the out of hours, so a letter was sent out straight away reminding them of how to contact the office with the appropriate telephone numbers. A quote from one review stated, 'very happy with the service.'

People told us that staff are usually on time or come within 30 minutes of the time on the rota and the office is instructed to call if a staff member is over 30 minutes late. One person said, "The office will call her if carer is coming late." A family member told us, they were very happy with the service. Her husband receives one staff member in the morning to help with personal care and to change bed. They said, "My husband prefers to shower himself, but he knows that the carers are there to help if he needs it." They also told us, she has the same carers all the time and the office will call her if the carer is running late or there is a change in her husband's rota. She said, "This is very good service and means I do not have to worry that a carer is not coming. We work very together."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been four complaints in the past year and these had been investigated thoroughly and people were satisfied with their response. One person told us, they have never made a complaint to the agency but said, "I would probably call the manager if this were the case. I have no complaints really."

Is the service well-led?

Our findings

At our previous inspection of the agency in June 2015, we identified that records relating to people's care were not clear or accurate. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by September 2015. At this inspection, we found improvements had been made and records showed that these were now clear and contained information to make them effective.

People and their families felt this was a well led service. One person told us, "I do not speak to the office very often, but when I have done they have been helpful and polite." Another person said, "I have contacted the office a few times and they have always been helpful and friendly. I feel confident that if I complained to the manager they would sort it out for me". A family member told us, "This is one care company, which is doing its job properly." Another family member said, "I couldn't fault them."

The management team promoted a positive culture and had an 'open door' policy. Staff said the registered manager was approachable and they were always made welcome at the office. The registered manager told us, "I build good relationships with clients and staff. Making sure I have good open communication, making sure I follow up and take the actions required. That way people feel able to come to you as they know something will be done."

Staff spoke highly of the service and were pleased to work there and felt supported by the registered manager and team in the office. One staff member said, "I enjoy working here management are really responsive. If I find anything wrong, they respond immediately and sort the problem out. We work well as a team." Another staff member said, "Office staff very helpful and understanding." A third staff member told us, "Manager very nice and very helpful."

Staff meetings were held every quarter, but can happen more frequently if something needs to be discussed with staff. Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. Minutes from a meeting in February 2016 showed that new care plans had been introduced, which were more detailed and contained information about what was important to people.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, record of care logs, staff files, safeguarding, and health and safety. Where issues were identified remedial action was taken. We looked at a recent audit of records of care provided for people. As a result of these audits, a group decision was held over record of care logs informing staff to add more detail and if people were unwell what action was taken. The registered manager told us, they also carry out spot checks on staff to make sure they are wearing appropriate clothing and treating people with dignity and respect. The provider also carried out their own audit of the agency.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It

also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. The registered manager was aware of the need to notify the care quality commission (CQC) of significant events regarding people using the service, in line with the requirements of the registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour.