

Diagonal Alternatives LLP

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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

Diagonal Alternatives LLP is a domiciliary care service that provides personal care to older people and younger adults in their own homes. At the time of the inspection 16 people were using the service.

At the last inspection in August 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good'.

We found the service had established systems to safeguard people from harm and respond to any alleged abuse. Action was taken to identify and reduce risks to the personal safety and welfare of people using the service.

There was sufficient staffing to safely meet people's needs. Staff were given support, training and supervision to enable them to care for people effectively.

People were suitably assisted in taking their prescribed medicines and maintaining their health. Appropriate arrangements were in place for meeting people's nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives gave positive feedback about their experiences of using the service. They had formed relationships with staff and spoke highly of their caring, respectful approach.

The service involved people in making decisions about their care and was flexible in accommodating their requests. Any complaints made were taken seriously and responded to.

Care planning was very personalised to the needs and preferences of the individual, and adapted if their needs changed. Staff offered companionship and support to help prevent social isolation.

The management provided leadership and promoted an inclusive culture. Standards were monitored to ensure the quality and safety of the service were maintained and improved.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Diagonal Alternatives LLP

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 was 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.

The inspection was announced and took place on 26, 27 and 31 October 2017. We gave short notice that we would be visiting as we needed to be sure someone would be in at the office. The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had completed 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 PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted a local authority commissioner and Healthwatch, the local consumer champion for health and social care services.

During our inspection we had telephone contact with six people using the service, four relatives and two care workers to obtain their feedback. At our visit to the office we talked with the registered manager, the supervisor and two administrators. We examined four people's care records, staff recruitment, training and supervision, and reviewed other records related to the management and quality of the service.

Is the service safe?

Our findings

People using the service told us they felt secure with the staff who visited them and that their care was provided safely. Their comments included, "I have to be re-positioned in bed and they do it safely until I am comfortable and they take their time to make sure I'm all right. They make me feel safe and confident"; "I feel very safe with them, especially the girls who have been there longer"; and, "I feel safe with the carers. I'm not long out of hospital and they've helped me get my confidence back." A relative told us, "I think (family member) is safe with them and the fact that someone is there 24 hours comforts me."

People were given information in the guide to the service about how they would be protected from harm, including safeguarding their money and property. Staff were instructed in the provider's safeguarding and whistle-blowing (exposing poor practice) procedures at induction. The procedures were reinforced during supervision with staff and included in the staff handbook for them to refer to. The service's 'duty of candour' policy was being disseminated to the staff team. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

Safeguarding training was provided every two years to ensure staff understood how to recognise, prevent and report abuse. Staff told us they would report any concerns immediately. The registered manager was clear about their responsibilities and had taken appropriate action in response to safeguarding allegations. Staff were not permitted to have access to bank details or cards and were not currently involved in handling people's money. Financial logs were kept in care files which staff were directed to complete if they undertook any transactions, such as shopping, on people's behalf. Policies were also in place to guide staff about gifts and adhering to professional boundaries.

Risks to personal safety had been assessed and measures were taken to protect people from harm. People and their relatives confirmed that staff used aids and equipment safely and, where needed, gave appropriate support with maintaining skin integrity. One person told us, "I use a (standing/turning aid) and I feel safe in their hands." Any accidents or untoward incidents that occurred were logged centrally and followed up. A summary was also kept in each person's care record, providing an overview of the details and any trends. Management meetings were held monthly to review health and safety within the service.

All necessary pre-employment checks were undertaken before new staff were appointed. There was sufficient staffing capacity to deliver the service, cover absence, and rosters were planned in advance. The co-ordinators operated an on-call system outside of office hours that enabled staff to get advice and support, and if necessary, to escalate issues to the registered manager. The service was also able to be managed remotely in the event of an emergency.

People and their relatives were happy with the staffing arrangements. They told us, "They are usually on time and always are here for the full time and do everything I want"; "I get a call from the office if they're going to be late. I've never been left anxious"; "They stick to the times and I get a rota which tells me who is coming"; "They do an hour in the morning and evening and they always stay for the hour"; and, "They've

never missed a visit and they are rarely late. If they are they ring the office, and the office rings me."

Staff were trained in the safe handling of medicines and had their competency assessed. Clear directions for administering people's medicines were documented. A relative told us, "I live (out of the area), but when I've been there (family member) gets their medication on time." We discussed some recording issues with the registered manager and were given assurance these would be addressed through the new, more robust medicines audit trail.

Is the service effective?

Our findings

People and their relatives felt the staff who supported them were appropriately skilled. They told us, "They know what they are doing and I know they are trained. New carers are supervised and shown exactly what needs to be done"; "I think they are trained very well. They go into the office and have training days. I'm very pleased with them"; "They definitely know what they are doing"; "I'm confident in what they are doing and they give me confidence"; "They have improved a lot with an increase in spot-checks and supervision"; and, "I believe they are well trained."

New workers completed an induction, including the 'Care Certificate', a standardised training approach for new staff working in health and social care, to prepare them for their roles. Thereafter, arrangements were made to ensure staff undertook training relevant to people's needs and periodically updated training in safe working practices. Most of the care staff had either achieved or were studying for nationally recognised qualifications in health and social care.

All staff were provided with regular supervision throughout the year, a development review and an annual appraisal. As part of the supervision process, staff were observed to check their conduct, competency in carrying out their duties, and that they followed the service's procedures. Staff told us they received a good level of training and support. One worker said supervisions were held monthly at the office and confirmed they had easy access to training materials. Another worker had started a level 3 care qualification and told us they were, "Signed up straight away, which is brilliant."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the implications of mental capacity law were understood and put into practice. The registered manager told us there were no restrictions or 'best interests' decisions in place for any person currently using the service. Power of attorney arrangements were established and we saw people's representatives were involved in decision-making. A relative told us, "As the next of kin and power of attorney, I was asked to approve the care plan." People confirmed they had consented to their care plans and that staff sought their permission when providing support. Their comments included, "I read, approved and signed the contract and care plan when the manager came to discuss my care" and "They ask me questions when they help me wash and dress, and if they want to do anything they always ask."

Where required, staff prepared meals, snacks and drinks to assist people with their dietary and hydration needs. Nutritional support was care planned including, where applicable, guidance from other professionals about special diets. Staff recorded food and fluids taken by the person to monitor their intake. People and their relatives were happy with the support provided with meals. They told us, "They do my breakfast. I get the same thing every day which is what I want. If I wanted a change I'm certain they would do it"; "They cook

me interesting things. They ask if I want it and I choose what I eat"; "They cook the meals which I choose and they are cooked to my liking"; and "(Family member) has to have a (softer textured) diet. The carers know about that and the manager makes sure new carers know."

The manager informed us staff reported changes in people's welfare and, if necessary, contacted health care professionals. A relative confirmed that staff were vigilant. They told us, "One day I got a call to say that (family member) wasn't his usual self and they thought I should know. It turned out that he was worrying over something else. I was really pleased that they noticed and contacted me."

Information was gathered to make staff aware of people's medical conditions and how they might affect their wellbeing. Care plans included outcomes of improving health, and emergency health care plans and decisions about resuscitation were in place. The service was able to accommodate supporting people to attend health appointments. Wherever possible, support was continued when people were admitted into hospital and the service helped facilitate safe discharge arrangements. A relative told us the service had, "Really supported us with a poor hospital discharge process."

Is the service caring?

Our findings

The people and relatives we talked with had formed supportive relationships with the staff and told us they were caring in their approach. Their comments included, "They are extremely caring, reliable and always on time"; "The carers are absolutely kind and I couldn't wish for better"; "They can't do enough for me"; "The youngsters are very caring and friendly"; "As far as I'm concerned I'm well looked after"; "They are caring, friendly, thoughtful and respectful"; "It's like having a friend, although I know they are not"; "They are very good carers. They are excellent"; "They are kind, caring, competent and confident"; "They are professional and friendly, absolutely what you would expect"; and, "I've built up a very good relationship with (registered manager) and (supervisor) over the years."

A good level of information was given that informed people about what they could expect from using the service and key policies, such as confidentiality and complaints. Rosters and photographs of the staff team were provided, so people knew who would be visiting them. People were involved in their care planning, reviews of care and regularly gave feedback about the service. Where needed, people's views were represented by their families or they could be signposted to independent advocacy services.

We saw recorded evidence that new staff were introduced before they started working with people. A relative told us, "The organisation places great emphasis on introducing new carers and shadowing them." The service employed a mostly female staff team, which people and their relatives accepted, though one relative said, "We do wish there were more male carers". Other comments included, "We've never had a bad carer" and "If I don't gel with a carer, all I have to do is say. It's happened once and I was not made to feel uncomfortable at all. They wanted to know the reason and then that carer was taken out of the equation." The service conducted checks on staff to ensure they had caring attitudes, treated people with dignity and respect, and adhered to principles of person-centred care.

Visits of less than an hour were not provided to make sure care was not hurried or compromised. People confirmed the staff provided support at their pace and in the ways they preferred. They told us, "They spend enough time with me and do everything I ask"; "They do things in my own time"; "I've not felt they have ever been in a rush"; "The carers listen to me and act on what I say"; "They'd do things differently if I wanted"; "They ask me how things are done"; "(Family member) is a creature of habit and they do things just as he likes"; and, "They come at the agreed times and stay the full time. If they finish they'll stay and chat." Staff told us they got to spend enough time with people. They took a pride in their work and felt the quality of care provided was 'very good' or 'excellent'.

People told us the staff always respected their privacy and dignity, particularly when giving support with personal care. Their comments included, "They are all lovely and respectful"; "They are very respectful of me in the shower and cover me with three towels while I'm drying in the chair. I've never felt any embarrassment, even with new ones. They've got it all down to fine art"; "They are here to support me and I appreciate that. I never feel embarrassed because they respect me"; "In the bathroom they are with me and I know I can rely on them. They put me at my ease and know what I like"; "Oh heavens, they treat me with respect. They always ask about drawing the curtains if I'm undressed. They shut the bathroom door and

make sure I'm covered"; and, "When they help me wash and dress they are very respectful."

People and their relatives appreciated the care and support delivered by the service. They told us, "My family recommended Diagonal Alternatives and the agency is A1"; "I feel very fortunate to have been recommended to them and am well satisfied"; "It's a really good outfit. They are very helpful"; "Diagonal Alternatives have been champion. I'm glad we were referred to them"; and, "I wouldn't be able to go away but for them. I've never come home and thought anything was a bit 'off'. They've ticked all the boxes."

Is the service responsive?

Our findings

People and their relatives told us they were consulted about their care planning and felt the service was flexible in accommodating their needs. Their comments included, "They worked collaboratively with the family in planning care whilst (family member) was in hospital. The managers and carers visited to get to know him, and he them, before he went home. It was really supportive"; "At the beginning they did a very comprehensive assessment indeed. I was in hospital at the time. We agreed times, but these have changed since because of my requirements, when I asked to change the times and length of visits"; "I've changed times of day and length of stay with no problem. They listen to any changes I suggest"; "They have an out-of-hours service if I need it"; and, "I know the care varies according to (family member's) changing needs each day."

The registered manager told us the service was adapted in response to people's needs. They had arranged more extensive care when people became frailer or needed care at the end of their lives. This was confirmed by a relative who said they had been considering residential care. They told us, "Diagonal Alternatives came and worked it all out", to ensure the person could be supported at home. In another instance, we were told how staff had helped identify, and been trained in, a therapy that had been beneficial for a person, following a stroke.

Care records showed people's needs and any risks associated with their care had been thoroughly assessed. A relative told us, "What impressed me was when they came in at first they didn't just ask questions. They asked (family member) to show them how he managed things and then worked out how they could help." We saw personalised care plans were in place which addressed all identified needs and the individual's preferences. There was attention to detail, for example, specifying the brands of toiletries used, preferred foods and drinks, and the ways a person wished to be supported with moving and handling.

The care plans detailed the extent of support required from staff and what people were able to do for themselves. People and their relatives told us, "The carers do try to help me be independent" and "Diagonal Alternatives have got people's interests at heart and they do encourage independence." Reviews of care were carried out on a six monthly basis, or when there were any significant changes in a person's needs. Staff accounted for the care and support they provided in daily logs and commented on people's wellbeing. They also completed records confirming assistance given with personal care and, where applicable, medicines and food and fluid intake.

Staff reported there was good communication about people's needs. One staff member said, "There are plenty of handovers so you know what is happening." People were aware of their care plans, reviews of care, and the records made by staff. They told us, "I've not read my care plan but they write in it every day. I've had reviews and they came back to talk when I came out of hospital"; "They review the care plan regularly"; and, "They update the folder regularly and the carers write in it every time they visit. We agree with everything in it."

Profiles were recorded which gave staff a real sense of the person, including information about their

background and interests. Support to prevent isolation was offered, including helping people to take part in activities they enjoyed and to access the community. Records about social interaction were completed. People told us they enjoyed the companionship of their staff. One person said, "We chat about things and they keep me in touch with life outside" and another commented, "They've offered to take me out but I've not taken them up on the offer." Relatives told us, "They chat and tell him stories which he likes" and "They do encourage him to go out but he just won't."

People were given the service's complaints procedure. People and their relatives understood how to make a complaint and had no current concerns. They told us, "I'd ring the office and speak to (registered manager). She's understanding and very pleasant. I've never felt intimidated because they're so nice"; "(Family member) would tell me if there was a problem. He can be very vocal and knows his mind"; "I would write to or email the manager and anticipate a verbal and a written response"; and, "If I had any concerns I'd ring the office. They encourage me to speak up." Concerns raised had been appropriately responded to. Compliments about the service were also captured and shared with the staff team.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their registration responsibilities and had notified the CQC of incidents and events affecting the service. They were supported in their role by the provider, a supervisor, three co-ordinators and administrative support.

There was a clearly defined management structure, with each co-ordinator having accountability for the care of a small number of people care and supervising staff. The registered manager and supervisor had qualifications in management and leadership and the co-ordinators were currently studying for this qualification. Regular management meetings were held to review the business and the running of the service. The registered manager also attended local authority meetings with their peers, specific to domiciliary care services.

People and their relatives praised the management of the service. Their comments included, "(Name) is the manager and it's very well run"; "The managers are very good"; "I think the organisation is run well"; "(Name) is in charge and I think the service is well managed despite the many challenges in providing care"; and, "On our behalf I would say the organisation is 100%."

Staff told us they were very happy working at the service and received good leadership and support. One staff member said they could, "Get in touch straight away. They guide me through anything I need and support me all the way." Information and best practice was cascaded to staff through newsletters and meetings. A new policy management system was also in the process of being implemented, with all staff being provided with copies and having their knowledge and understanding tested. The registered manager told us this would further assure consistent delivery of the service. A 'carer of the month' was nominated to recognise good practice.

The service had forged links with a local autism charity, a local authority autism steering group, dementia support groups and the North East Dementia Alliance (a partnership of health, social care, voluntary and private sector organisations). The registered manager told us the service had also trained and supported volunteers to enter the care sector.

The service continued to work inclusively with people and their relatives and those we talked with expressed satisfaction with the service. They told us, "The quality of their 24/7 care means that (family member) is still with us" and "I'm very pleased on the whole and happy with things as they are. I can't think of any improvements". They confirmed good communication with the service, telling us, "We have plenty of contact but not specifically to give feedback. I think (family member) has filled in a survey"; "I can't remember if they've asked me for formal feedback but they ask me if I'm happy with the service"; and, "I don't know about formal feedback but I am satisfied that we (the family) have enough contact to provide

informal feedback."

A range of methods were used to assure the quality of the service. The registered manager kept the provider appraised of the service's performance. Feedback was sought from people and their relatives in six monthly surveys. Findings from the latest survey were very positive with, for example, people feeling involved in their care and that they were treated with respect. The service had achieved a 9.9/10 score on a review website and was rated within the top 10 homecare providers in the North East in 2016 and 2017. Spot checks, based on the CQC standards of quality and safety, were carried out to observe staff care practice. Audits of personal records were completed to validate the care people received, though no format was in place to demonstrate the areas and standards checked. The registered manager confirmed to us they would introduce a format and monitor that the co-ordinators completed the audits on a monthly basis.

The management told us about developments in the service which were either in progress or planned. These included recruiting more staff to grow the service and providing training in techniques to prevent potentially harmful behaviours when caring for people with dementia. A staff forum was proposed to be set up and the management were aiming to work further with a hospital discharge team in order to co-ordinate people's care.