

Alternative Care Services Limited

# Alternative Care Services Limited

## 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

### About the service

Alternative Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults and is the first provider in the UK specifically for the LGBTQI+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)) community. They were supporting four people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

People and their relatives were positive about the caring and compassionate nature of the staff that supported them. One relative said, "They are inclusive and importantly, understand and look at LGBT issues."

People and their relatives felt listened to and involved in decisions about their care. We received positive comments about the flexible and tailored approach to meeting their needs.

There was an open and inclusive culture across the service and people and their relatives felt comfortable approaching the management team. People and their relatives were confident any issues would be dealt with and had been happy with how the provider had responded to their feedback.

People felt safe using the service and relatives told us they felt reassured with the service provided. A health and social care professional praised the provider on how they had responded to an emergency.

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

The provider was passionate about the rights of people who needed support from the LGBTQI+ community and shared information about inclusive events and opportunities with people and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last inspection the service was not formally rated (published 17 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Alternative Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May and ended on 31 May 2019. We visited the office location on 21 May 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the last inspection report and the action plan the provider sent us after the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about the experience of the care provided. We spoke with six members of staff which included the registered manager, the communications director and four care workers.

We reviewed a range of records. This included four people's care records, with one record for a person who had recently stopped using the service. We looked at three staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to training and quality assurance processes. We spoke with one health and social care professional who had experience of working with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection we were unable to provide a rating for this key question. At this inspection there was sufficient evidence to enable us to provide a rating and we have rated this key question as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place and staff completed safeguarding training. Staff had a good understanding of their responsibilities and gave us examples where concerns had been followed up. One care worker said, "The office always makes it clear about safeguarding issues and regularly discuss this with us. We flag everything to make sure any concerns are reported."
- People and their relatives told us they felt safe using the service. Comments included, "I do feel safe and that I am not going to come to any harm. They are always asking how I'm feeling and if there are any issues" and "I do feel reassured with the care which is why I am able to leave them and know they will keep them safe."
- Two relatives spoke positively about how support with finances was managed. One relative said, "I have full confidence and reassurance of how this is managed and always follow what is agreed."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were scheduled to be reviewed every six months or if there were any changes. Areas of risk included mobility, managing finances and mental health issues. For one person, staff had been made aware about historical risks of financial exploitation. Staff we spoke with were aware of the processes to follow when supporting them with their finances.
- The provider continued to include guidance for care workers to follow and the risks had been discussed where staff supported people with blood borne diseases.
- Staff we spoke with were aware of people's health conditions and could explain how they managed any risks. One care worker said, "We go through the care plan in detail with [communications director] and all risks are highlighted. We discuss how to keep people safe."
- Internal home risk assessments had been completed to ensure people and staff worked in a safe environment. Areas covered included fire safety, accessing people's property and security.

Staffing and recruitment

- Due to the size of the service an electronic call monitoring (ECM) system was still in the process of being implemented. There were five active care workers but the provider had a pool of a further seven that had been recruited and were available to work.
- People and their relatives confirmed they had regular care workers and replacements covered periods of absence. One relative said, "We have a team of three staff on a rota basis and it works very well." Another relative told us the service provided cover at short notice in the event of an emergency.
- We only received two minor negative comments related to some timekeeping issues. However, both the

person and a relative confirmed they were happy with how it had been dealt with and had improved after the care worker was changed.

- Improvements had been made since the last inspection to ensure the provider followed safer recruitment procedures and staff were suitable to work with people who used the service. There was evidence of photographic proof of identity, proof of address and two references, which were now recorded.
- Systems for recording Disclosure and Barring Service (DBS) checks for staff had been improved and a DBS tracker was now in place. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

#### Using medicines safely

- The provider had made improvements since the last inspection in how they recorded information about people's medicines. The registered manager told us that none of the people using the service were being supported with their medicines and were able to manage this themselves or had support from their relatives.
- Detailed assessments had been completed if people were able to manage their own medicines. People were also given information leaflets with guidance to reduce the risk of taking the wrong medicine and reminded to tell staff if they had any concerns.
- Staff understood their responsibilities and we saw correspondence where care workers discussed concerns they had with people and their medicines.

#### Preventing and controlling infection

- Care records showed any infection control and hygiene issues were highlighted at the initial assessment and had information for care workers to follow.
- Staff had training in infection control and hand and food hygiene. The communications director sent over confirmation that one care worker had completed it after the inspection.
- Personal protective equipment (PPE) was available and this was checked during home visits. One care worker said, "PPE was discussed at the induction and is pointed out in people's homes at the introduction visit. We are also told when to use it, including changing gloves between tasks."

#### Learning lessons when things go wrong

- There were processes in place for the reporting of any incidents and accidents.
- The registered manager discussed an incident that had resulted in documents being updated and having information in place in the event of an emergency if the main family carer or relative was not available. They added, "We certainly learnt from that and have put plans in place. We are updating all records for continuity if any similar issues were to arise."



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection we were unable to provide a rating for this key question. At this inspection there was sufficient evidence to enable us to provide a rating and we have rated this key question as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed their needs were assessed before they started using the service.
- The provider had used best practice guidance materials regarding support for people living with HIV which was shared with the staff team.
- One relative told us how the initial assessment was detailed and they spent the time to understand what support was needed. They added, "They paid a lot of attention to everything to find out about the support and engagement we needed."

Staff support: induction, training, skills and experience

- Staff completed an induction, had training and were introduced to people to understand their needs before they started to work with them. Comments included, "They understand [family member], know their moods and I'm confident they know what they are doing" and "Our new carer is brilliant. He is very experienced and knows what to do."
- Staff had access to online training which covered dementia, mental health, basic life support and depression, which they were expected to complete within their first 12 weeks. The registered manager told us they were looking to develop their in-house training programme for when the service size increases.
- The registered manager continued to provide specific training for supporting people within the LGBTQI+ community. Training covered LGBTQI+ matters for care staff and training and guidance from an accredited training provider and the National Aids Trust that specialised in supporting people living with HIV.
- Staff spoke positively about the training and support they received and had opportunities to have one to one meetings with the management team to discuss any issues they had. One care worker said, "The training I had was tailored to the person I was going to support, which was very useful."

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

- People were supported to eat and drink enough if this was part of their agreed care. Records included what support was required and information for care workers to follow.
- One person said, "They know about my diet, how it has to be prepared and they can do this, even the temperature of the milk. [Care worker] knows it perfectly and has also researched food choices and made suggestions for me."
- One relative said, "They make the meals and are very adaptable. We have discussed dietary needs and they know their preferences."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care records included information about people's health conditions and instructed care workers to monitor their health and report any changes or concerns.
- Samples of daily logs showed care workers reported any changes in people's health and wellbeing and supported them to healthcare appointments.
- One care worker said, "We record what we've done and look out for any changes, emotionally and physically. We then handover to the office and raise concerns if needs change."
- Positive comments included, "They are always aware of my health and always give me the necessary support" and "I got an update earlier today as the carer told the office there had been a change in [family member's] health. They are good like that." A health and social care professional told us the staff team had responded exceptionally well to an emergency.

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

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.

- The provider had made improvements since the last inspection in how they recorded people's consent and if there were any capacity issues. If people were unable to sign their care records, the reason was documented.
- Records had been updated to highlight if people were able to consent or whether their representatives had the legal authority to do so on their behalf. Copies were taken of Lasting Power of Attorney (LPA) documents if they were in place.
- The registered manager had completed training on the MCA and had guidance on the MCA Code of Practice that was discussed with staff and referred to if necessary.
- The registered manager was in the process of implementing specific MCA training for all staff. One care worker told us that it was discussed during the induction and explained to ensure an understanding of the topic.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection we were unable to provide a rating for this key question. At this inspection there was sufficient evidence to enable us to provide a rating and we have rated this key question as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had regular care workers and told us this helped to develop meaningful and supportive working relationships. The registered manager said, "We always aim to have personal introductions so people know who will be working with them."
- People and their relatives spoke positively about the caring and compassionate nature of the whole staff team. Comments included, "I'm treated with nothing but dignity and compassion", "I have developed a great relationship, [care worker] is a lovely person. It is nice to have somebody who relates to me and understands me" and "It is their attitude that makes the difference. The people we have want to do the job and care, you can really tell that."
- One care worker said, "[Management] met me at the property and provided an introduction. It was a nice ice breaker and helped to start things off and build a relationship."
- We received positive feedback about how the staff's understanding, respect, and support for the LGBTQI+ community made a difference to the care people received. One relative said, "We've been discriminated against in the past and having this understanding is very important. The agency has been hugely reassuring with this."

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

- People and their relatives confirmed they were involved in making decisions about the care and support provided. Care records had information about who was involved with these decisions. People were asked about their care wishes and preferences during the assessment.
- One person said, "When I first started, they made sure it was all about me and that was really important. They support me in certain ways that I want and follow what I need. It is a good fit."
- One relative told us how they worked closely with the care workers and provided support at the same time. They were positive about how staff listened to them and followed instructions.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful when they provided support. One person said, "They help me in the bathroom as I can't always manage that and yes, they do respect my privacy and dignity very well."
- Staff had access to online training in dignity awareness and starter packs for care workers included guidance about confidentiality. Spot checks observed if staff were respectful and caring and promoted people's independence. One person's care record highlighted that despite mobility issues, they were still very independent and staff were made aware of this.

- A health and social care professional felt the attitude and care provided by the whole staff team was very dignified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection we were unable to provide a rating for this key question. At this inspection there was sufficient evidence to enable us to provide a rating and we have rated this key question as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us the provider listened to them and was flexible with the support arrangements to ensure their needs were met.
- Everybody we spoke with commented how the provider had been able to accommodate their needs. One relative said, "They have been extremely accommodating and bespoke for the care we needed. They are completely flexible and were able to meet our LGBT needs."
- One person said, "They have gone above and beyond with their support. I have had to change the time and work around me. They are the most flexible service I've used." The communications director told us the support was always tailored around the needs of people.
- Care workers were given an introductory briefing and advice about people's care needs to help meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider recorded people's communication needs and explained information about their care plan during their assessment. One person told us they had received information by email, which they were happy with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If it was part of the agreed care, the provider supported and encouraged people to access the local community to follow their interests.
- One person was supported to a local café on a regular basis and records showed this was a regular event. A care worker said, "This is part of their routine and they enjoy it. We have linked up with the café to ensure it is safe so they can keep enjoying what they want to do."
- A relative told us how staff had encouraged their family member to get out to the local park, which had been working very well.
- The registered manager had supported one person and their relative to a LGBT dementia café. They added, "We research areas to see if there are any accessible and inclusive events that people can attend."

#### Improving care quality in response to complaints or concerns

- There were policies in place that allowed people and their relatives to feedback about the care they received. The provider outlined this in their welcome pack and said all complaints would be taken seriously.
- There had been one complaint that had gone through their formal process since the last inspection. We saw the provider had responded appropriately and worked with the person to try to resolve the issue.
- People and their relatives told us the management team were approachable and were confident any concerns raised would be addressed. One relative said, "They responded well to feedback and I was happy with how they dealt with it."

#### End of life care and support

- People were not being supported with end of life care at the time of the inspection. However, care plans had information about how people would like to be supported if their health deteriorated and who would be involved.
- The registered manager had created links with a local hospital and was looking to provide training for end of life care for people in the LGBTQI+ community. He added, "We want to be prepared for when we may need to support somebody that needs this care."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection we were unable to provide a rating for this key question. At this inspection there was sufficient evidence to enable us to provide a rating and we have rated this key question as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the management of the service and how it helped to improve their quality of life. Comments included, "We are very reassured. I feel I can call them at any time of the day" and "It has been completely positive. They have made sure we have everything in place and worked well on this."
- One relative told us how the provider had been extremely supportive during an emergency. They added, "If it wasn't for them, we'd have been left on our own. They really helped out and have been fighting our corner when we've been let down."
- All the staff we spoke with praised the support they received and complimented the values of the service. Comments included, "Their LGBT focus is the best thing and is one less hurdle for people to worry about. I can see it really makes a difference to people and we understand and respect each other" and "It's the only one of its kind, which drew me to work here. They are brilliant and have great ideas in place."
- A health and social care professional told us they felt the open, inclusive and caring characteristics of all staff was due to the values of the management team. They added, "It comes from the top and flows down throughout the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. He added, "This is discussed at the initial assessment. We don't want to discriminate and want people to feel we are a welcoming organisation."
- One person told us the provider had been very attentive and had done everything they could to deal with a change of care worker. They added, "They kept me updated and went about everything the right way. I got an apology from the manager which shows they care."

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

- The registered manager and communications director had a good understanding of their registration requirements. Although they had not had to submit any statutory notifications, they knew when this would be required.
- A range of key policies had been updated since the last inspection and had been shared with the staff

team. One care worker said, "I was given these at the start and have a copy. It gave me everything that I need and there is enough information to help support my role."

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

- Due to the size of the service, the management team were able to speak with people and their relatives on a regular basis. The provider was in the process of creating an online survey for people to feedback about the service.
- One person said, "I have a great relationship, they are very supportive and keep in touch with me all the time. I hope to be using them for many years to come."
- Staff were positive about the service and told us they felt appreciated and valued. Comments included, "I would drop anything to be available to work for them. They appreciate us and make us want to work for people and give all we can" and "The best thing is how important this service is for the LGBT community. It is centred around us and the best I've ever worked with."

Continuous learning and improving care

- There were systems in place to monitor and assess the quality of the service provided. Daily handovers and meetings discussed any issues and what was happening across the service.
- Calls to people, relatives, care workers and unannounced spot checks were carried out to assess the quality of care and support. One care worker said, "They are always reminding us to record everything in the logs and we send copies over on a weekly basis."
- People's daily records were checked during home visits or when care workers sent them back to the office. We saw one person was visited on a weekly basis to check how their finances were managed. We spoke with this person who said, "She comes every week to check on me and make sure everything is OK. She is very good and I'm very happy."

Working in partnership with others

- The registered manager continued to have an active presence and was passionate about the care and support needs, rights and opportunities for providing care for people in the LGBTQI+ community.
- The provider worked closely with Opening Doors London, the biggest charity providing information and support services specifically for the older LGBTQI+ community in the UK. With this work and his involvement with Pride in Care, the registered manager had been nominated for a national diversity award.
- The registered manager was involved with equalities committees and worked closely with a LGBT housing association. He had also created links with local authorities and health and social care professionals to raise awareness of care and support needs within the LGBTQI+ community.