Alters Recruitment Limited

Southampton

Inspection report

Suite 30, Lowman's House
78-80 Portswood Road
Southampton
SO17 2FW
Tel: 023 8055 5315
Website: www.altersrecruit.co.uk

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection was carried out on the 16 and 18 June 2015. Eighteen hours' notice of the inspection was given to ensure that the people we needed to speak with were available.

The Southampton branch of Alter's Recruitment Limited, provides personal care to older adults with varying levels of physical disability and frailty living in their own homes. At the time of our inspection 30 people were being cared for by staff from the Southampton branch.

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.

Some risks to people's health and wellbeing were not assessed and mitigating action was not recorded to help reduce the risk. Checks on staff suitability were carried out before they commenced employment, however, some staff lacked the verbal and written communication skills required for their role.

Summary of findings

Care records were not always clear, accurate and complete in relation to the care and treatment people received.

People said they felt safe with staff and there were sufficient staff to meet people's needs. Staff knew how to identify and report abuse appropriately. They were aware of the emergency plan in place should the service be disrupted. Staff managed people's medicines safely where this was required.

People and their relatives said staff were caring and kind. Staff respected people's human rights and sought people's consent before providing care. They had completed training appropriate to their role and an on-going plan of training was in place.

People were asked for feedback on the service they received and any concerns they had were addressed promptly. They knew how to complain and complaints were dealt with promptly and thoroughly.

The registered manager provided support and guidance to staff as they needed it. An open and transparent culture was promoted amongst the team and staff felt able to seek advice and admit mistakes.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 You can see what action we told the providers to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Risks to people's health and wellbeing were not always assessed and action recorded to reduce the risk to people.

People felt safe and staff were trained to recognise and report suspected abuse.

Medicines were administered safely. Security checks were carried out on new staff.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff's written and verbal English was sometimes poor and this hindered communication with people and health professionals involved in people's care.

Staff completed training appropriate to their role. They were supported through supervision and appraisal.

Staff knew to obtain consent before providing support. They were aware of people's needs and how to meet them.

Requires Improvement

Is the service caring?
The service was caring.

People said staff were kind and caring. Staff respected people's diversity.

Staff supported people to make choices and respected these.

Good

Is the service responsive?
The service was responsive.

Staff knew people's needs and how to meet them. Staff took action when people were unwell.

People knew how to complain and complaints were handled in line with the provider's policy.

Good

Is the service well-led?
The service was not always well-led.

Records of care delivery were not always clear, complete and accurate.

Staff felt supported and well-led by the registered manager.

People's feedback was sought and acted on to improve the service provided.

Requires Improvement

Summary of findings

An open culture was promoted. Staff were honest about mistakes and were provided with support where necessary.	

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.

The inspection was carried out on the 16 and 18 June 2015. Eighteen hours' notice of the inspection was given to ensure that the people we needed to speak to were available

The inspection was carried out by one inspector. We spoke with 6 people using the service, and 3 relatives. We spoke with four care staff, and spoke with the registered manager and one office staff. We looked at care plans and associated records for eight people, staff duty records and two recruitment files. We reviewed records of complaints, accidents and incidents and medicine administration records. We looked at the provider's policies, procedures and quality assurance records. We also spoke with two social care professionals and one health professional who visited people using the service.

At our last inspection in May 2014 we found a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the safe management of medicines. At this inspection improvements had been made.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe when being cared for. A relative told us, "[their family member] is quite comfortable with all carers that come and there are eight every day as they come four times a day and double-up". A family member said, "We have no problems regarding safety; [my relative] would soon speak up if she wasn't feeling secure with the staff".

Risks to people's health and wellbeing were identified in risk assessments. Some people's care records did not cover all the risks to their health and did not have a care plan to assist staff to help people reduce the risk. For example, one person had diabetes. Their risk assessment did not cover this risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes. Another person's care record identified a medical condition which caused chronic shortness of breath. Their risk assessment did not mention this, or other conditions they had, or what care staff should do if the person exhibited symptoms of these. Whilst staff were aware of some of these risks to people's wellbeing, they did not have access to specific information on how to support the person.

Feedback from health professionals confirmed that care records were not sufficiently detailed to address risks to people's health and wellbeing.

The failure to assess and manage risks to some people's health and welfare was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were familiar with the main risks associated with the people they cared for and knew what action to take to minimise the risk. For example, they knew which people had mobility needs, and how to support them to mobilise safely. One person required regular turning due to their risk of pressure injury. Records were kept of their positioning and these showed staff supported them to reposition regularly and no pressure injuries were present as a result.

At our last inspection at the home, we found the service did not always manage people's medicines safely . There was a lack of guidance for staff regarding when to administer 'as required' medication, or to the application of creams. At this inspection we found improvements had been made and the medicines were now managed safely.

Most people using the service administered their own medicines, or required only prompting from care staff who were trained in administration of medicines. The registered manager worked alongside staff who had been trained to ensure they were competent to do so. Where people required creams to be applied this was noted in their care plan. Care plans were detailed about what creams people required, and daily records of care showed these were applied according to the care plan.

Staff had been trained in the safeguarding of adults and took precautions to help people feel safe. This included always wearing their uniform and ID so people would recognise them as safe visitors, and being observant in the home. Staff knew what to do if they suspected abuse was happening. They could identify the signs that abuse might be taking place and felt confident to report their concerns and follow these up with the local authority or CQC if necessary. Staff were aware of whistle-blowing and how to use the process to protect people and report their concerns. The registered manager said staff were comfortable to report poor practice and conversations with staff confirmed this. One staff member said, "If I saw something my colleague was doing that wasn't safe, I would report it to the office".

There were sufficient staff to make sure people received the care they needed and, in most cases, at a time they preferred. The registered manager said they had an on-going recruitment process to ensure the service was not overstretched. Where people using the service had particular language needs, staff were recruited to meet their needs.

The registered manager followed recruitment processes to check staff suitability before being employed. This included an application form and interview, references and a check with the Disclosure and Barring Service (DBS). Staff confirmed they had to wait for these checks to be completed before they commenced employment with the agency

A plan was in place in case of foreseeable emergencies that may interrupt the service, such as severe weather, or mass staff sickness. The registered manager said they called each person using the service to see if they had family who would be able to provide basic care to them until a member of staff could reach them. Where this support was not available care staff would make sure that people had sufficient to eat and drink for a longer period than usual in

Requires Improvement

Is the service safe?

case they were not able to return as soon as they were scheduled. Staff were familiar with the plan and how to implement it should it be necessary. Incidents and accidents were recorded and reviewed by the registered manager to establish how these could be prevented in future.

Requires Improvement

Is the service effective?

Our findings

People said they received the care they required from staff with the skills to provide it. People said of staff, "They know what they are doing", "everything I need, just how I want" and, "I am really satisfied with what [care staff] do". A relative told us, "Nothing is too much trouble [for the care staff]; they know exactly what [the person] wants, all her likes and dislikes".

Another relative said of the staff, "they are brilliant". They said that their relative had particular needs around hearing and care staff made sure they communicated in a way that maximised their chance of hearing.

Records of care delivery confirmed that people received the visits they required. However, the written record of care delivered to people was not always legible. Some care staff had a poor grasp of spoken English whilst being fluent in an alternative language. Whilst this was effective with some people using the service who could only speak the alternative language, the majority could only communicate in English. Some people reported they had difficulty understanding some care staff due to their lack of spoken English. Health professionals said they had received the same feedback from some people receiving care from the agency. The registered manager said they had spoken to some staff about the clarity of their written records of care and added that recruiting English speaking care staff was difficult. They had amended the agency's recruitment process to include a written English element, and planned to use the next round of supervision meetings with staff to address the standard of care delivery records. They recognised more needed to be done, in particular with regard to recruiting staff that could communicate effectively in English.

The failure to ensure care staff could communicate effectively was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A programme of training was in place to help ensure staff had the skills they needed to carry out their role. New staff completed a Care Certificate five day induction with the local authority which covered training in medicines administration, moving and handling and safeguarding adults as well as other topics. Staff told us they felt this training was sufficient to equip them to undertake their role. One staff member who had completed the induction in the last six months said, "The induction was good; it really helped me to understand care". Two staff members said they had benefitted from practical training in moving and handling, and in particular the use of a hoist. They said this had helped them to understand how a person feels when being hoisted. One said, "It wasn't fun; I can understand how [people] can feel vulnerable, so I always reassure them". Following their induction, staff had a period of shadowing a more experienced member of staff. One staff member said that this, "helped me feel confident; they guided me". Most staff had completed, or were currently completing, a care qualification. The registered manager said it was their goal that all staff completed at least a level two care certificate, and a plan of training that was due for each member of staff was in place to support them to achieve this.

Staff said they received one-to-one sessions of supervision every three months or so. Staff were given feedback from people they provided support to. In addition, a topic for discussion was chosen for each supervision session, and the most recent was in relation to the safe and correct administration of medicines. One staff member said, "it is very useful; I am asked lots of questions about people I care for and how I do things; I can ask for help and say if I need training". Records of supervision showed the conversations were effective in identifying staff training needs. One staff member said they had requested training in the care of people living with dementia at a recent supervision, and this had been arranged for them, and other staff, as a result. The staff member said, "I was so happy when I saw my name on the list for dementia training". They added that the training had helped them care more effectively for people living with dementia.

Staff had an understanding of the Mental Capacity Act, 2005 (MCA) and how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff were aware of the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Staff sought people's consent before providing care. One staff member said, "We are in their home; it is their decision. We cannot over-ride that, it is their right". Another staff member said, "If someone doesn't want us to help them, that is their choice. I always

Requires Improvement

Is the service effective?

try to convince them, but if they really don't want it, that's their choice". Where people were not able to indicate their consent verbally, staff said they watched for people's body language. If people indicated they did not consent, staff respected this and made sure the person was comfortable and had the things they needed before they left. Staff logged in care records when people refused care and also informed the office so they could get advice if the person needed further support.

People's needs in relation to food and fluids were documented in their care plan. The amount of help given varied from person to person. Most people received ready-meals which staff heated in the microwave oven. Staff monitored and recorded what people had eaten and drunk and took appropriate action if people were not eating and drinking sufficient amounts. A family member of a person said their relative occasionally had a reduced appetite. They said staff always offered a choice of meal and encouraged them to eat, offering an alternative if they did not eat much of their meal. One person's care plan stated they should be left cups of tea or water before the care staff left, and daily records of care showed care staff did this.

Staff said they always reported to the office if the person they were supporting was unwell. Whilst visiting a person in their home a staff member took appropriate action when the person had a fall, and the person was seen by paramedics to ensure they had not sustained an injury. Records of care delivered showed staff called the GP or the paramedics if they were concerned about the person's health. Care records also showed that other professionals, such as occupational therapists, district nurses and social workers, were contacted if it was required. A person's relative told us, "If there is any problem [the staff] call me straight away to let me know, or they call the doctor".

People said care staff visited regularly and on time and that they received care from a consistent group of staff. Staff rotas confirmed this. One person said, "It's very rare for them to be late". A family member said, "[My relative] gets regular care staff, she knows them all".

Good

Is the service caring?

Our findings

People said staff were caring and supported them with kindness and respect. People said, "They are respectful, friendly and helpful", and, "I get on with all the staff". Relatives told us, "they [the care staff] are kind, polite and they listen to [their relative]; they have all been caring, without exception", and, "They are kindness itself" adding that their relative's dignity was respected by care staff delivering personal care. Another family member said that some days their relative's mobility needs increased during the day and care staff responded to this by, "exercising extreme patience", when their relative most needed it. A social care professional said, "The carers I have met are very good; I cannot praise them highly enough".

Staff spoke warmly of people they cared for and expressed sincere concern that they received appropriate care in a kind manner. We observed one care staff, the registered manager and an office staff member caring for a person who had fallen in their home. All showed kindness to the person, reassuring them and ensuring they were comfortable whilst waiting for the paramedics to attend.

Staff supported people to make choices, and adapted their approach in relation to people's needs. For example, one staff member said that a person they supported was registered blind. They said to enable the person to make a choice of what clothing to wear, they would describe different outfits and assist the person to dress in their choice of clothing. One care staff member said that whilst respecting the person's decision regarding clothing choice they would make sure the person was still comfortable. For example, if they were likely to be too warm the staff would make sure there were drinks available and a lighter clothing choice within reach if they wished to change.

Staff were aware of and respected people's diversity. For example, one member of care staff told us they were conscious of always ensuring a person who was Muslim had their head covered as, "they could become distressed if we didn't".

Staff were aware of the need to preserve people's dignity when providing care to people. Staff said they took care to cover people when providing personal care, and helped people to dress their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. One member of care staff said, "I try to be as gentle as I can; if they don't want me present [in the bathroom] I close the door and wait for them to call out before I go back in".

People said, where there were no language barriers, staff listened to them and they felt involved in their care. It was evident that some people or their relatives where appropriate, had been fully involved in their care planning. Relatives said, "We got really involved from the start. [The registered manager] spent time with us asking what was needed", and "They keep in touch, and if we need to change something we can. Whatever [my relative] requires we can discuss with the care staff, or with the office". The registered manager said they had met all the people using the service individually, and their relatives where appropriate. People said when they contacted the office staff were polite and if possible, always accommodated their requests.

Good

Is the service responsive?

Our findings

People said they were involved in planning their care. One relative said, "We met with the manager to assess [our relative's] needs; I feel [their] needs are really met". They added, "[my relative] is treated like an individual". Staff knew how to deliver personalised care. One staff said, "it's all about [the person]; their preferences; what they want".

Staff knew the needs of people they provided care to and said they used people's care plans to establish their needs. Care plans were written in a personalised manner and contained detailed instructions for staff. Where a person was not able to verbally tell care staff what they required the care plan was more detailed, stating how staff should offer breakfast choices to them, and gave specific instructions regarding their fluids. One care plan stated care staff should 'greet me; tell me your name, the day and the date'. The level of support people required was clear; either 'assist', or 'prompt' the person for various tasks.

Records of care showed care staff took appropriate action when people needed extra care. For example, one person required temporary medication to be administered for several weeks. Staff made an extra call in the evening to ensure the person received the care they required. In another example, care staff noticed that a person who had been assessed as able to self-medicate, was not taking their medicines. Care staff referred this to the office and an arrangement was agreed with the person that care staff would prompt them to take their medicines in future.

Where a person had a specific need the agency endeavoured to meet it as far as they could. If a person was unable to speak English the agency at a minimum tried to ensure that care staff providing personal care in the morning and lunchtime were able to speak the person's first language. If a person's needs changed at short notice these were communicated to staff via email which meant they were kept up to date with people's current care requirements. One person's needs fluctuated daily and a contingency care plan was in place if their needs were greater than usual. A family member said, "The care plan has been reviewed since [my relative] came out of hospital; she now needs two care staff and this has been working well". Staff said they always stayed longer than scheduled with a person if their needs had not been met in the allotted time. One staff member said, "We make sure they are comfortable. That's the most important thing".

People knew how to make a complaint. One person said, "If there is anything I am not happy with, I will speak up". A relative said, "If we have a minor problem we talk about it with the carers. They are always very helpful and it gets sorted". Two people said that if they had any concerns, however minor, these were responded to by office staff.

The registered manager kept a record of complaints and the response made to them. They said they always offered a face to face meeting with anyone who had a complaint, and then followed this up with a phone call. Two complaints we looked at showed the complainant had been contacted and their complaint was investigated thoroughly. A response was made to the complainant, in line with the provider's policy, and to their satisfaction. A relative who had made a complaint said, "The matter was investigated thoroughly. We were content with the outcome, and an apology. It hasn't happened again since". Records showed that where a complaint was against the care practice of staff, this was addressed and the staff members were monitored following the complaint. This enabled the registered manager to use the complaint as an opportunity for improving the service.

People said they were able to give feedback on the service they received by means of an annual survey. This covered areas such as the timing of calls and continuity of care staff. Most responses we looked at were positive about the service people received.

Every call to the office was logged on the computer system. The registered manager told us this was to help ensure that all calls were followed up and action taken where necessary. Since this system had been in place many more enquiries and concerns made by people had been addressed. For example, calls people made regarding changing the time staff called to provide their care were now always logged on the computer system and the registered manager could check that the changes requested were implemented in a timely manner. We saw two examples of these requests that had been logged on the system and changed in line with the person's request. If a person requested a change of care staff the registered manager contacted them to see if there was any problem with the care delivered by the member of staff. They addressed this if necessary and amended the staff rota so the person received care from a different member of staff.

Requires Improvement

Is the service well-led?

Our findings

People, and their relatives had had contact with the registered manager and had no concerns about how the service was managed. One relative said, “The office staff are always available; they are polite, they listen and take note of what you say”. Health and social care professionals commented, “We’ve worked together well; [the registered manager] is really approachable”. They added that the registered manager had “worked really hard to sort some things out, always called back if needed and communicated well”.

Staff said the registered manager promoted an open culture in the agency. They said they could ask for support and advice at any time. If staff made a mistake, the registered manager provided support and further training if necessary. Three staff members took turns to provide an out of hours on call service to staff and service users. Staff confirmed that support was available to them outside of regular hours.

A code of conduct was in use at the agency and all staff had signed up to the code. This focussed on valuing, respect, dignity and the wellbeing of people cared for by agency staff. Staff were aware of these priorities and incorporated them in the care they provided for people.

Feedback was sought from staff in order to improve the service people received. Staff had recently reported to the registered manager that the travel time allowed between calls was insufficient and this was resulting in more frequent late calls. The registered manager had increased the time available and this had improved the punctuality of care staff. One member of care staff said, “The management listen to what we say; we can give suggestions to improve the service”. They gave an example of feedback they had given to the registered manager regarding communication with care staff. This had been addressed and the member of staff said things had improved as a result.

Feedback was sought from people using the service. Quality monitoring discussions were held every six months and concerns raised by people were addressed. An email had recently been sent to all care staff which reminded them about the use of personal mobile phones, failing to stay for the correct length of time and task-focussed care.

A member of the office staff visited each service user once a month and collected records of care including medicines administration records (MARs). These were brought to the office and audited by the registered manager for completeness and clarity. If a problem was found they would investigate what had happened with the member of staff concerned. MARs were complete and clearly filled in.

Records of care delivery which staff completed were brought to the office when they were completed. We saw these were not always clear, detailed and written in a way that showed respect for the person receiving care. The registered manager said they were aware of this but as yet had not taken action to address this with staff. They said they would use the next round of supervision meetings to discuss this with relevant staff. The registered manager said they planned to implement spot-checks on care staff in the community. They had prepared a check list of areas of care to be checked, and said they would shortly be starting the checks.

The registered manager reviewed care plans regularly but the reviews were not always effective. Some care plans did not include information on people’s emotional and social care needs, although there was a section in the plan for this information to be recorded. There was no personal history information in any of the care records. Information was focussed on what people were able to do now with no information about their past which could help inform care staff practice and help them to develop relationships with people.

The failure to ensure records relating to people's care were clear, accurate and complete is a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider failed to assess and manage risks to people's health and welfare. Regulation 12 (2) (a), (b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider failed to ensure care staff could communicate effectively. Regulation 19 (1) (b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider failed to ensure records relating to people's care were clear, accurate and complete. Regulation 17 (2) (c)**