

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



Overall summary

We carried out an inspection of Diagonal Alternatives LLP on 12, 19 and 28 August 2015. The inspection was announced. This was to ensure there would be someone present to assist us. We last inspected Diagonal Alternatives LLP on 14 January 2013 and found the service was meeting the legal requirements in force at that time.

Diagonal Alternatives LLP provides personal care for people in their own homes. At the time of the inspection there were 20 people in receipt of a service and 20 staff

employed. Personal care was provided to people across Newcastle, North Tyneside and Northumberland, primarily privately or by direct payment or personal budget arrangements. A small number of care hours were provided under contract with the local authority.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. The one alert we received during the past year had been dealt with appropriately, which helped to keep people safe.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines. Medicines records were accurate.

Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. The registered manager was aware of when people were subject to a power of attorney.

Staff had completed relevant training for their role and they were well supported by the management team. Training included care and safety related topics.

Staff were aware of people's nutritional needs and made sure they were supported with meal preparation and food shopping where necessary. People's health needs were identified and staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in activities and in accessing their local communities. Without exception, everyone spoken with praised the kind and caring approach of staff. Staff explained clearly how people's privacy and dignity were maintained.

Staff understood the needs of people and we saw detailed assessments were undertaken before packages of care were developed. Care plans were detailed and person centred. People's relatives spoke highly about the care provided.

The relatives and staff spoken with had confidence in the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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 safe.

People told us they felt safe and secure with the service they received. We found a robust recruitment procedure for new staff had been followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people shop for food and prepare their meals, where this was needed.

Staff were aware of people's healthcare needs and where necessary actively worked with other professionals to promote and improve people's health and well-being.

Good



Is the service caring?

The service was caring.

People made overwhelmingly and consistently positive comments about the caring attitude of staff. During our inspection we observed sensitive and friendly interactions.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good



Is the service responsive?

The service was responsive.

People were all satisfied with the care. Activities and community support were provided where necessary.

Care plans were detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and their relatives expressed confidence in the process.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager in post. People using the service, their relatives and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas of development.

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 checked 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 12, 19 and 28 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. 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, 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 and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider, including notifications.

Due to their communication and other needs, many people were not able to speak with us. We spoke with the relatives and representatives of six people who received a service from Diagonal Alternatives LLP by telephone. When visiting the agency office we spoke with the registered Manager, who was also a company director, another company director who also provided management oversight and support, as well as four care workers.

We looked at a sample of records including four people's care plans and other associated documentation, medication records, three staff recruitment files, three staff training and supervision records, policies and procedures and complaints and audit documents. We also looked at a local authorities most recent contract monitoring report for the service.

Is the service safe?

Our findings

People's relatives told us they felt the service provided was safe and they felt comfortable with the care workers provided. One person told us, "They are extremely patient with him. They take him for outings to give me a break." Another person said about the service, "He is safe with the carers. A wet room has been put in and he is helped by carers when using it." People's relative also told us there were enough staff provided. For example, one relative told us, "Our needs are being well and truly met, he needs two carers and we get two."

Staff were able to explain how they would protect people from harm and deal with any concerns they might have. One said, "We would contact the manager first; if it was urgent the police." All expressed confidence that concerns would be dealt with promptly and effectively by their managers. In this context, the managers were described as "Very approachable." Staff were familiar with the provider's safeguarding adults' procedures and told us they had been trained regarding abuse awareness. This was confirmed by the training records we looked at.

To support the training there were also clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the one alert we received in the last year had been reported promptly and handled in a way to keep people safe.

Arrangements were in place for identifying and managing risk. We looked at people's care plans and saw risks to people's safety and wellbeing, in areas such as mobilising, falling and the use of equipment, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence as much as possible. We were told about, and saw numerous examples, of care packages that involved social support and community involvement, for example supporting people to go on outings, help with shopping or attending church.

Staff explained how they would help support individual people in a safe manner. One staff member told us, "Risk assessments are done for each person individually. They cover things like people living at home alone with dementia and disabilities." Another staff member described to us how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed.

Staff expressed positive views about staffing levels. When asked if there were enough staff, one worker said, "Definitely, we've got a good team going in." Another told us, "I'm never under pressure to do more hours than wanted." A further comment made to us was simply, "There's plenty of staff."

The management team told us about arrangements for ensuring staff levels were adequate and that staff recruitment was on-going to ensure suitable levels of staffing to ensure safety and consistency. Manager's told us they felt staffing levels were sufficient to meet people's needs.

Checks carried out by the provider ensured staff were safely recruited. Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Where staff had stated on their application they held a relevant care qualification a copy of this was obtained.

The majority of people using the service did not need staff to intervene in the management of their medicines. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. Where support was offered clear records were kept to help ensure medicines were administered as prescribed. We observed a telephone call where a member of staff reported concerns about a person in relation to medicines. The staff member had reported this concern promptly and sought advice from their manager to ensure the concern was noted and could be shared with appropriate professionals.

Is the service safe?

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. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately.

Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that they had been trained in the administration of medicines and had their competency assessed.

Is the service effective?

Our findings

Positive comments were made to us about the effectiveness of the service. For example, one relative told us, “They’re absolutely marvellous, superb. Diagonal are just marvellous, much better trained. They do care about me as well as my relative. I cannot fault them. This morning the carers handled (an incident) marvellously and helped me to cope. I recommended them to a friend, they really are superb.”

We asked people’s representatives if there was anything Diagonal Alternatives could do for them that would make their service better. Everyone said they were happy with the service provided. One relative commented, “No I don’t think there is. If there was they would help us to achieve it.” When asked if their needs were being met, comments included, “Definitely.” “Yes as far as can be.” And “Absolutely, even when my relative gets ratchetty.”

A relative also confirmed, “They take my relative to hospital visits.”

Staff were trained in a way to help them meet people’s needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. One staff member said, “The training’s much better than what I’ve done with my previous company.” Another told us, “I’ve had a lot. They really promote training; nutrition, health and safety, medicines, moving and handling, dementia awareness and equality and diversity e-learning too. I’m now signed up to a level three NVQ.” (National Vocational Qualification now called the Diploma in Health and Social Care.)

New staff had undergone an induction programme when they started work with the service. All staff were expected to undertake key training at regular intervals. Topics included health and safety and care related topics, including dementia awareness. All staff were positive about the training they’d received. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff told us they were provided with regular supervision and they were well supported by the management team. A staff member told us, “I get regular supervision; every six weeks. The door’s always open and they get back to you

straight away.” Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of these meetings contained a detailed summary of the discussion and a range of work, professional development and care related topics had been covered.

We saw people using the service were supported to be independent and make decisions about their own care. Seeking consent was an underlying principle contained in a range of policies and procedures we examined, including where support was offered with finance or medicines.

We looked in three people’s care plans and saw people’s consent had been sought and obtained. This included aspects such as access to records and arrangements for staff to gain access to people’s homes. All care plans were signed by the person using the service or their representative to confirm they agreed with the content. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service, such as where they had a deputy appointed by the Court of Protection. Deputies are appointed by the Court of Protection to act on behalf of people in making important decisions. These may include decisions relating to finance or care. Where applicable, we saw copies of relevant documentation held on the person’s file.

At the time of our inspection there was nobody assessed as being at risk of malnourishment. Staff supported some people with food shopping, meal preparation and checking whether food remained within its best before date. Where required, people’s weight was monitored to ensure people’s nutritional and general health was kept under review.

People were supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. One relative told us, “They have also taken my mother to visit father in a hospital.” Records we looked at showed the service was aware of which GP people were registered with. Where people received care and support from other professionals, such as the speech and language therapist, occupational therapy and medical consultants, this was documented and care adapted appropriately. People’s healthcare needs were considered within the care planning process and we

Is the service effective?

noted assessments had been completed on physical and mental health needs. From our discussions and a review of

records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

Without exception, we were told people were treated with kindness and compassion. People's relatives told us about how they and their relatives were involved in planning their care and how positive, caring relationships were maintained. Relatives told us copies of care plans were kept in the homes of people using the service and records were updated at every visit. They confirmed their involvement in planning care and said that people's privacy and dignity was respected and their independence promoted. For example, regarding staffing continuity, everyone told us there was only a small group of carers who attended to their needs and there was always a familiar carer when two people attended. Comments included, "There's only the one, the same one every time." Another told us, "We're notified in advance for the week who is coming. Pictures with (the staff's) names underneath so they (service user) can identify them."

When asked about staff's approach to maintaining privacy, one relative said, "Yes absolutely, I cannot fault them." Another relative told us, "Definitely. When a different organisation was involved my relative had about 17 different carers a week. Now a group of four or five who are familiar come and do shopping." When asked 'Are staff polite, courteous and tidily dressed?' responses included, "Yes always," and "Yes very much so. They have identification with them too."

Staff had a good understanding of people and their needs. They were able to describe how they would promote positive caring relationships and respect people's diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff on promoting equality and diversity to support this commitment. Positive feedback had been gained through the provider's quality survey about the caring approach of staff.

Staff clearly understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters, such as meal choices. They were routinely involved in day to day decisions with the service they received. One care worker said, "We give people choices all the time." Another care worker told us, "Where people have capacity, we always let them decide for example when and where to go out. Where they have less capacity we present choices and let them make the final decision." They went on to explain, "We give choices all the time, with food, activities, bathing, etc."

Relatives told us people's privacy and dignity was respected. Staff were clear about this also and understood the need to ensure people's confidences, stating, "You don't discuss information out of the home and you follow what's in the care plan."

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. Relatives told us staff arrived as arranged, stayed for their allocated time and would provide additional support above what was simply assessed as needed. Comments made included, “They’re always on time.” “Yes, over if needs be and they come early quite often, which is great.” “They actually observe my relative’s needs particularly. They need them at an absurdly early hour, 6.30 am. The carers are fine with this arrangement. The Diagonal Alternative’s carer is a very special carer. She is like a member of the family to him.”

People’s care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an on-going relationship between the registered manager and each person. This ensured they remained aware of people’s needs and enabled them to monitor the service provided.

From the information outlined in people’s assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people’s health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us. People told us the service was responsive in accommodating their particular routines and lifestyle. For example, relatives told us staff would support people’s activities and social needs. One comment was, “The carers take my relative on outings and are wonderful with them. These outings are very much enjoyed by my relative.” Where appropriate the service established and maintained links with local community groups, such as those linked to local church groups. This meant the service worked with people’s wider networks of support and ensured their involvement in activities and groups important them were maintained.

Reviews of care were completed at least six monthly. Staff indicated if they had concerns, or people’s needs changed they would inform their managers so a further care need’s review could be carried out.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people’s preferences and needs.

Staff explained how they were able to offer a high standard of service. One care worker told us, “We don’t do visits of less than an hour. This gives you a chance to have conversations and really get to know the person.” Another said, “We will take a holistic approach for the whole family. The ethos is, don’t rush things.” We observed the registered manager respond flexibly and promptly to requests from staff for help and advice during the inspection.

We also observed calls from care workers seeking advice from managers based in the office. One example demonstrated innovative approaches being suggested to meet a person’s needs. These were reflected in the person’s care plan. Both front line and office based staff clearly demonstrated a detailed knowledge of people’s needs and offered flexible solutions in meeting these.

Care plans were person centred and covered a range of areas including personal care, support with therapeutic exercises, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were reviewed regularly. These plans were sufficiently detailed to guide staff’s care practice. The input of other care professionals had also been reflected in individual care plans and these documents were well ordered, making them easy to use as a working document.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence and to undertake their own personal care where this was safe and appropriate. This meant people using the service were supported to keep control over their needs and retain their skills. Staff kept daily progress notes which showed how staff had promoted people’s independence. These records also offered a detailed record of people’s wellbeing and outlined what care was provided.

Is the service responsive?

Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress. The language used was factual and respectful. Records also focussed on people's strengths and were positively worded.

The agency viewed concerns and complaints as a means of securing improvement. We saw that the provider's complaints process was included in information given to people when they started receiving care. People's relatives told us they knew how to make a complaint and although hadn't used the procedure expressed confidence that this would be handled appropriately.

A copy of the complaints procedure was clear and made available to people. We reviewed the records of complaints received and saw there were four complaints recorded. There was evidence these had been acknowledged, investigated and the outcome reported back to the complainant. Where necessary appropriate action had been taken to avoid a re-occurrence or to instigate other procedures, such as raising an alert with the local safeguarding adults team.

Is the service well-led?

Our findings

The registered manager and senior staff acted as positive role models for the staff team. People told us they were happy with the service provided for their relative and with the leadership. A relative said to us, “We’re so satisfied with the service we get. There’s nothing more to be done.” Another told us, “I’m very happy with the service.” A further comment made was, “No I honestly do not think there is anything they don’t do. If there is a problem they deal with it immediately. They are like really good friends, that is how I look at them.”

Care workers expressed confidence in the management and leadership of the service, confirming the managers were open in their approach, communicated clearly with them and had clear, positive values.

Comments made to us by staff included, “Because they’re hands on they (registered manager and operations director) inspire confidence.” Another carer told us “Very approachable and they will get back to you. They have the best interests of clients in mind and to support staff.” We were also told, “Everyone wears the gloves and provides care. They know the issues we face.” This worker concluded by saying “Without question I’ve recommended this agency to family and for people looking for a job.”

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in August 2013. The registered manager was present and assisted us with the inspection. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were clear about their requirements as a registered person to send CQC notifications for notifiable events. (Notifiable events include incidents such as serious injuries, allegations of abuse, or the absence of the registered manager)

The provider and registered manager had a clear vision and values that were person-centred, ensuring people were at the heart of the service. The aims and objectives of the service were outlined in the provider’s publicity material, their statement of purpose and staff handbook.

The provider and registered manager were clearly proud of the service provided to people and the quality of service provided. They were able to articulate their vision and

values, which were clearly focussed on building on existing good practice, ensuring people’s needs were met as the first priority and in developing all staff. The registered manager had a stated focus on promoting equality and diversity amongst the staff team stating, “This brings a real richness to the company.” People were regularly asked their opinions on the quality of care and whether the care objectives were being met.

The registered manager monitored the quality of the service by speaking with each person who received a service on a regular basis. This was to ensure they were happy with the service they received. The registered manager also undertook a combination of announced and unannounced spot checks and obtained the views of people in the form of questionnaires. External quality checks were used to plan improvements. We were shown a copy of the most recent monitoring report from a local authority who contracted with Diagonal Alternatives. This assessed the service as meeting all the quality measures they had set, with suggestions made to further improve the service.

One relative we spoke with could not recall anyone asking for their views, but all of the others confirmed their views were sought. The person using the service said, “Would let them know if there was a problem.” Other relatives confirmed, “Yes. Done one quite recently.” And, “Yes. A couple of times at least.”

Records we looked at confirmed the registered manager had carried out a range of checks and audits, such as those relating to medicines and care practices. We looked at a recent customer satisfaction survey. We saw practical steps had been taken to address areas for improvement suggested by the respondents. We also saw many positive comments from surveys, including; “We’re very satisfied with the service provided”, “They are very good. 10/10”, “I have every faith in (name). They always arrive on time and understand (name) very well.”

The registered manager told us they had periodic staff and bi-monthly care co-ordinators meetings; the last team meeting being in July 2015. Staff were also kept people up to date with regular email communications and phone calls. This was confirmed by staff who said, “We had a meeting not long ago and have had three or four since I

Is the service well-led?

started. You can discuss things in the open and it's good to meet people face to face." They continued, "We get emails constantly, for example if someone goes in to hospital or there are any changes."