

Alternative Care Limited

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Inspection report

Unit 17 Monckton Road Industrial Estate,
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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

This was an announced inspection carried out on 5th June 2015.

There was a Registered Manager in post at the time of this inspection. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Alternative Care provides care for people in their own homes. At the time of our inspection the service was providing personal care for 16 people. The service covers the Wakefield area.

Staff knew how to recognise and report any concerns, so that people were kept safe from harm. Staff managed medicines safely and kept comprehensive records to show this. There were enough staff available and background checks had been completed before new staff were appointed.

The provider carries out comprehensive person centred planning and reviews this regularly to ensure people's needs are being met.

Summary of findings

The provider reported safeguarding concerns appropriately and took the necessary action to safeguard people from harm.

People told us they are treated with kindness and respect, that staff were polite, friendly and pleasant.

People told us they had a regular team of staff caring for them, and that staff usually came at the time they expected them.

The provider is responsive when contacted and responds in a timely manner to complaints received.

Staff understand the needs of the people they care for, what is important to them, their abilities to make informed choices and the support they need to be able to do this.

People who use the service told us that they received high quality care and that they had no concerns about the service which was provided to them.

The families of people who use the service told they are very happy with the care which is provided and feel confident that their relatives are being well cared for when they are not able to be there.

Staff told us that they receive regular refresher training, and that they feel well supported by the management of the service.

You can see what action we told the provider 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 safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Staff helped people to stay safe by managing risks to their health and safety.

There were sufficient staff available to give people the care they needed.

Staff recruitment procedures were safe.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were supported to receive the medical treatment they needed, and to attend routine health appointments

People were supported to eat and drink enough to stay well.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was protected by staff.

Good



Is the service responsive?

The service was responsive.

People were included in their care planning and their wishes and needs taken into account.

There was a system for managing concerns and complaints

People were supported to make choices about their lives to allow them to maintain their independence.

Good



Is the service well-led?

The service was well led.

The registered manager and senior staff completed regular reviews and quality checks to ensure people received appropriate, safe care.

People and their families had been asked for their opinions of the service and these had been used to inform future improvements.

There was a registered manager and staff felt well supported.

Good



Summary of findings

The people using the service reported that the standard of care was of a high standard.	
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Alternative Care Limited

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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered person had sent us since our last inspection. In addition we contacted local commissioners of the service who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs. In addition to this we spoke by telephone with 2 people who used the service and with 2 family members where the

person using the service was unable to express their opinions to us directly. We also spoke by telephone with 4 members of staff who provided care to people, the Training and the Quality Assurance Officers.

We visited the registered office of the service on 5th June 2015 and the inspection team consisted of one adult social care inspector. The inspection was announced. The registered persons were given 48 hours' notice because they are sometimes out of the office and we needed to make sure they were available to contribute to the inspection. . We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection

During the inspection visit we spoke to the deputy manager and the care manager for domiciliary care. We looked at records which related to how the service was managed, including staff rosters, recruitment files, training files and care planning and risk assessment paperwork.

Is the service safe?

Our findings

People said that they felt safe receiving the service in their own homes, the family member of one person who used the service said “They have put in a new Team Leader; they are excellent, they manage their (Service Users) behaviours brilliantly, I can’t praise them enough.”

A family member of a person who used the service said “they arranged for a medication safe to be put in place, as there had been an incident where they almost overdosed before, staff are very careful with medication and we have had no issues”.

Records showed that staff had completed training in how to keep people safe. On asking staff, we found that they knew how to recognise and report abuse so that appropriate action could be taken if they were concerned that a person was a risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff were aware of the whistle blowing process and said that they would contact the relevant external agencies if they felt they needed to do so.

There was a member of staff responsible for dealing with all reported accidents and incidents, and there were records which showed that these were handled appropriately and in a timely manner.

Good records were in place to show when service users had given money to staff to do their shopping. This included the amount given, the purchases made and the change given to the service user. This meant that service users and staff were clear about the use of service user’s money, and could see what had been spent on their behalf.

Records showed that the registered person had taken appropriate action where there had been concerns that someone might be at risk of harm for example there had been an alert made to the local authority about possible financial abuse of a person who used the service.

There were reliable arrangements for assisting people to order, store, administer and dispose of medicines. Staff who reminded or administered medication had received appropriate training and knew how to provide this assistance safely, people who used the service were

confident in the staff’s ability to manage their medicines. We found only one instance where there was an omission; the care manager told us this had been addressed with the staff member when it was picked up.

We looked at the background checks for 4 staff before they had been appointed, in all cases there had been a check made with the Disclosure and Barring Service, all of which showed that the staff did not have criminal convictions and had not been guilty of any professional misconduct. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. These measures helped to ensure that new staff could demonstrate their previous good conduct and suitability to be employed in the service. In addition, other checks had been made including obtaining references from previous employers. This meant that the provider had ensured that people using the service were protected from the risks of unsafe recruitment by instituting proper checks on staff before they commenced employment at the service.

The registered manager had established teams of staff to manage the care of people receiving care in their own homes; this was overseen by the Care Manager for domiciliary care, and a team of 3 Team Leaders. Records showed that there were enough staff to care for people in the service; however the care manager said they were recruiting for 2 more support workers to add to the team, to make it more efficient. Staff said that there were enough of them, and that they were happy with their current hours, one said they would not want any more hours than the current level. Staff said that they had regular people to care for, and this allowed them to build relationships with people and allow them to understand their needs better. Staff said that their rounds were consistent and that they had enough time to get to each person and spend their full time at the calls.

People who used the service and their relatives said that staffing arrangements were generally well managed, and one person reported that whilst there were issues in the past this had dramatically improved over the past 6 months, this person did tell us that there was a missed call in the previous week, however when they rang the provider they sent someone out straight away to make sure that medication was given. The provider recognised that this

Is the service safe?

would impact the 4 hour gap between medication administration and moved the rest of the calls for the day to ensure that this was observed. This demonstrated that where risks to people's care were identified the provider reacted swiftly to rectify the problem and any subsequent issues were then dealt with appropriately.

We saw that there were risk assessments in place in all the care files we looked at, these were appropriate and covered all risks; we also saw consistent evidence that the risk assessments were reviewed on a regular basis at the same time as the care plans were reviewed.

There is a whistleblowing policy in place, staff were able to explain the process for whistleblowing and said that they would contact the appropriate external agencies if they needed to do so.

Staff were trained in infection control procedures and told us they had access to good supplies of personal protective equipment for example gloves and aprons.

Is the service effective?

Our findings

People were confident that the staff knew what they were doing, were reliable and trustworthy and had their best interests at heart. One person said “I have regular care workers, when they are on holiday or sick someone else comes, they are all as good.”

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When necessary people were provided with help to ensure that they were eating and drinking enough, one person said “they always make me a drink when they come, it is the first thing they do.”

People said and records showed that they had been supported to receive all of the healthcare services they needed, this included consulting with family members to gain consent for doctors and other healthcare professionals to be contacted. A family member of a person who used the service told us “they are very on the ball; they take him to all his medical appointments.”

We saw in the care records that staff were supporting people to make choices of what they would like to eat and drink, they were preparing and serving meals and drinks where appropriate and there were good records showing what people had to eat and drink each visit.

Staff were confident that they could communicate with and manage the behaviours of the people they cared for. This included people living with dementia, people with acquired brain injury, learning disabilities, physical disabilities, mental health issues and problems relating to substance misuse.

Staff met regularly with senior staff to review their work and to plan for their professional development. Records showed that staff had received training in key subjects including how to correctly assist people who experienced reduced mobility, people living with dementia, safeguarding and the safe handling of medicines. Training was refreshed every 12 months to ensure all staff has up to

date knowledge. Staff told us the training was useful and could demonstrate that they had understood and retained the knowledge from it, for example staff understood the process for administration of medication and were completing the record sheets consistently and correctly.

We found that staff had worked in partnership with relatives and other health and social care agencies to support people to make decisions for themselves. They had consulted with people, explained information to them and sought their informed consent. For example one person’s relative told us that they had recently been transferred to a different healthcare team, there had been an error and family and the provider had not been invited to the 1st meeting as was preferred by the person, a care worker rang and arranged this for the person to avoid anxiety.

Staff told us that they had received shadowing from an experienced member of staff for a period of several weeks when they started work at the service, and that they were introduced to and shown how to care for the people they were going to be caring for once they were confident to do so without support.

We saw that staff had identified issues about a healthcare condition a person using the service was experiencing. Staff raised the problem with the relevant health professionals, after gaining consent to do so to ensure it was managed and did not lead to further health problems.

Whilst the provider had a comprehensive set of policies, some of these were out of date as the policies were currently being revised. The provider told us that the policies would all be revised by the end of July 2015, and we saw evidence that this was a realistic timescale.

The statement of purpose and Service User Guides were also dated December 2012, these were also being revised by the Director of the Organisation. A statement of purpose is a document which the provider creates to show the aims and objectives of the service and the kinds of services which they provide, this includes the range of service users’ needs which those

services are intended to meet.

Is the service caring?

Our findings

People were very positive about the quality of the care they were receiving from the service. One person told us “They come at the time I expect, they always have a cup of tea with me, and they are very friendly. They all know what needs to be done and they respect my privacy. After I have my bath I like to sit and watch TV in peace, they get their jobs done and let me do that.”

Another family member of a person using the service said “there are carers and there are caring carers, we receive the latter, some people are carers for the money and some people really care, we have the ones that really care, the carers are very kind we have no complaints”.

People told us they were treated with kindness and respect, that staff were polite, friendly and always pleasant.

People’s relatives told us that they had seen staff to be courteous and respectful when caring for their family member. One of them said “they send male carers as my relative responds better to men due to their condition, they are brilliant, my relative enjoys their outings and we have seen a difference in them since this started, both my sister and I are very happy with my relative’s care.”

We noted from daily records that staff knew people and their likes and dislikes, family told us that carers contacted them when they needed to and they knew which relative to contact. People told us that staff offered choice wherever possible, and gave them time to make those choices.

Staff recognised the importance of not intruding into people’s private space, and that they needed to respect people’s homes and belongings.

Staff understood the importance of managing confidential information, they understood that information could only be disclosed in certain circumstances and could describe when this would be appropriate. People we spoke with expressed no concerns that their confidentiality had ever been breached by staff. Staff understood what methods of communication were secure when disclosing personal information and that they should gain consent if possible to do so.

Records that contained private information were stored securely in the registered office; there was also a computer system which was only accessible by means of a password to authorised staff.

Is the service responsive?

Our findings

Each person had a written care plan, this consisted of identified goals and plans for each aspect of the person's care for example washing and bathing, moving and handling, food and nutrition and medication. Each section of the plan was person centred and there was consistent evidence of regular reviews of the care, to ensure that it was meeting the identified goals. Care was reviewed by a home visit, the findings of which were then checked with regular care workers and next of kin where appropriate, to ensure that a clear picture of current needs was established. One person's relative told us that they were always consulted whenever a review was carried out by the provider or Social Services, and that during Social Services reviews the provider always made the time to attend.

People told us and records confirmed that most visits had been carried out at the correct time and had lasted for the correct amount of time. There was a system in place for office staff to let people know if staff were running late, this was confirmed by the people we spoke to, who also reported that they were always asked about any changes to their usual arrangements.

People told us and the daily records confirmed that staff provided them with all the practical everyday assistance they needed. This included support with a wide range of tasks including washing and dressing, using the bathroom, getting around safely, and going out. People also told us that staff encouraged them and did not take over.

The provider worked in partnership with a local church; they jointly ran a café at the location which was accessible to people of all abilities. Staff supported people to attend the café to enable them to participate in activities and socialise with other people. The church also facilitates performances which enable vulnerable adults to experience being a part of a production and to perform for an audience, for example there was a performance of the musical Grease.

People told us that they would be confident in speaking to the registered manager or a member of staff if they had any complaints or concerns about the support provided. One person told us "there was a time I was having meetings with them every 6 weeks, to work out the issues we were having as it is a large package of care, they were very good and they worked very hard to get the care to work, it is great now."

One member of staff was responsible for investigating and responding to all concerns and complaints, and we saw evidence throughout the records we looked at to show that this was done fairly, thoroughly and in a timely manner, with written responses kept in the concerned individual's file. This member of staff told us that staff morale within the service was good and staff approached them for management of any grievances they may have. This person told us the management team were receptive to suggestions for improvement.

There was a compliment and complaint file available in the registered office, which again showed that complaints were managed appropriately.

Is the service well-led?

Our findings

People who used the service told us that they were asked for their views about their care. This was done most recently through a survey which was sent out at the beginning of 2015. We saw evidence that the returned surveys had been processed and had been collated into a results table, we were told that this information was taken to the management meetings and the progress against the actions measured throughout the year. The results of this survey were positive and the people we spoke to were happy with the quality of the care they received.

People we spoke with told us they knew who to contact if they had any concerns, and when they contacted the office team they found them to be helpful and responsive. One person told us the service was 'well managed' and they had 'no complaints whatsoever'. People told us they knew how to make a complaint, but they had not needed to do so.

One family told us there had been some issues with their family members care in the 'early days', they told us the provider had met with them regularly to work through the issues and had been excellent in working to make the package of care successful. The family told us the management team were 'very responsive', 'dealt with issues quickly' and 'worked hard to get it right'.

There had also been a survey sent out to staff, the results of this were being processed at the time of our inspection. We were told that these results would also be collated and any issues which were identified would be managed throughout the year.

People said that they knew who to contact in the office and that they would feel confident in contacting the registered

person if they needed to. On the day of our inspection the registered manager was on leave, however we were told by the management team that she was approachable, responsive and supportive of them and their teams.

Staff were provided with the leadership they needed to develop good team working practices, which helped to ensure that people consistently received the care they needed. There was a care manager responsible for the day to day running of the service and an out of hours on call service, which staff reported to be reliable, consistent, knowledgeable and helpful. This ensured staff always had access to a senior member of the team when they are working.

Staff kept clear and detailed records of the care provided during each visit, so that the next care worker would be alerted to anything new. Staff had contact details for each other and were able to support each other when needed, staff felt this was a positive measure so they did not feel isolated.

There was a process for auditing records coming in from people's homes. We were told that daily records, timesheets and medication records were audited, although there was no recording process for this staff were able to give examples of feedback which had come to them from the auditing, some identified issues were reported to the registered manager who confirmed that she had received and dealt with those, for example an omission on a MAR chart.

Staff we spoke with understood their role and responsibilities and could describe them clearly, they reported that morale was good and that they all felt part of a team, that they were supported and happy to support each other. All the staff we spoke with reported that they got on well with their colleagues and worked cooperatively.