

Alpenbest Limited

Alpenbest South

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

The inspection took place on 5 September 2016 and we gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available to meet.

The last inspection of the service was on 23 April 2013 when we found no breaches of Regulation.

Alpenbest South is a domiciliary care agency registered to provide personal care to people in their own homes living in Surrey. The agency is one of the main providers of personal care to older people living at home funded by Surrey County Council. The majority of people using the service were older people (over the age of 65 years). However, a small number of younger adults who had a physical or learning disability or mental health needs, also received support from the agency.

The agency is run by Alpenbest Limited, a private company, who have one other branch providing domiciliary care in Surrey and South West London.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service were happy with the care they received. They felt their needs were being met by kind, caring and supportive staff. They were involved in planning their own care and were consulted about changes to this. They had consented to their care and this had been documented. People's family, and others who were important to them, were consulted and able to contribute their opinions, if this is what the person wanted. People received care on time and for the agreed length of time. They usually had the same regular care workers and they were happy with this. They received their medicines in a safe way.

The staff were well supported and had the training and information they needed to carry out their roles and responsibilities. There was a clear organisational structure and lines of responsibility. The staff worked closely with other professionals to make sure people had the support at care they needed at the right time. This included the staff making referrals to specialists when they felt people's needs had changed or they required specific care or equipment.

There were good systems to monitor the quality of the service. These included consultation with the people who were being cared for, the staff and other stakeholders. There were regular audits of all aspects of the service and the provider was involved in the day to day running, as well as quality checks and strategic development. There were plans to develop the service in the future and the agency was involved in a number of pilots to see how technology could be used to improve the way the service ran. For example, they had piloted new electronic call monitoring and were looking at developing systems for staff to record information directly onto an internet server, where family members and other professionals could access

the information they needed.

Records used by the service were well maintained and accurate. There was clear information about each person's care and evidence that they had received care as planned. Other records, such as information about staff, complaints and quality checks were all clearly laid out, complete and meaningful.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were protected by the agencies procedures for safeguarding vulnerable adults.

The risks to people had been assessed, were monitored and there were plans to reduce the likelihood of harm and injury.

People received their medicines safely and as prescribed.

There were enough suitably recruited staff to meet the needs of people using the service and emergency contingency plans to be followed if needed.

Good 

Is the service effective?

The service was effective.

People had consented to their care or decisions had been made in their best interests by those who knew them best.

People were cared for by staff who were appropriately trained and had the information they needed to carry out their roles and responsibilities.

People were cared for by staff who were regularly assessed and supervised.

People who required support with eating and drinking received this from the agency.

People received the support they needed to stay healthy.

Good 

Is the service caring?

The service was caring.

People were cared for by kind, polite and respectful staff. They had good relationships with the staff who supported them.

People's privacy and dignity were respected.

Good 

Is the service responsive?

Good ●

The service was responsive.

People received care with reflected their individual needs and preferences.

People were involved in planning their own care.

People knew how to make a complaint and felt the agency responded to their concerns and queries.

Is the service well-led?

Good ●

The service was well-led.

People felt the service was well managed. They had the opportunity to express their views and be involved in planning their own care. They felt the agency listened to them and responded appropriately when changes were needed.

Other stakeholders were happy with the service provided and felt people's needs were met.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

Alpenbest South

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was carried out by one inspector.

Before the visit we contacted 22 people who used the service and the relatives of 32 other people by telephone. Some of these telephone calls were made by a second inspector and some were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for a relative. We also had feedback by telephone and email from 10 members of staff employed by the agency. We spoke with representatives of Surrey County Council and they sent us the report of their latest monitoring visit.

We also looked at all the information we held about the provider which included notifications of significant events and safeguarding alerts. The provider completed a Provider Information Return form (PIR) to us. This is a document which outlines how well the provider feels they are meeting the requirements of Regulation and describes their planned improvements for the service.

During the inspection visit we met the director (referred to in this report as the provider), the provider's consultant, registered manager, the training manager, the recruitment manager, a care coordinator, a field supervisor and two care workers. We looked at records which included nine care and support plans, the staff recruitment, training and support records for eight members of staff, records of complaints, safeguarding investigations and other records the provider used to monitor and audit the quality of the service.

Is the service safe?

Our findings

Some people commented they did not always know which care worker would visit and this made them nervous. One person said, "I do feel safe, but it would be good to know who is coming." They went on to say, "I had one guy who turned up and he was in a panic and rushed me, I did not like that." Another person told us, "I used to have a regular carer but that has all changed and that makes me nervous." However, the majority of people and their relatives told us they did feel safe with the agency and the care workers who supported them. Some of their comments included, "Oh yes I do feel safe, I get on reasonably well with them", "They have a good attitude and they are kind and nice", "I feel safe, they are brilliant", "Yes, I am safe, I have mostly regular staff, you get to know them", "We once had a carer who was not suitable but the agency stopped her coming" and "We felt safe from the very first visit."

The provider had procedures for safeguarding people and the staff were aware of these. The staff told us they had received training in safeguarding adults and they discussed this at team and individual meetings with their manager. One member of staff told us, "Safeguarding is protection for a client, ie: physical or sexual abuse, financial, medication etc. I have had training." Another member of staff said, "Safeguarding adults means looking after adults' health, well-being, human rights and supporting them to live in safety and prevent them the risk of abuse." A third member of staff told us, "Safeguarding is protecting clients from potential harms or avoidable risks. If I thought someone was at risk I would report this."

There was evidence that the agency had worked closely with the Local Safeguarding Authority when safeguarding concerns had been raised. They had also raised concerns themselves when they found people were at risk. They had informed the police and Care Quality Commission when needed. There were clear records of safeguarding alerts and the action which had been taken to investigate these and to protect the people using the service.

The risks to people's safety and wellbeing had been assessed before they started using the service and these assessments were regularly reviewed. The risk assessments included guidance for the staff on how to reduce the risks of harm. People who were at high risk, due to vulnerability, living alone, time directed medicines, health conditions or any other reason were identified and this information formed part of the agency contingency plan to make sure their care was prioritised.

Risk assessments for each person reflected their individual needs and included areas such as moving safely around the home, risks associated with their physical and mental health, risks relating to infection, skin condition, medicines and nutrition. The agency had also risk assessed the person's environment to ensure they took any action needed to keep the person and the staff caring for them safe. Risk assessments included the question, "What risk am I willing to take?" The agency looked at ways the person wanted to maintain independence in answer to this and planned strategies to support them in a safe way. The risk assessments clearly laid out how risks would be managed and any recommendations for change, for example changing the equipment used or the timing of the care being given.

People who were supported to take medicines told us they were happy with the support they received. One person said, "They always check that I have had my medicines, they are good." Another person told us, "They give me my medicines and they always write it in the book." A relative of one person said, "We are very happy with that, they encourage her to take her medicines and always check they have got everything right."

The agency had recently reviewed the way in which people were supported with their medicines. As part of this they had recruited a medical secretary who organised and monitored how people received their medicines. The care workers had all received training in administration of medicines. There was an individual risk assessment and care plan relating to each person's medicines. This included information about the prescribed medicines, the support they requires, how medicines were delivered or collected, how they were stored, additional information on any high risk medicines, personal preferences for people taking medicines, any side effects and whether medicines were time critical. The agency had regular contact with prescribing doctors and the supplying pharmacist to ensure that medicines were reviewed when needed. There was evidence of this in all the files we looked at. The staff completed medicine administration records and these were collected and checked by the agency each month. We saw that where discrepancies in administration records had been identified the agency followed this up with the staff to find out why.

There were enough staff to care for people and meet their needs. The agency had developed a system of staff rostering to ensure that each person had a core group of care workers who provided most of their care. They employed enough staff to cover vacancies and absences. The manager, senior staff and provider were all qualified to carry out care if needed and could cover in emergency situations.

Surrey County Council, commissioned and paid for a high percentage of the work undertaken by the agency. They told us the agency only agreed to care for someone if they had the staffing capacity and would explain if they could not meet someone's needs rather than try to manage with less staff than they needed.

There was an appropriate emergency contingency plan which recorded how the agency would manage in a number of different emergency scenarios, including staff shortages. There was clear guidance for the staff on how to respond to emergencies. This procedure was regularly reviewed and updated.

People were supported by the staff who had been appropriately recruited. The agency employed a member of staff who was responsible for interviewing new staff and carrying out checks on their suitability. Interviews included questions about scenarios the staff might encounter. Staff needed to complete basic literacy and numeracy tests as part of the selection criteria. The agency carried out checks on their suitability which included their eligibility to work in the United Kingdom, criminal record checks, references from previous employers and information about their full employment history. We saw evidence of these checks, of formal interview and of the agency checking staff identity in all the staff files we examined. The staff we spoke with confirmed they had taken part in a formal interview and that the recruitment checks had taken place.

Is the service effective?

Our findings

People had consented to their care. We saw that people had been asked to sign their care plans as a record of their agreement to these. Where people were unable to sign but had given verbal consent this had been recorded. Some people did not have the capacity to consent and we saw evidence that their representatives had been consulted and had signed their agreement.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff told us they had received training about the MCA and they demonstrated an awareness of this. They told us they had information about the main principles of the Act and what this meant about how they supported and care for people. One member of staff said, "I had training on Mental Capacity Act. Mental capacity is about the ability of an individual to make an independent decision in his/her own best interest." Another member of staff explained, "When a person is no longer able to make their own choices or decisions due to their mental ability being impaired then decisions have to be made in their best interest. I have had training about this. I know we should respect people's choices." A third member of staff told us, "MCA means giving the right to the service users to make their own decisions for example they have a choice to decide to have a bath, shower or a wash. To decide what they would like to have for breakfast or to decide what clothes they would like to wear. And my duty is to support and encourage them to make some decisions."

Most people told us they thought the staff were trained and had the skills they needed. A small number of people said that some care workers did not know how to fulfil their duties and that they (or their relatives) had to tell the staff what to do. We discussed this with the provider. The provider told us they would ensure that this was discussed with people at their reviews so they could identify if anyone felt the staff did not have the skills needed.

With the exception of two members of staff who said they did not feel supported, the staff we spoke with told us they had the support and training they needed. One member of staff said, "There has been regular annual training and some ad hoc training of new topics. The office, in conjunction with colleges, offer various courses at different times." Another member of staff told us, "I had one week's training and shadowing for one week before I start working independently." A third staff member explained, "I feel very supported and I have all the information I need." One care worker who told us they had worked for the agency for over seven years told us, "I feel very supported, if I need anything I can pick up the phone and there is always someone available." Another care worker told us about an incident when they had not been able to obtain entry to a person's home. They said they had telephoned the agency office and received the

support and advice they needed. The agency had responded quickly to this incident to ensure the person was safe and the care worker was able to deliver their care on time.

A large number of staff were employed from overseas. The provider arranged for English language classes to be held at the agency offices. They encouraged staff to participate in these and provided additional relevant training. For example, Surrey County Council, who commissioned and paid for some people's care, told us they thought the training provided by the agency for the staff was very good. They said they had some innovative training which included showing the staff how to prepare traditional English food. The agency also had links with local adult education colleges so that the staff could be supported to access training at these places.

The provider employed a training manager and a number of senior staff who were qualified trainers. They ran induction training sessions at the agency office which incorporated all elements of the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The staff were also required to attend refresher training sessions regularly to make sure their knowledge and skills were kept up to date. The provider told us they arranged for additional training, either on line, provided by the training manager, or provided by healthcare professionals, when a specific need arose. For example, some of the staff supporting people at the ends of their lives had received training in the use of specific equipment and interventions the person needed, the agency had also arranged training in certain healthcare conditions such as Parkinsons and Diabetes. We saw evidence of staff training and updates in their files. We also saw that their knowledge and competency had been tested as part of the training.

Following initial training new staff were required to shadow experienced staff on care visits. Their competency and skills were assessed and recorded as part of this. Once new care workers were considered to be competent they were able to work on their own. However, the supervisors continued to make unannounced visits to observe how they performed when supporting people. These assessments were recorded and where a need was identified the staff member was given additional training or support to meet this need, for example we saw one person had not followed appropriate infection control procedures. The supervisor spoke with them about the importance of this and arranged for additional training.

The staff took part in individual and group meetings with their supervisors. These meetings included discussing their work and also discussing key procedures, such as safeguarding, medicines management and whistle blowing. Good practice was also discussed and the meetings were used for learning and development. The staff took part in annual appraisals of their work where they were able to contribute their views and ask for additional support or training. A large number of the senior staff in the agency had been promoted from care worker roles and the agency supported the staff to undertake vocational qualifications.

People who were supported with meals told us they were happy with this support. Care plans included information on people's dietary needs and identified people who were at risk of malnutrition. There was a record of people's likes, dislikes, preferences and allergies regarding food. The daily records of care given showed that people who needed support were offered a variety of different meals.

People's health needs had been assessed when they first started using the service. Care plans recorded these needs and any specific healthcare needs the agency needed to meet. These plans were regularly reviewed and updated. There was evidence in the daily records of care visits that the staff monitored people's health and took action when there was a change in someone's health condition. For example, we saw that the staff contacted people's next of kin, GP and, if needed, emergency services when someone they

were caring for became unwell. There was evidence of liaison with Occupational Therapists when the staff identified a particular equipment need and with dietitians when people's nutritional needs changed. One member of staff spoke with us about how they had liaised with a hospital discharge team to ensure someone being cared for by the agency was not discharged home until the right support was in place. They told us, "Our job is to keep people safe."

Is the service caring?

Our findings

Some people told us they had had negative experiences with individual care workers. Other people told us that, whilst they liked their regular care workers, they did not always find the care workers who visited them occasionally as helpful or kind. Some of their comments included, "One carer is unpleasant, she doesn't treat me like a human being", "Some carers are not good and do not understand [my relative's] needs as they are not familiar with this client", "Some have only been in the country a few weeks, they don't seem to have had any training or supervision", "Carers are very good if long term but new staff are often untrained and not shadowed", "The experienced carers are excellent but often new carers turn up who haven't been told what to do and aren't trained – I'm too old to do this myself" and "My current carer is exceptionally nice, but I had to complain about another who was very rough and was aggressive when challenged." We discussed this with the provider. They said that they would ensure people had the opportunity to raise these concerns with their senior staff through reviews and quality monitoring checks.

The majority of people we spoke with found the care workers were kind, caring and polite. They had good relationships with them and generally enjoyed their visits. Some of the comments from people using the service and relatives were, "The care is wonderful", "The carers are generally very pleasant", "They go beyond what is required and will stay extra time if needed", "[My care worker] is amazing, she's the best thing that's happened to us. All the carers have been excellent", "Some are lovely", "They're very kind and often do extra things for him", "Our main carer is very good", ""At the moment we have a wonderful carer", "They try hard not to let you down", "My current carer is exceptionally nice", "They are brilliant, helpful and caring", "[My care worker] is polite, respectful and does everything that is asked", "We have a laugh while they are doing their job", "We have the same chap and he is very professional", "[My wife] loves them so much", "[My care worker] is caring and proactive and will encourage [my relative] to do things to improve the quality of her life", "[My care worker] goes above and beyond her duties, she works very hard", "All our carers are men which is great for my father and they're very nice" and "The carers are lovely – very helpful and willing."

A large number of people commented that the English language skills of some of the care workers were not very good. They said that this became an issue when they were unable to be understood by the person giving care. One person said, "Carers are often unable to speak good English and talk to each other in their own language in front of me which is upsetting – they tell me it's not for me to hear." We spoke about this with the provider. They told us they had strict rules about the staff speaking only in English when they were caring for people. The exception to this was if they needed to ask a question about the care plan from another staff member which would be easier for them to understand in their own language. We saw the communication with staff about this and it clearly explained that if this was the case the staff members needed to explain the circumstances to the person they were caring for. The provider organised English language classes at the agency offices which the care staff were encouraged to participate in.

People told us their privacy and dignity were respected. They also said that they were supported to make choices about their care and these were respected. Some of the comments from people who used the

service and their relatives were, "They are respectful", "They are very respectful and help me in any way", "They are marvellous on that front", "They close the doors when they give me a wash". "They always shut the door", "I have no complaints they treat me well", "They respect his privacy and dignity and ours too" and "They always close the door when they are caring for her."

The staff told us they had received training about privacy and dignity and they demonstrated that they understood about these. One member of staff told us, "Training was provided for us about dignity and respect. This is treating clients with proper and adequate respect and the dignity that everyone deserves." Another member of staff said, "I try to provide opportunities for the service users to participate as fully as they can in their daily life. For example if the service user can't have a shower by herself but she can manage to wash her face I support and encourage her to do it and I will assist with showering. In this way I try to help her to maintain independence. When I provide personal care I respect her choice of dress. When I provide personal care I ensure she is in a proper environment, for example the curtains are closed and I shut the doors." A third member of staff commented, " You should always treat a person in the way you would expect to be treated yourself. For example if I am bathing someone I will always make sure when they are out of the bath that they have a towel or dressing gown to cover them and that curtains are drawn and doors shut."

Is the service responsive?

Our findings

People using the service and their relatives told us that their needs were met. They told us they were involved in planning and reviewing their care. People said that they could make choices about the planned care and how care was delivered each day. For example, one person told us, "I am supposed to have a shower but if I do not fancy one the carers ask me if I want a wash instead." Some people told us they felt there was not always enough time allocated for the care workers to visit, however, they told us they completed the assigned tasks but sometimes it felt like, "A bit of a rush." A small number of people told us the care workers did not always tidy up before they left. A few people gave examples of food being left on the table and washing up not completed. Another person told us the care workers had sometimes left used incontinent pads in the bedroom without disposing of these properly. We spoke with the provider about this and they told us that part of the plan for each person was to ensure that the care workers left the home tidy and cleaned up after themselves. They said they would remind all the staff about the importance of this.

People using the service and their relatives remembered being involved in an assessment and told us they had copies of their care plan. They said that the agency staff visited them to review their care.

Surrey County Council who commissioned and paid for the care of a high number of people told us they felt the agency was responsive and met the needs of the people who they were caring for. They told us they took on challenging packages of care and made sure the staff had the training and skills to meet these.

Each person had an individual support plan which outlined their needs and how these should be met. The plans focussed on empowering people to be as independent as they wanted and making choices about their care. Individual preferences were recorded but staff were reminded to offer choices during each visit. The support plans asked, "What would I like to achieve?" and recorded the range of support the person needed to live the life they wanted. Support plans were regularly reviewed and updated. The staff kept logs of each care visit and these showed that support plans had been followed and people's needs had been met in the way they wanted. During regular reviews and monitoring of their care, people using the service were given the opportunity to say if they wanted any changes. We saw records of these and that the agency had responded to requests for change by altering the care which was planned and delivered.

Some people told us that care visits were not always timed to meet their needs and that they did not always have the same regular care worker. This meant that they did not know who would be caring for them or when this would happen. Some of the comments from people using the service and their relatives included, "They are not always on time, today they were two hours late and [my relative] is totally dependent on them, she gets distressed and if she needs the toilet she cannot go", "They don't always stay for the allotted time, they just do what needs to be done", "They can sometimes be late but they are extremely pleasant, evenings are a bit difficult, they come at 9pm and ideally we would like them earlier", "They used to come at 6.15am and this was too early so I told them and now they come at 9.30am and that is too late", "They sometimes get [my relative] up at 11am and put him to bed at 6pm – his day is too short", "They are not always consistent with the carers. The last few days have been a nightmare, we have had five or six different

carers", "They never let us know who's coming except one regular carer. It would be good to have a rota so we know who's coming", "He has lots of different carers, when he sees all these different carers coming in he gets bewildered" and "It's very difficult to get [my relative] to have a bath and if it's not a familiar face it's not going to happen."

We spoke with the provider about this. They said that they had reallocated the care workers and changed the times of visits for some people. This was because they wanted to reduce staff travel time and wanted care workers to make all their visits in one geographical location. They also wanted to assign a small group of core care workers to each person. These care workers would carry out the majority of visits to the person, helping to provide a better consistency and familiar faces for each person. They said that they had recently introduced these systems and they had seen improvements. They told us that this generally meant people were receiving care at a better time for the person, but that sometimes several people wanted care at the same time of day and they were unable to meet everyone's needs. They explained they had spoken with the individuals affected and agreed a visit time for them which they were happy with. The provider also told us that they had started sending out rotas to people using the service and their relatives so they knew who would be caring for them each week. We looked at a sample of recorded care visits for nine different people. These showed that care had been arranged to reflect the person's assessed needs. The records also showed that care had been delivered at the right time in the majority of cases, with a small time variation (under 30 minutes) on some days.

The majority of people using the service and their relatives told us that care visits usually took place at the right time and that care workers stayed for the agreed length of time. Most of them had the same regular care worker, who carried out all the agreed tasks efficiently. Some of their comments included, "They always ask if there's anything else they can do to help", "They take their time and leave at the agreed time", "They are brilliant, they come on time and they help me with shopping, bathing and washing my hair", "They always come on time, I have the same three permanent carers", "They are generally on time and they ring if there are any changes, I always have the same person", "They are very regular as a rule, very nice, they don't rush me and they are not often late", "It can vary, but they always let me know if they are running late and they do all that is needed", "They used to always be late, but not any more", "They are marvellous, they spend as much time as [my relative] needs", "They are very rarely late, and they do tell me if they are going to be" and "They were only late the once."

People told us they knew who to contact if they had a complaint about the provider. People said they had been given a file of information to keep at their homes and this included the contact details for the agency, local authority and Care Quality Commission. Most people told us the agency was responsive when they had a concern. Those that had made a complaint told us the agency had investigated and responded to these. One person told us that the agency had not responded in writing when they raised a concern, however, the issue they had complained about was resolved. A small number of people told us that the agency did not always respond in a timely way. Other comments from people using the service and their relatives included, "They were excellent when we requested a different carer and encouraged us to tell them if there were any problems", "I complained about too many different carers and this has improved", "The office staff are ok providing you speak to the right person" and "They've always been very responsive – they changed a carer on request quickly and efficiently."

The agencies record of complaints showed that complaints had been taken seriously. The details of each complaint had been recorded and there had been an investigation, which included speaking with the people involved. The provider had taken appropriate action following complaints, for example retraining or disciplining staff. We saw evidence that the provider had responded to complainants telling them the outcome of complaints.

Is the service well-led?

Our findings

The majority of people who used the service and their relatives told us they felt happy with the service they received and the support of the agency. Some of their comments included, "They know what to do, I am quite happy", "It has been a great help to me", "They do their job very well and they are all polite", "I am so happy", "They are encouraging and [my relative] needs encouragement", "They do more than they need to", "It's a good service, they do everything they need to", "Brilliant, excellent, they do their jobs and treat me like a friend", "It is excellent for me I have no complaints", "They have a heart but they are a bit muddled" and "It is perfect- very good."

We asked people if there were any areas they felt could be improved about the agency. Some people told us there was nothing they would like to change. However, others told us that they would like changes to the timings of care visits, better communication from the office staff and better English language skills of care workers.

The provider kept their own record of compliments and thank you cards they had received from people who used the service or their relatives, Comments from these included, "They are all kind, caring, polite and helpful", "They were always kind to her and their skills and tenderness helped her through her day", "[The care workers] do an amazing job, you are all so kind and considerate and I would recommend you to friends and neighbours", "I look forward to you coming daily" and "Thank you for your kindness and support."

Surrey County Council commissioned and paid for a large proportion of the care provided by the agency. They had regular contact with the agency and reviewed individual care packages. We spoke with one of the council representatives who was responsible for monitoring the contract with the agency. They told us they had found the agency "Really positive" in their approach and the way they worked. They said they were quick to respond to and address any concerns which had been raised. They told us the agency kept them informed about concerns and put right things that had gone wrong. They thought that the agency was well run and proactive, looking at new approaches to care and trying out new systems to improve the service. Surrey County Council found the quality monitoring systems at the agency effective and there was good monitoring of care workers.

A small number of staff told us they did not like working for the agency and did not feel supported. However, the majority of the staff we spoke with told us they liked the agency, liked the work they undertook and felt supported. Some of their comments included, "I feel I am part of a team and there's always somebody behind my back to help and support me", "I love being able to make a difference", "I'm satisfied with the way things are run", "I find care work very rewarding and if I leave someone smiling I feel I've done a good job", "I love my job", "I want to make sure people are happy and have a good quality of life, that is what this work is about", "You can tell that the service users are the heart and soul of what the agency does", "I love caring for people" and "I like most of my service users, and it's nice to help people."

Alpenbest South is a privately owned company. The provider has one other registered location providing

personal care to people living in Surrey and Southwest London. The provider had previous experience of working in domiciliary care services. They had undertaken a range of training relevant to the role and were involved in the day to day running of the business. There was also a registered manager who had worked for the company since it was established. They had a management qualification and took part in regular training.

The organisational structure included staff assigned to coordinate the care and support for different areas of the county, a quality assurance team, human resources and training teams and supervisors who supported staff and assessed the needs of people using the service. The provider had also recently created a post for a manager to oversee the management of medicines. The organisational structure was clear and available for people using the service and staff to see. A number of the managers and senior staff were qualified to provide training to other staff. They updated their own knowledge and training regularly so they worked to current good practice standards.

The provider's quality assurance team included a new post of compliance manager. Their role included reviewing how staff rotas met the needs of people using the service and also reviewing the care for people through face to face meetings, telephone interviews and surveys. We saw that each person using the service had regular contact with the agency who asked them about their experiences and how they felt their care needs were being met. There was evidence that the agency responded to the feedback people had given, for example by changing care workers or times of visits. Surveys were sent to people twice a year and the questions were based around whether people found the service safe, effective, caring, responsive and well-led. The results of the surveys were collated and we saw the provider had taken action to address any individual concerns which had been raised. The overall findings of the most recent survey was that people were happy with the service and felt they received quality care. The agency also asked the staff to complete annual surveys. The response to these indicated that staff were satisfied working for the agency.

The provider had a clear record of all accidents, incidents and complaints. They reviewed these each month and analysed any themes and trends. They used the information from these events to plan and develop the service. They also undertook regular audits of different aspects of the service. For example, they conducted an English language skills audit for the staff, looking at each staff member's (whose first language was not English) competency, level of understanding and their aims for improving their skills.

The provider was developing a number of systems to help improve the way the agency ran. These included new computerised portals for monitoring care visits and to provide up to date information for staff, service users and relatives via a secure internet site. The provider was a member of a number of care groups and regularly met with the county council. They kept themselves up to date with best practice and changes in legislation and guidance.

The provider notified the Care Quality Commission about safeguarding alerts, serious injuries and other significant events in accordance with the Regulations and in a timely way.