# Alpenbest Limited

# Alpenbest

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an announced inspection carried out on 19 and 25 June 2018.

Alpenbest is a home care agency. The service provides personal care and support to mainly older people, although some younger adults use the service as well, living in their own homes in South West London and Surrey. At the time of our inspection approximately 380 people with a range of health and personal care needs were receiving a home care service from this agency. This included people living with dementia, physical disabilities, mental ill health, learning disabilities and autistic spectrum disorders and sensory impairments. In addition, six people received a 24-hour home care service from this agency and had live-in care staff.

40 people who received a service from Alpenbest did not receive a regulated activity from them. The CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a newly registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this home care agency's last comprehensive CQC inspection, which we carried out in May 2016, we rated them 'Good' overall and for all five key questions we always ask, 'Is the service safe, effective, caring, responsive and well-led?' At this comprehensive inspection we found the provider continued to meet all the regulations and standards we looked at and had improved the way the service was managed and led. Consequently, we have continued to rate them 'Good' overall and for all five key questions described above.

People and their relatives told us they remained happy with the standard of the service provided by this home care agency. We saw staff continued to look after people in a way which was kind and caring. Our discussions with people, their relatives and community health and social care professionals supported this.

People continued to feel safe with the staff who regularly provided their care and support. There remained robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider continued to assess and manage risks to people's safety in a way that considered their individual needs. Staff recruitment procedures prevented people from being cared for by unsuitable staff. People did not have any major concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could be met always. Where the service was responsible for these medicines continued to be managed safely and people were administered their medicines as they

were prescribed.

Staff continued to be suitably trained and supported to ensure they had the right knowledge and skills to effectively meet people's needs. Managers monitored staff training to ensure their existing knowledge and skills remained up to date and were in regular contact with the staff team to
check they were clear about their roles and responsibilities. Managers and staff continued to adhere to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating.

Staff continued to support people in a dignified and respectful manner. They ensured people's privacy was maintained particularly when being supported with their personal care needs. The provider continued to operate an effective system to ensure people were suitably matched with staff they wanted and liked. This helped ensure staff remained familiar with the needs and preferences of the people they supported. People's diverse cultural and spiritual needs continued to be understood and responded to in an appropriate way by staff. People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were given essential information to help them understand the personal care and support choices this agency could provide them and staff communicated with people in appropriate ways. However, managers confirmed Makaton training was not available for staff who supported people who used Makaton signing. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities and/or communication difficulties. We discussed this issue with the company director and registered manager who both agreed Makaton training would help those staff who regularly supported people who used Makaton signing to communicate more effectively with these individuals. Progress made by the provider to achieve this stated aim will be assessed at the services next inspection.

People continued to receive personalised support that was responsive to their individual needs. People remained involved in planning the care and support they received. Each person had an up to date, personalised care plan, which set out how their specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly. The provider continued to have suitable arrangements in place to deal with concerns and formal complaints people might have. When people were nearing the end of their life, they received compassionate and supportive care.

The company director and management team continued to provide good leadership and led by example. The provider had an open and transparent culture. They routinely gathered feedback from people their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported respected by their line managers, listened to and valued for the work they did for the agency. The provider continued to work in close partnership with other bodies and community health and social care professionals.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service remains safe and continues to be rated 'Good' for this key question.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures continued to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Where the service was responsible supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them. The provider had suitably robust infection prevention and control arrangements in place.

### Is the service effective?

Good

The service remains effective and continues to be rated 'Good' for this key question.

Staff remained suitably trained and supported to ensure they had the right knowledge and skills needed to effectively carry out their roles and responsibilities.

Managers and staff continued to be aware of their responsibilities in relation to the Mental Capacity Act 2005.

Where staff were responsible for this they supported people to eat and drink sufficient amounts. People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate advice and support was sought.

### Is the service caring?

Good

The service remains caring and continues to be rated 'Good' for this key question.

People using the service said staff continued to be kind, caring and respectful. Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

Staff communicated with people in appropriate ways. However, managers confirmed Makaton training was not available for staff who supported people who used Makaton signing. We discussed this issue with the company director and registered manager who both agreed Makaton training would help those staff who regularly supported people who used Makaton signing to communicate more effectively with these individuals. Progress made by the provider to achieve this stated aim will be assessed at the services next inspection.

People were supported to do as much as they could and wanted to do for themselves.

## Is the service responsive?

Good

The service remains responsive and continues to be rated 'Good' for this key question.

Care plans reflected how people wanted their personal care needs met. These were reviewed regularly by managers.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

When people were nearing the end of their life, they received compassionate and supportive care.

## Is the service well-led?

Good

The service remains well-led and continues to be rated 'Good' for this key question.

Managers continued to provide good leadership.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

The provider continued to work in close partnership with other

bodies and community health and social care professionals.

# Alpenbest

**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.

This short notice announced inspection was conducted over two-days on 19 and 25 June 2018. We gave the provider 48 hours' notice of the inspection because we needed to be sure managers would be available to speak with us on the day of our inspection.

The inspection team comprised of an inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses adult social care services for older people.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of our inspection to gather people's views about Alpenbest we made telephone contact with 14 people receiving a home care service from this agency and 18 of their relatives. We also received email feedback from two senior local authority social workers who worked closely with this provider.

On the second day of our inspection we visited the agency's offices and spoke in-person with various managers including, the registered manager, the company director and owner, and the business manager. We also looked at various records including, six people's care plans, five staff files and a range of other documents that related to the overall management of the service. We also received email feedback from two care staff who worked for Alpenbest.

Good

# Is the service safe?

## Our findings

The provider continued to have robust systems in place to identify report and act on signs or allegations of abuse or neglect. A community social care professional told us, "I can confirm that I have always found that Alpenbest are good at communicating information regarding my clients, including issues about possible safeguarding matters." A service manager is the providers designated safeguarding lead who is responsible for dealing with and analysing all safeguarding incidents and liaising with the relevant local authority's safeguarding adult's teams. Staff continued to have up to date safeguarding adults at risk training, which is refreshed annually. Information about how to report abuse and neglect and the staff whistle blowing policy is also included in the staff handbook, which is given to all new staff. Staff remained familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. A member of staff told us, "I would talk to my care coordinator if I suspected my clients were being abused."

We looked at documentation where there had been safeguarding concerns about people using the service and saw the provider had taken appropriate steps, which they followed up to ensure similar incidents were prevented from reoccurring. For example, when a case of neglect involving a person using the service was substantiated following an internal safeguarding investigation, appropriate action was taken by the provider to initially suspend and discipline the staff involved in accordance with the providers staff disciplinary procedures, as well as remind other staff about their duty of care and responsibilities. There is one safeguarding concern outstanding at the time of this inspection, which is being investigated by the relevant local authority.

Measures were still in place to reduce identified risks to people's health, safety and welfare. Managers assessed risks to people due to their specific health care needs, which were routinely reviewed and up dated as and when required. We saw risk management plans were in place to help staff prevent or minimise identified risks people might face which included, falls, moving and handling, peoples home environment, accessing the wider community, social isolation, malnutrition and hydration, choking, tissue viability and behaviours that might be considered challenging. It was clear from feedback we received from staff they understood the risks people might face and what action they needed to take to prevent or mitigate them.

Maintenance records showed where staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines. We saw mobility equipment used in the office to train staff, which included a range of mobile hoists, a standing frame and an adjustable bed were checked bi-annually by external contractors.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with emergencies, such as a fire in someone's home. The provider operated a key safe system which ensured keys for authorised care workers were kept secure. It was mandatory for staff to wear identity badges during a scheduled visit, which field supervisors monitored during their quarterly spot checks. There continued to be an out of hours on-call system operated by the managers and since the services last inspection office opening times have been

extended to included early mornings, evenings and weekends. This ensured management support and advice was always available for staff when they needed it.

The provider's staff recruitment procedures continued to be robust. Records indicated when an individual applied to become a member of staff, the agency carried out thorough checks around their suitability to work in adult social care. This included looking at their right to work in the UK, employment history, previous work experience, employment and character references and criminal records. Records of staff interviews indicated all prospective new candidates were always interviewed by managers and the questions asked to ascertain their competency to do the job were always relevant.

Scheduled visits were well-organised by the office based care coordinators, which meant there continued to be the right number of staff to support people. People and their relatives told us staff were usually on time and could not recall staff missing any scheduled visits. Typical comments we received about staff time keeping included, "They [staff] turn up and do what they need to. They never let me down", "They [staff] have called if they're going to be over half an hour late, but it's not a routine thing that staff come late" and "Most of the time staff are on time, but you get the odd occasion when something has cropped up and they turn up late. We always get a call to say they are going to be late." In addition, most people and their relatives also said staff stayed for the duration of the scheduled call and completed all the tasks they had agreed to do. One person said, "If they [staff] finish doing what they've got to do they always say to us is anything else we can do", while another person told us, "One of my regular carers will stay even longer to do things. Sometimes I have to remind him his time is up."

The providers approach to planning scheduled visits remained flexible. Staff gave us several good examples of how they changed the times or duration of their visits at the request of people they supported, which included arriving earlier than normal for scheduled visits on Sunday morning for people who wanted to go to church and accommodating a person who frequently changed their mind at the last minute about having personal care at the agreed time. Staff told us their visits were well-managed by the care coordinators who were responsible for planning their visits. This meant they had enough time to complete all their designated tasks and meet the needs of the people they were supporting.

Medicines continued to be managed safely, where the service was responsible for this. Care plans contained detailed information regarding people's prescribed medicines and how they must be managed by staff. There were no gaps or omissions on medicines administration record (MAR) charts we looked at. Staff had completed training in the safe management of medicines and their competency to handle medicines safely was reassessed annually.

People were protected by the prevention and control of infection. We saw the provider had an up to date infection control policy and procedure which was included in the staff handbook. Records showed staff had completed up to date infection prevention and control training. Staff told us they were always given ample supplies of personal protective equipment (PPE), such as disposable gloves and aprons, when they were required to provide people with personal care.

Good

# Is the service effective?

## Our findings

The provider continued to ensure staff had the right knowledge and skills to deliver effective home care to people. People and their relatives told us staff were suitably trained. One person said, "Yes, I think they [staff] are very well-trained", while another person said, "The staff seem to know what they're doing." We saw a range of mobile hoists; slings and an adjustable bed were available in the office for staff to receive practical moving and handling training.

Staff were required to complete a thorough induction, which included shadowing experienced staff during their scheduled visits. The induction, which was mandatory for all new staff, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. This included, for example, understanding their role and duty of care, dementia awareness and manual handling. Staff we spoke with demonstrated a good understanding of their working roles and responsibilities. New staff also received a handbook that included the home care agency's rules in relation to their code of conduct at work. Staff who supported people with specific or complex health care needs received additional specialist training in these areas, such as pressure ulcer prevention, diabetes awareness, catheter care and the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes. Staff spoke positively about the training they had received and felt they had received all the training they needed to effectively carry out their roles and responsibilities.

Staff continued to have sufficient opportunities to review and develop their working practices and knowledge. Managers told us there was an expectation that all staff had an individual supervision meeting with their line manager once a quarter which would also include an appraisal of their overall work performance over the course of the last 12 months. Staff were also required to routinely attend group meetings with their co-workers. It was clear from discussions we had with staff they felt they received all the support they needed from their managers, care coordinators, field supervisors and fellow peers. A member of staff confirmed they had "periodic supervisions" with their field supervisor.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Care plans continued to include guidance for staff regarding consent and an individual's capacity to make decisions. We also saw people using the service, or their representatives, signed care plans to indicate they agreed to the support provided. Records showed all staff had received mental capacity and Deprivation of Liberty Safeguards (DoLS) training. It was clear from comments we received from staff they asked people for their consent before delivering any personal care and always respected people's right to say no. Several staff gave us good

examples of how they upheld the rights of people they supported to make choices and for example, decline to have staff provide them with any personal care someday. Managers told us if someone did not have the capacity to make decisions about their care, their family members and professional representatives would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act (2005).

People continued to be encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on specific needs and preferences. Staff sought this information about people's needs through the assessment process. Care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. When people were assessed as being at risk of malnutrition or dehydration staff maintained an accurate daily record of their food and fluid intake. This ensured staff knew when people were eating less or were losing weight, and could take appropriate action and contact all the relevant health care professionals. It was mandatory for all staff to receive basic food hygiene and nutrition training and cooking lessons were available for staff who said they could not cook or had limited experience of cooking British style cuisine.

People continued to be supported to stay healthy and well. One person told us, "They [staff] found me unwell early this year and called 111, and then stayed with me until the ambulance came", while another person's relative said, "They [staff] picked up a urinary tract infection very quickly recently and informed me so that my [family member] could get prompt treatment." In addition, a community social care professional remarked, "I can confirm that I have always found that Alpenbest are good at raising concerns about any health issues my clients might have." Care plans included personalised details about people's past and current health needs. Staff maintained detailed records about people's health and wellbeing following each scheduled visit. If staff had concerns about an individual's health they notified their field supervisor so that appropriate support and assistance could be sought from the relevant community health care professionals. A member of staff gave us a good example of prompt action they had taken to call an ambulance when they become concerned about the pain a person they regularly supported appeared to be in.

Good

# Is the service caring?

## Our findings

People told us they were very satisfied with the service provided by this home care agency and typically described the staff who delivered their personal care as "considerate" and "kind." Typical comments we received included, "They [staff] care and are all very patient and encouraging…I enjoy their company and love them coming", "I am very satisfied with the agency. I get on so well with them [staff]." and "They [staff] are like family to me. I am extremely pleased with the agency and would recommend this very good company to anyone." In addition, written feedback the provider had received in the last 12 months from people's relatives was equally complimentary. One relative wrote, "The carers are amazing…They go above and beyond for my [family member]", while another said, "Wonderful carers who are always patient and considerate."

Staff continued to support people in a dignified way. People and their relatives told us staff always treated them respectfully. One person said, "When staff support me they ensure the curtains are closed and will shut the bedroom door when my [partner] is about", while another person's relative told us, "They [staff] have a great respect for the people they are caring for." Comments we received from community social care professionals were equally complimentary and included, "I do feel that they [Alpenbest staff] treat the people that they support with respect and dignity and feel reassured when my clients are under their care." Staff had completed privacy and dignity training as part of their induction, which included how to assist people to eat and drink in a dignified and respectful manner. Staff always spoke about people they supported in a respectful way. A member of staff told us, "I always take care to cover my customers with a towel when I'm providing their personal care and make sure I turn my back or wait in another room if people can wash or dress themselves."

Staff were familiar with the needs and preferences of the people they supported. Most people and their relatives told us they now received more consistent care from the same individual or small group of their regular carers' who were familiar with their needs, daily routines, strengths and preferences. One person said, "It's taken a long time, but we now have a regular group of carers. The regular ones know about my life", while another person's relative remarked, "I complained a lot at the beginning about the lack of consistency and staff's knowledge about my [family members] needs, but they've got a lot better lately." Furthermore, a community professional told us, "I have a number of clients who have Alpenbest as their care provider…I can confirm staff know my client's needs well." Managers and staff told us the care coordinators who were responsible for scheduling visits tried to ensure whenever possible, people received continuity of care from the same individual or group of staff who knew their needs and wishes. A member of staff told us, "I take care to respect the desires and choices of my clients and always ask them what they want to wear and eat each day."

The provider continued to operate an effective system to ensure people were suitably matched with staff they wanted and liked. People told us they could state the gender of the staff who delivered their personal care. Managers gave us a good example of how they arranged for a couple to have only male staff provide their personal care in accordance with this couples expressed wishes. People's relatives were equally complimentary about the providers matching process. One relative said, "Our regular carer is someone that

my [family member] knew before the contract. It's great that they put them together because they share so much in common", while another relative remarked, "My [family member] gets on well with one particular carer and if his regular carer is off they send the other chap that he gets on with." Several other people also told us the agency was prompt to replace staff they did not feel they got along with particularly well.

The provider respected people's equality and diversity. People's diverse cultural and spiritual needs were understood and responded to in an appropriate way by staff. A relative told us, "We've had a wonderful experience…They [provider] found a team of Polish speaking carers and this has been fantastic for my [family members] well-being." A member of staff gave us a good example of how they regularly supported a person to go out shopping for Middle Eastern style food, so they could prepare meals they had grown up eating in the country of their birth. In addition, managers told us cooking lessons were available for staff who were unsure how to prepare and meet the dietary needs, wishes and tastes of people from a wide range of diverse ethnic and cultural backgrounds. The provider had up to date equality and diversity policies and procedures which made it clear how they expected staff to uphold people's rights and ensure their diverse needs were always respected. Staff received equality and diversity training as part of their induction and they demonstrated a good understanding of how to protect people from discrimination and harassment. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

Staff communicated with people in appropriate ways. Care plans included detailed guidance for staff about the specific way people preferred to communicate. We saw easy to read large print and pictorial versions of care plans had been developed by the provider to help people with learning disabilities access this information. In addition, the company director told us if people were not able to read the services user guide or their care plan these documents could be made available in different languages or formats including, audio. The company director also told us they had recruited many bilingual staff who could communicate with people using the service in several different languages including, Polish, Hungarian, Korean or Hindi. Staff received communication training as part of their induction.

However, managers confirmed Makaton training was not available for staff, despite several staff regularly supporting people who used Makaton signing. We discussed this issue with the company director and registered manager who both agreed Makaton training would help those staff who regularly supported people who used Makaton signing to communicate more effectively with these individuals. Progress made by the provider to achieve this stated aim will be assessed at the services next inspection.

People were given essential information to help them understand the personal care and support choices the agency could provide them. People and their relatives told us staff discussed the various care and support options they provided before they began receiving a home care service from Alpenbest. One person said, "I had somebody who came and explained everything to me about what the agency did and they also gave me a folder about it", while another person's relative remarked, "A gentleman came out and saw my [family member] and explained everything to us about what we could expect from them." People were sent their rota a week in advance so they knew in good time the name/s of staff who would be visiting them and when. Managers confirmed people were given a 'guide' that included information about what they could expect from this home care agency. In addition, a regular newsletter was also produced by the provider to keep people updated about changes within the service.

Staff continued to help people to be as independent as they could and wanted to be. One person told us, "I will tell them [staff] not to wash my bed sheets because I still like to put them in the washing machine myself." Another person's relative said, "They [staff] encourage my [family member] to wash what she can herself and they do the rest." Care plans contained information about people's level of dependency and the

specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed or shopping, for example. Several staff gave us good examples of how they actively encouraged people to maintain their independent living skills by supporting people to manage their own prescribed medicines and do their own food shopping.

Good

# Is the service responsive?

## Our findings

People continued to receive personal care which was responsive to their individual needs. People and their relatives told us a person from the agency had visited them at home to complete an initial assessment of their needs. Most said staff actively encouraged them to contribute to the planning of their care and to make informed choices about the type of support they received and how it was to be provided. One person said, "I was very impressed with the original assessment at the house. It was very thorough and I felt involved in the process." People also told us they had been given a copy of their care plan.

We saw care plans were personalised and focused on people's individual needs, abilities and preferences. They included detailed information about staffs call times, the duration of those calls, and how they preferred staff to deliver their personal care. A member of staff told us, "People's care plans are easy to follow." Records indicated staff had received training on how to work in a person-centred way as part of their induction.

People's care plans continued to be routinely reviewed and updated by the agency when changes were needed. People were also involved in reviewing the home care package they received. Typical comments we received from people and relatives included, "When the agency does the reviews as things change, they are helpful with ideas about how they can continue supporting us", "My care plan was recently reviewed and I felt included" and "They [staff] do on a regular basis. I think it [care plan review] has been done a few times since my [family member] has been with them." Care plans were initially reviewed after the first six weeks and then at least bi-annually or sooner if there had been any changes to a person's needs or circumstances. Where changes were identified, care plans were updated promptly and information about this was shared with all staff. A member of staff told us, "If I become aware as a caregiver that my client's needs or wishes have changed I am obliged to report this to my field supervisor and ensure their care plan is immediately modified."

People participated in activities of their choosing in the wider community, where the provider was responsible for this. It was clear from care plans we looked at what community based activities people enjoyed and the support they required from staff to engage in them. Several staff told us how they supported people who were at risk of becoming socially isolated at home to access the wider community and, for example, visit relatives who lived nearby, attend classes at college or a dementia day centre or enjoy eating out at a local cafes and restaurants.

The provider continued to have suitable arrangements in place to respond to people's concerns and complaints. People and their relatives said they knew how to make a complaint if they were dissatisfied with the home care service they received and were confident the provider would take their concerns seriously and act upon them. A relative said, "I've made a number of complaints, but to the agency's credit everything got sorted", while another relative told us, "We didn't get along with one carer we had, so when we mentioned this to the provider they arranged for us to have someone else which suited everyone concerned."

We saw the provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for managers to log and investigate any complaints received, which included recording any actions taken to resolve any issued that had been raised.

When people were nearing the end of their life, they continued to receive compassionate and supportive care from the agency. A relative told us, "Staff know that there is a do not resuscitate form in [relative's] file", while another said, "We recently had a death in the family and staff were very considerate, which we appreciated." Peoples preferences and wishes with regards to their end of life care was documented in their care plan.

Good

# Is the service well-led?

## Our findings

The service continued to have a hierarchy of management with clear responsibilities and lines of accountability. The company director who owned the business and the newly registered manager were both fully involved in the day-to-day operation of this home care agency. They were both supported by several managers and senior staff including, a service, business, compliance and human resources managers, three care coordinators, three field supervisors, two medical secretaries and various senior care staff.

People and their relatives told us Alpenbest was a well-run home care agency. Most said the providers management team were very approachable. One relative commented, "I think the owner [company director] and all the senior staff based in the office run a tight ship and manage the service pretty well." Community care professionals were equally complimentary about the leadership style of both the company director and the registered manager. One professional remarked upon "the positive and can-do attitude" of the registered manager.

The registered manager demonstrated a good understanding of their role and responsibilities particularly about legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The provider still operated effective governance systems to monitor and review the quality of care they delivered. A person told us, "I know the field supervisors go in and do regular spot checks on my carers". Records showed to quality monitor staffs working practices, field supervisors carried out unannounced quarterly spot checks on them during their scheduled visits. Staff confirmed this and told us their field supervisors regularly checked their time and record keeping, attitude, and where it was relevant, how they managed people's medicines, assisted individuals to eat and drink, and used moving and handling equipment. In addition, two independent audits carried on Alpenbest by local authorities in the last two years indicated these agencies were satisfied with the overall standard of care and service their clients received from this agency.

Furthermore, we saw regular audits had been conducted by managers to assess the quality of care planning and risk assessing and management, the frequency of care plan reviews, staff training and support, complaints raised, and the occurrence of accidents, serious injuries and safeguarding incidents. For example, we saw the provider used an electronic system to monitor staff training which automatically flagged up when staff training or criminal records checks needed to be refreshed or they were overdue a supervision meeting with their line manager. The provider also used a centralised electronic system to monitor staff scheduled visit times. This enabled the care coordinators to look at staff punctuality and length of their stay, which helped them plan staffs scheduled visits more effectively. The company director told us their two full-time medical secretaries were responsible for undertaking daily quality checks on records kept by staff, which included people's daily notes and medicines administration record (MAR) charts.

Managers had fortnightly governance meetings where any issues identified as part of the audits described

above could be discussed and an action plan developed to address them. This was confirmed by discussions we had with managers. The registered manager gave us a good example of action the provider had taken to reduce the number of medicines handling and recording errors that had occurred in the last 12 months by ensuring all staffs safe management of medicines training was refreshed and more frequent quality monitoring spot checks on staff's medicines handling practices were carried out by field supervisors.

The provider promoted an open and inclusive culture which welcomed and considered the views and suggestions of people using the service and their relatives. One person told us, "I have had a couple of calls. They [office based staff] make courtesy calls every now and then to see how things are going", while another person said, "Every so often they [office based staff] ring and ask how things are going and if I've got any concerns." The provider used a range of quality monitors methods to ascertain what people using the service and their relatives thought about the standard of the service they received from Alpenbest including, quarterly home visits or telephone calls conducted by the field supervisors and the providers annual satisfaction survey. The results of the agency's most recent stakeholder survey carried out in 2018 indicated most people who had participated were extremely satisfied within the quality of care provided by Alpenbest and said they would recommend this home care agency.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings. The results of the agency's most recent staff survey in February 2018 showed most staff were happy working for Alpenbest and felt well-trained, valued and would recommend them as a good employer. One member of staff told us, "I have all the support I need from my managers", while another said, "Our company is well-managed by our managers. I would recommend our company to anyone who wants to work with us." The company director gave us some examples of how they motivated staff including, the employee of the month award which recognised and rewarded staff for going that 'extra mile' and the practice of ensuring managers were always available to work on Sunday mornings to cover the scheduled visits of staff who wished to attend church.

Managers worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. A relative gave us a good example of how the providers works closely with palliative care nurses to help guide care workers with their family members end of life care. The company director told us his managers and staff were in regular contact with people's GP's, district nurses, palliative care nurses from the local hospice, physio and occupational therapists, the London Ambulance Service, the London Fire and Emergency Planning Authority (LFEPA) and local authority social workers, commissioners and re-ablement teams. Managers gave us a good example of how they had recently worked in close partnership with the LFEPA as part of a local fire prevention initiative to encourage people to have fire alarms and smoke detectors fitted in their home.