

Alternative Care Limited

# Alternative Care Limited

## Inspection report

Unit 17, Monckton Road Industrial Estate  
Wakefield  
West Yorkshire  
WF2 7AL

Tel: 01924383388

Date of inspection visit:  
30 August 2017

Date of publication:  
27 September 2017

### 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 last inspection of this service took place in June 2015. The service was rated as 'Good' in all domains with an overall rating of 'Good'.

Alternative Care Limited is registered with the Care Quality Commission as a domiciliary care agency. They provide personal and social care to people living in their own homes including some community supported living houses. No calls are less than an hour's duration and all include social support such as supporting people to go out or spending time with the person engaging with them in activities of their choice.

At the time of our inspection there were 29 people receiving personal care.

Why the service is rated 'Good'.

Risks associated with care and the environment in which people received their care and support were well assessed.

Although staff recruitment procedures were safe at the last inspection the provider had reviewed, developed and improved the process which had led to improved staff retention. This was safe and well planned.

Staff understood how to recognise and report any safeguarding concerns they had. There were enough staff to meet people's needs with no calls missed.

People's medicines were managed safely.

Staff had a thorough induction and had access to on-going training and support. Training was bespoke to the service and staff's understanding of their training was regularly checked through progress reviews and reflective practice.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The provider asked for people's consent to care and treatment. Some key information relating to this was in accessible formats.

The provider supported people to access health and social care professionals when needed.

People were supported to make choices about their lifestyles and the activities they engaged in. Staff understood how to respect people's privacy and dignity.

There was person-centred information in people's care plans. Accessible formats had been used effectively

to enable people to understand their care plans.

Staff told us they enjoyed working at the service, and said they had a good relationship with the management team including the provider. They told us the registered manager was supportive and approachable.

People were consulted about the service they received and were kept informed of developments and relevant issues through a quarterly newsletter.

Further information is in the detailed findings below.

## 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 Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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.

The inspection was carried out on 29 and 30 August 2017. The inspection was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one adult social care inspector and 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. In this instance the Expert by Experience made telephone calls to people who use the service.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We had sent some questionnaires out to people the service had told us were involved in the service. This included people who used the service, relatives of people who used the service, health care professionals and staff working at the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the agency office on 30 August 2017 we spoke with the registered manager, the registered provider, four members of the management team, four members of care staff and a quality consultant who had been working with the service for two years. We looked at the care records of three people who used the service, three staff recruitment files, training records and other records relating to the day to day running of the service.

On 29 and 30 August 2017 we spoke on the telephone with seven people who used the service. Some of the

people we spoke with experienced difficulty with verbal communication and therefore were not able to give us examples of the support they received but all were able to tell us if their needs were being met.

# Is the service safe?

## Our findings

People had confirmed they felt safe through the providers' questionnaires and during their well-being audits. People we spoke with told us they felt safe with staff.

The registered manager told us there had not been any incidents where calls had been missed.

Staff we spoke with knew how to make sure people were safe.

We saw where safeguarding alerts had been made a record of the outcome was made along with any actions taken to mitigate the risk of a repeat of the incident.

Recruitment procedures had recently been reviewed and improved. We spoke with the project manager who explained how all prospective staff had three interviews with different managers before being offered a position. The registered manager told us this new procedure had greatly reduced staff turnover because time was taken to make sure the person shared the values promoted by the service. Before a person started work the service took appropriate checks, including a criminal record check with the Disclosure and Barring Service (DBS) and two written references.

A medication policy was in place which included clear details for staff about how to store and administer medicines along with guidance and protocols relating to 'as required' (PRN) medicines, topical medicines such as creams and what to do if a medicine error occurred.

Care files included a medication care plan which gave details of the individual's needs in relation to their medicines. We looked at Medication Administration Records (MARs) which generally had been completed appropriately. However on one MAR we noted the recording code 'S' had been used. These codes were not detailed on the MAR. The registered manager assured us they would take action to make sure recording codes were clearly detailed.

People living in the supported living houses had detailed personal emergency evacuation plans (PEEPs) in place.

We found systems were in place to assess, monitor and manage risks. Risks had been clearly assessed with the level of risk and the actions necessary to mitigate the risk clearly identified.

Clear procedures were in place for the reporting of accidents and incidents and records we reviewed showed these were being followed. The registered manager showed us documentation to show how they reviewed and analysed all accidents and incidents, particularly those arising from distressed behaviours to see what actions could be taken by staff to reduce the risk of reoccurrence.

# Is the service effective?

## Our findings

People who used the service told us the care staff understood their needs. Some people named members of staff telling us how good they were.

New members of staff were supported by a learning based mentor through their personal induction and probationary period.

Staff told us they completed large amounts of training which they found to be useful and effective. The learning and development manager told us how Alternative Care worked with the training company they used so that bespoke training could be provided. Staff said they felt well supported in their roles. Systems for supporting staff had been reviewed and improved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In the case of people living in their own homes applications must be made to the Court of Protection. The registered manager had a good understanding of the MCA and of their responsibilities under the Act.

A member of staff we spoke with told us that a person they supported had a Lasting Power of Attorney (LPA) in place. An LPA is a way of giving someone you trust the legal authority to make decisions on your behalf. The staff member fully understood the LPA. All of the staff we spoke with talked about empowering people to make choices and we saw this reflected in care documentation.

Care files included care plans in relation to MCA and supporting people to make decisions. However these were generic and we discussed with the registered manager how the effectiveness of these care plans could be improved.

We saw from care records and people we spoke with confirmed they were supported in meeting their health needs. A health professional who completed one of our questionnaires was very complimentary of the service.

We also saw in feedback to the service's own quality questionnaire a psychologist had said of a person who used the service "It's so lovely to see what quality of life you're enabling him to have, he looked well too".

All of the people who used the service had been supported to produce a 'Hospital Passport' which contained helpful information to hospital staff if a person needed to be admitted.



## Is the service caring?

### Our findings

When we asked about the overall standard of care, one person said "They're very good with me" and another said "Fantastic; really good"

We saw the service was based around their values of 'Care, Compassion, Adaptable, Respect and Empowering'. Staff received training on these values and were asked to assess how they worked to them in their progress reviews.

All of the staff we spoke with were enthusiastic about their jobs with several saying "I love my job".

We saw a large number of compliments and thanks from people who used the service and their relatives. One relative described the service as "A very caring company" and said they would be happy to recommend it. A person who used the service told us staff were kind and caring "All the time."

People we spoke with confirmed that managers did spot checks and reviews and asked if they were happy with the care and support they were receiving.

All of the people we spoke with confirmed that they felt that they were treated with respect and dignity.

Staff told us about how they empowered people to have as much independence as they could. One member of staff told us about how being able to make their own cup of tea gave one person a feeling of independence and achievement

## Is the service responsive?

### Our findings

The registered manager told us they completed a thorough assessment of people's needs before agreeing to provide a care package. During this assessment people were asked about their preferences for their care and support including if they preferred male or female staff.

The support and enablement manager told us they always tried to match care staff to people by finding out what kind of a personality people would like their carer to have.

We found care plans were person centred and contained detailed information about people and how they needed to be supported.

One person told us staff read their care plan to them and another said "Yes the care plan is updated regularly when we have our monthly meetings."

Care plans for people who were supported in their own homes as opposed to the supported living houses, detailed the person's needs at the time of each visit and the support they would need from staff.

An example of person centred care planning was in one person's overview of needs and preferences which read "At 3.45 I like a cup of tea in a china cup with four sweeteners. I like the carer to have a drink with me".

Staff made clear records after each visit on a communications sheet kept in the person's house.

Much of the work of the service centred on social inclusion and support and staff we spoke with referred to the company's philosophy of 'supporting you to live the life you want to live'. We saw from care records how people were supported in a wide range of meaningful and individualised activities.

People who used the service were provided with a copy of the complaints procedure in a format appropriate to their needs. People we spoke with gave us names of managers they would speak to if they had any concerns. One person told us "They're very open and any concerns, they're acted upon straight away."

We saw complaints about the service had significantly reduced year on year. Where complaints had been received, these had been managed well with actions taken as necessary.

# Is the service well-led?

## Our findings

People we spoke with confirmed they had contact with managers and could contact them whenever they needed to.

Staff spoke very highly of senior management. One staff member told us "I've been here a long time and it's the best it's ever been".

Staff told us members of the senior management team worked with them in providing care and support on a regular basis. Our discussions with the registered provider, and the management team confirmed they had good knowledge of the needs and aspirations of all of the people who used the service.

The registered manager was supported by a team of managers each covering their own area of expertise and the registered provider who had daily input into the service. We saw the team worked well together.

There was a range of audits in place to monitor the quality of the service and make improvements where needed. These included checks on medicines management, staff training and care planning and documentation.

Staff told us communication within the service was very good.

Regular staff meetings were held and staff told us they were encouraged to voice their opinions and suggestions during these meetings.

People who used the service were asked for their feedback about the service through surveys and during spot visits and progress reviews. Results of surveys were published in a quarterly newsletter sent to all people who used the service. Although the results of all surveys were very positive, we did not see examples of actions the service had taken in response to suggestions. The registered manager told us they would be including this detail in future newsletters.

The registered manager was fully aware of the requirement to inform the Care Quality Commission (CQC) of certain matters such as safeguarding issues. We found that whilst these notifications had been made, they were not always done in a timely manner. Our discussions demonstrated this was due to the service wanting to inform the CQC of the outcome of the issue but fully accepted the need for more timely notifications.

The registered manager demonstrated a thorough knowledge of the service and one longstanding member of staff told us they were "The most approachable manager they had ever had".