Alters Recruitment Limited

Alters Recruitment Limited t/a Alters Nursing - London

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

Alters Recruitment Limited t/a Alters Nursing - London provides personal care to people and children in their own homes. At the time of this inspection, 81 people were using the service which included three children.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

At the last inspection in November 2015, we found one breach of the regulations because risk assessments were not robust and did not identify or address all risks faced by people receiving a regulated activity. We asked the provider to take action to make improvements and this action has been completed.

At the last inspection, we also found that people's medicines were not always managed safely to ensure that people received their medicines as prescribed. The provider took action to improve this during the last visit and these improvements had been sustained.

Support needed to meet nutritional and hydration needs was not always clearly recorded. However, during this inspection, we found this had improved. At the last inspection, the service did not always respond to complaints appropriately but at this inspection we found this had also improved.

Quality assurance systems were in place but were not always effective. During this inspection we found improvements had been made and quality checks showed the action taken to resolve identified issues.

During this visit we found staff were knowledgeable about safeguarding and whistleblowing procedures. The provider had safe recruitment procedures in place to ensure appropriately skilled and experienced staff were employed. Staff were offered regular training to make sure their skills were up to date and staff received regular supervisions and appraisals.

People's care plans showed the service worked with healthcare professionals and staff were aware of people's nutritional needs. Staff worked within the requirements of legislation and obtained consent from people before delivering care.

People and relatives thought staff were caring and they felt listened to. Staff demonstrated they were aware of how to respect people's privacy, dignity and independence. The provider had a complaints policy and dealt with complaints in accordance with this policy. The provider also kept a record of compliments made about the service.

The provider asked people to give feedback on the quality of the service provided and people and their relatives thought the manager was approachable. Staff regularly attended staff meetings and the provider

carried out spot checks on the work staff carried out.

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 was safe. Staff were knowledgeable about recognising and reporting abuse. The provider carried out safe recruitment checks when employing new staff and criminal record checks were up to date.

People had risk assessments in place to ensure risks were minimised and managed. There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received support through regular supervisions and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

The provider worked with healthcare professionals where appropriate. Staff were aware of people's dietary requirements.

Is the service caring?

Good

The service was caring. People and relatives thought staff were caring. Staff demonstrated a good understanding of people's needs.

Staff were knowledgeable about respecting people's privacy and dignity. People were offered choices and were assisted to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and contained people's preferences. Staff demonstrated an understanding of how to deliver personalised care.

People and relatives knew how to raise concerns or make a complaint. the provider had a complaints policy and complaints were responded to in a timely manner in accordance with the policy.

Is the service well-led?

Good

The service was well led. The provider had systems in place to obtain feedback from people who used the service and to audit the quality of the service provided. These systems included home care monitoring, telephone monitoring, spot checks and feedback surveys. The service had regular meetings for care staff.

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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 inspection took place on 24 January and 2 February 2017. We gave 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This inspection was carried out by one inspector.

Before the inspection, we checked the information that we held about the service and the service provider. This included notifications the provider had sent us and the last inspection report. We contacted the local authority to seek their views about the service.

During the inspection, we spoke with the registered manager and the care manager. We reviewed ten care records, five staff records and records relating to the management of the service, including medicines, staff training and supervision, complaints and quality assurance. After the inspection we spoke with six people who used the service and two relatives. We also spoke with four care workers after the inspection.

Good

Is the service safe?

Our findings

At the last inspection, we found risk assessments were incomplete, did not identify measures required to mitigate risk and did not provide enough information for staff to be able to keep people safe. During this inspection, we found this had improved. People had risk assessments documented in their care records to assess the safety of delivering care in the person's home. Records showed risk assessments were reviewed yearly or sooner when there was a change in need or different equipment was supplied. Identified risks for people included pain, choking, seizures, pressure sores and hazards around the working environment.

Risk assessments identified the risks and detailed the actions needed to mitigate the risks. For example, one person was identified as being at risk of falling. The risk assessment stated, "Staff should ensure that [person's] path is clear from any obstacles and that [person] always walks using elbow crutch and that it is always within reach." Another person's risk assessment stated, "[Person] is at risk of developing pressure sores as he is wheelchair bound. Carers to inspect skin daily by checking for pressure sores. When assisting with personal care, if you observe any redness, bruising or grazing please report to office immediately." Care plans included body maps for care staff to complete, sign and date when they assisted people with personal care. For example a recent body map for one person stated, 'No bruising' and for another person stated, 'No pressure sores or visible marks.'

People and their relatives told us they felt safe using the service and there were enough staff. One person told us that staff had a lot to do in the time they were allocated and, "Sometimes they don't have time to talk to you. I understand that it's not their fault." Records showed there were no missed calls since the last inspection but that on occasions call times were changed or visits were late. The registered manager explained the service used an electronic system to monitor visits which picked up if a call was missed so that alternative cover could be arranged. This meant people would not be left without a visit although their visit may be late.

The provider had a policy on handling money which gave guidance to staff on the procedure to follow when handling money and financial transactions on behalf of people who used the service. At the time of inspection the service was supporting two people with financial transactions. Records showed that receipts were kept and each financial transaction was documented robustly and signed by the supporting care worker and the person who used the service.

At the last inspection we found where the service supported people with their medicines, the recording systems in place were not sufficient to ensure that people were taking their medicines as prescribed. The provider took action to address this during the last visit.

During this inspection we saw care plans included a list of medicines the person was prescribed and indicated if the person required support with this. People's care plans included a medicine prompt sheet when they needed support to take their medicines. Each medicine was listed on the medicine administration record (MAR) sheet with the required dose and care staff signed and inserted the time the medicine was administered. Reasons for not giving were documented on the back of the MAR sheet.

At the last inspection, we found the service employed staff who were unable to provide two employment references as required by their recruitment policy. During this inspection we saw the recruitment policy had been amended to show a character reference could be obtained if the staff member had been previously unemployed. The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had criminal record checks carried out to confirm they were suitable to work with people and these were up to date. Staff were also required to complete a health questionnaire to check they were fit to carry out their role. Records also showed that two references had been obtained for the staff whose records we checked.

The provider had a comprehensive safeguarding policy which gave clear guidance to staff on their responsibilities if they suspected somebody was being abused. The whistleblowing policy gave a commitment to staff that they would be listened to if they raised concerns and advised staff they could report abuse to outside agencies. Records showed that staff had completed training in safeguarding adults and child protection.

Staff were knowledgeable about the procedures to follow if they suspected abuse and understood the whistleblowing procedure. One staff member said, "Need to report that abuse to my manager, police or other agencies." Another staff member said, "The policy lets you know what you should do, like contact the office first and CQC." A third staff member told us, "I have the information in my staff handbook. Report to my manager, or the office. The handbook tells me who else I can report to."

Good

Is the service effective?

Our findings

People and their families thought staff had the skills needed to provide care effectively. One person told us, "Yes, [care worker's] been doing it for years. She's very good." Another person told us, "Yes, I think they [care workers] do have the skills." A third person told us, "Yes the carers do." A relative said, "Yes they do have the skills needed."

Staff confirmed they had regular opportunities for training. One staff member said, "Yes, they provide very good training." Another staff member told us, "The agency gives me so many trainings." Records confirmed this and showed staff were up to date. For example, the training matrix showed staff received refresher training in moving and handling, food hygiene and medicines.

The registered manager told us they took advantage of training offered by local authorities and the host borough gave staff equipment training. Staff were also expected to complete the Care Certificate. The Care Certificate is training in an identified set of standards of care to help staff deliver care effectively. Records confirmed that all staff had completed the Care Certificate except for two staff who were in the process of completing it. Records showed that new staff were required to complete the Care Certificate within the first 12 weeks of employment.

The provider issued new staff with a copy of the 'Staff Handbook' which provided guidance on confidentiality, dealing with emergencies and actions to take if there was no reply when they visited a person who used the service. The registered manager told us new care staff shadowed experienced staff for up to two weeks as part of their twelve week induction.

Records confirmed staff received regular supervision. Topics discussed during supervision included current performance, communication, record-keeping, training needs, infection control, relationship with people who used the service and medicines. Records also showed staff had spot observation visits of their work and issues identified were discussed during supervision. Staff had annual appraisals which included looking at past performance, training needs and objectives to work on for the next year.

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. Records showed that people had agreed to their care by signing their care plans. People also signed a separate form to consent to care, treatment and information sharing.

Staff demonstrated awareness about when they should obtain people's consent and confirmed they asked

people for permission before carrying out care tasks. One staff member said, "Every time I ask them [for consent] for everything I do." Another staff member told us, "I always have to ask their permission."

Staff confirmed they assisted people who used the service to eat a nutritionally balanced diet and stay rehydrated. One person's care plan stated, "[Person] requires support, encouragement and assistance with meals and drinks. [Person's] appetite can vary from day to day. Carers will need to encourage [person] to eat her meals as she can have a loss of appetite sometimes which is very rare."

Records showed the service worked with healthcare professionals where appropriate and guidelines were included in care plans when needed. For example, one person's care file included an 'Assisting and Moving Plan' which had been drawn up by an occupational therapist as guidelines for staff to carry out transfers safely. Another person's care file documented that the service had made a referral to occupational therapy.Contact details for involved healthcare professionals including GPs were documented on people's care files.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and they were happy with the service provided. One person told us, "These carers are very good to me." Another person told us, "Yes they are [caring]." A third person said, "Very caring, very kind, they are absolutely wonderful." A relative said, "It's a good agency and staff are good. When I have any questions they always answer." Another relative told us, "They are very caring. They are very professional and I really do appreciate it."

Care plans contained details of people's lifestyle and activities. For example, one person liked reading, sport and music. This enabled care staff to converse with people and build a rapport. Staff demonstrated awareness about developing positive relationships with people who used the service and were knowledgeable about people's care needs. Comments included, "I tell them my name, I talk to them and I find out about what they want me to do", "By getting to know what their likes and dislikes are", "By listening to them and doing what they me to" and "I will ask their name the first visit, what they need and what they like."

People told us their privacy and dignity was respected. The provider had a 'Dignity in Care' policy which provided guidance to staff about providing care in a dignified and respectful way and informed people who used the service how they could expect to be treated. The policy included guidance on maintaining confidentiality and also gave guidance on maintaining people's independence and respecting their culture, religion, beliefs and sexuality. One staff member described how they prepared culturally appropriate food for one person who used the service. Another staff member told us, "Everybody has their own ways. I respect their religion and what they value."

Staff were knowledgeable about respecting privacy and dignity. One staff member said, "Close the door, close the window and the curtains." Another staff member said, "I always make sure they've got privacy and they've got choices." A third staff member told us, "You have to cover them. You have to respect them. I will look away and let them wash their private areas themselves if they can." A fourth staff member said, "I have to shut the window, the shutters and also the door. I have to treat the person with respect."

Staff described how they enabled people to maintain their independence. One staff member gave an example of how they encouraged one person to maintain their level of independence when walking, "[Person] can walk but very bad. I hold one hand. That gives [person] the confidence." Another staff member said, "I help them but I give them the option of doing themselves." A third staff member gave an example of assisting with personal care, "I will let them do for themselves if they can. What they want me to do for them I do" A fourth staff member said, "I encourage [person] to do it and I say 'You don't need me to do it, you can do it'."

Good

Is the service responsive?

Our findings

At the last inspection, we found some care plans were task centred and not personalised. During this inspection, we found care plans were comprehensive and were personalised. For example, one care plan stated, 'I usually like a sandwich left out for me by the carer to eat during the day, please ask me what I would like to eat.' People's preferences were documented including their preferred time to get up and go to bed and what they liked to drink. One person's care plan gave details of their bedtime routine and how many pillows they preferred.

Care records included a description of what the person could do independently, tasks they needed assistance with and how the assistance should be given. For example, one person's care plan stated, "[Person's] appetite can vary from day to day. Carers will need to encourage her to eat her meals as she can have a loss of appetite sometimes."

Care plans included a detailed timetable of visits and what support was needed for each visit time. This included a clear detailed description about the assistance needed and whether the person needed assistance with medicines or with handling money. Care plans also included information on the support needed with communication, health and wellbeing, personal care and dressing needs, mobility and equipment, diet and nutrition needs.

Staff demonstrated an understanding of providing personalised care. Comments included, "Their way and not my personal way", "Every [person] is different. I will check their plan and I will find out how they want [their care]" and "Different. Not the same. Every [person] is different, not the same. I know what [person] needs."

People and relatives told us they knew how to make a complaint but had not needed to. For example, one person told us, "I'd phone the office." Another person told us, "Not at the moment, I can't complain." A third person, when asked if they had ever had to complain told us, "Not offhand, and I've been using them a long while now." A relative told us, "I would put it [complaint] in writing."

The provider had a complaints policy which gave clear guidance on how complaints should be responded to. At the last inspection, we found that people's concerns or complaints had not been dealt with in line with the service's policy. During this inspection, we reviewed the complaints log and saw that two complaints had been made since the last inspection. These complaints were investigated, dealt with appropriately and resolved in a timely manner.

The provider also kept a record of compliments. We reviewed the compliments that had been made in the last six months. The provider had documented from a visit to a person who used the service, "[Person mentioned] that she was really happy with her carers and has a good relationship with the carers and office staff. {Person] said she didn't have any complaints." A relative had written a letter that stated, "I wish to express my gratitude for the care service that you have provided and continue to provide to [person]. He had various carers over the year and they all have been very supportive, caring, very understanding."

Good

Is the service well-led?

Our findings

The service had a registered manager. Staff told us they got good support from the registered manager. For example, one staff member told us, "Yes she is good, making sure everybody is doing the job right." Another staff member told us, "Yes, [registered manager] is a very good leader." A third staff member told us, "Yes, she's perfect." One person told us the registered manager was, "Very polite." A relative told us, "The [registered manager] came here once to do an inspection. Very nice, polite person."

People told us they were asked to give feedback on the quality of the service they received. One person told us, "Yes once a year to ask me if I'm satisfied." Another person said, "They came around, they checked and I answered all their questions."

The registered manager told us that home care monitoring took place every three to six months. Records confirmed this. Office staff visited people in their homes to complete the home care monitoring forms. One person's care file contained a home monitoring form from 12 June 2016 and 4 November 2016 which documented, '[Person] is very happy with the carer of the service at this time and has no complaints to discuss' and 'Very happy with the current carer. No issues.' Another person's home care monitoring form had documented for 18 October 2016, 'Really happy with his carer and happy with the service provided by the agency.'

The provider also asked people to complete an annual satisfaction survey. We reviewed the results of the 2016 survey and saw for example that 100% of respondents indicated they were provided with sufficient and understandable information. Comments from the surveys included, "Happy with the carers.", "I am very happy with my carers. They are good to me, they look after me very well." and "The office staff and managers are very helpful." We noted that the analysis of the survey identified documented areas for improvement, the date this was to be achieved and the person responsible. For example, the analysis showed it was identified that some people who used the service were unsure of what to do if their care needs changed. The action in response to this was for the registered manager and care co-ordinator to consult with staff and people who used the service on an on-going basis to ensure that any changes were communicated to the office. We noted that office staff had a system of weekly telephone call monitoring and any changes were logged on the electronic system and where required a care needs review would be arranged.

The provider held quarterly staff meetings and staff told us they found these useful. One staff member said, "Yes, they are useful if you've got any worries or issues." Records showed staff meetings were held twice on the day to enable as many care staff as possible to attend. We reviewed the minutes of the meetings held on 3 August 2016 and 24 November 2016. Topics included new electronic software for logging in and out, staying full allocated time and completing all tasks, spot checks, detailed record keeping, medicine charts, safeguarding, no reply policy, cancellation of or late calls and Christmas newsletter. The registered manager confirmed that staff received an annual newsletter to keep them updated on changes within the organisation and events.

The provider also had a system of carrying out spot checks on care staff two or three times a year and any

issues or good practice identified were discussed with the staff member in their supervision. Staff told us they received good support to enable them do their job properly. For example, one staff member told us, "They [the provider] do hear us and try to support us. They really listen and try to resolve any issues."

The provider had additional auditing systems in place. Records showed the care manager's audit on 8 December 2016 included a check of complaints, accident and incident reports, medicines, evidence of staff meetings and daily records for care files with no issues identified. Records also showed a provider's check was done on 6 January 2017. This audit checked medicine records and a sample of care plans. The medicine record check documented issues identified and the action taken was noted. For example, one person's records showed a family member had asked for care staff to prompt their relative with medicines but during a home monitoring visit this person had mentioned they did not need prompting. The action taken was the provider sent an email to social services asking them to update their documentation in line with this.