

Alpenbest Limited

Alpenbest

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

We carried out this announced inspection on 9 & 11 May 2016. We last inspected this service in September 2014. At that inspection we found the service was meeting all of the regulations we assessed.

Alpenbest is a domiciliary care provider which provides support and care to 369 people living in their own homes. People who use the service are mainly older adults living within the local community, some of whom have dementia. The service also supports some younger adults.

There was a registered manager employed 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.

People told us they received good and effective care from their regular staff. However they said that when changes were made to the rota and at weekends, some difficulties were experienced in that they did not always receive care from their regular car worker.

We talked about this with the director and we discussed people's concerns about the continuity of staff and their use of the English language. He told us the agency had recognised this was a problem and explained several strategies they had put in place to address these problems. This included changes to the recruitment process; induction training and staff supervision. We found evidence that indicated positive progress had been made that would continue to improve the issues that were raised.

People told us they felt safe with the care and support they received. Staff were aware of the different forms of abuse and knew what to do if they encountered concerns.

Appropriate risk assessments were in place that helped keep people and staff safe and minimise any potential risks. Accidents and incidents were recorded and monitored so appropriate action could be taken to prevent further occurrences.

There were good levels of staffing that helped meet people's needs. Recruitment processes were robust as were the arrangements for prompting and administering medicines to people.

All staff received training at induction and then annual refresher training. Staff told us access to training was good. They said they found training very helpful.

Our inspection of staff records indicated that staff received effective monthly supervisions and annual appraisals.

The staff demonstrated that they were aware of people's capacity to make decisions about their care and

documented this in people's written records.

We found that people who used the service were supported to have a nutritious and balanced diet. Where necessary the provider ensured people were appropriately supported with their healthcare needs.

People we spoke with said the staff who supported them were caring and polite. People told us staff treated them with kindness and compassion and always respected their dignity and privacy.

People said that they felt listened to by staff, the registered manager and the care coordinators. Commissioners were positive about the support offered by the agency to people.

People indicated that they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans. Care plans were reviewed annually or earlier if people's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the provider encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

The director, the registered manager and the staff team were helpful and well organised. We found there was a positive culture in the agency and good leadership. There were effective systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address any areas that needed attention. Records management was found to be very good.

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. People told us they felt safe with the service they received. Appropriate risk assessments were in place to keep people and staff safe in the delivery of care and support.

Staff were aware of their responsibility to protect people from harm. They were aware of how to recognise and report concerns about people at risk of abuse.

There were good staff levels to provide appropriate support to people. Appropriate systems were used when new staff were recruited and people could be confident the staff who visited their homes were safe and suitable to work for a care service.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective. All staff members received induction training when they commenced employment. English language training and support with maths was included in staff's induction where it was necessary.

Staff records we looked at showed that staff had received regular supervisions and appraisals with their manager.

Records we looked at showed that people who used the service had access to a range of health care professionals.

Is the service caring?

Good ●

The service was caring. People we spoke with said the staff who supported them were caring and polite. People told us staff treated them with kindness and compassion and always respected their dignity and privacy.

People said that they felt listened to by staff, the registered manager and the care coordinators. The commissioners we spoke with were positive about the support offered by the agency to people.

Is the service responsive?

Good ●

The service was responsive. Support plans were person centred and personalised. They were detailed with clear information to help guide staff in how to provide appropriate care to the people they supported.

There were systems in place to review the support plans to help ensure they were up to date about people's needs.

The agency had an appropriate complaints policy and procedure in place which people knew about.

Is the service well-led?

Good ●

The service was well led. People told us they thought the director, the registered manager and the staff team were approachable and supportive.

Staff told us they thought the service was well managed and they said they enjoyed their work with this agency.

People's views and those of their relatives were sought about the quality of care and support they experienced. Staff acted on people's suggestions for improvements.

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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 9 & 11 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by two inspectors.

We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

On the days of the inspection we met with four staff, the registered manager, the owner and director, the medical secretary, a care co-ordinator, a field supervisor and the office manager. After the inspection we spoke with twenty two people on the telephone, eight relatives and three local authority commissioners. We looked at five people's care records and five staff records and reviewed records that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the care and support provided by this domiciliary care agency. One person said, "On balance I think I receive a good service from them." Another person said, "I am happy with the care I am given." A relative told us, "The regular carers are very good indeed, they know my [family member] and there is trust between them. Problems have cropped up in the past with weekend staff who don't understand what's needed." Another relative said they felt staff treated their family member with patience and respect. One of the commissioners we spoke with told us they thought the service provided by Alpenbest for people helped to ensure their safety.

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place that staff knew about. Staff told us they were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. Staff we spoke with were able to describe different forms of abuse and they told us they would report straight away any concerns to the office and the managers. A staff member told us they had, in the past, raised concerns regarding colleagues working practices and that management listened, responded and took appropriate action. Other staff told us they would be confident to raise concerns and believed management would take them seriously and act on them.

The provider reported appropriately any concerns that arose to the local authority safeguarding team and to the Care Quality Commission. Where allegations of abuse were substantiated the provider took appropriate action and acted on the plan recommended by the local authority safeguarding conferences to ensure the safety of people and to prevent similar incidents from reoccurring.

Risk assessments were in place for people, staff and the environment. These assessments identified potential risks for people and they described precautions that needed to be put in place. There was clear guidance for staff on how to minimise identified risks. Staff described them as "very useful."

We saw that accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

People were supported by sufficient numbers of staff to help keep them safe and meet their needs. Initial assessments were carried out by local authority staff who commissioned the agency to provide a service for people. Agency staff also made an assessment as to whether they could meet those needs. Support plans were drawn up together with people that described all of the person's care and support needs. Clear and detailed action plans were provided for staff to follow to ensure people's needs were met.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being

cared for by unfit or unsuitable staff.

The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them.

We reviewed how medicines were managed. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines. We were told by the director that the service completed a monthly audit of people's medicines administration records to ensure there were no errors or omissions. We saw documented records that evidenced this.

Is the service effective?

Our findings

People told us they received good and effective care from their regular care workers. However they said that when changes were made to the rota and at weekends because of staff sickness or holidays, some difficulties were experienced. People said the difficulties included staff seemingly not knowing all the care and support that they needed. They described staff's limited use of the English language as being a problem because they said it made it difficult to communicate their needs and wishes to staff. One person said, "My regular carers are good, they understand what I need and I get the support I want. At weekends it's a different story, they don't seem to understand what's necessary and they don't understand me." A relative we spoke with echoed this view and said, "The regular support we get is good but at weekends the care workers don't know what's being asked of them and they [their family member] and care workers don't understand each other."

We received mixed comments from people about care workers being familiar with their needs, choices and preferences. However, people's feedback also indicated that improvements were experienced as a result of actions taken by the provider to improve the quality of the service. While most people felt they received consistent good care from their regular care workers who were familiar with their needs, two people told us they had not received continuity in their care because staff were being constantly changed by the agency. This was reiterated by the relatives of two other people; although they both went on to say the situation regarding staff continuity had significantly improved in the last three months. We talked about this with the director and we discussed people's concerns about changes in staff and their use of the English language. He told us the agency had recognised this was a problem and explained several strategies they had put in place to address these problems. This included changes to the recruitment process; induction training and staff supervision.

The director told us the staff recruitment process included an English and maths test. This has helped to ensure new staff have a better understanding of the basics in English and maths. Staff were now required to sign a "pledge" to communicate with fellow staff workers in English when working in people's homes. We saw documented evidence of this. As well as putting these measures in place, for those staff who the agency considered needed to improve their English, English language lessons were put in place. The director told us this was now a part of the staff induction process and of the probation process. He said that at the end of the three month probation period if staff still had problems with communication the agency did not continue to employ them. Our inspection of staff files evidenced this and our discussions with staff reflected their positive views about the impact of these measures.

The director told us that the agency recognised the importance for people to have continuity and regular staff who supported them. He said it helped develop trust and understanding between people and staff and helped staff understand people's needs better. He explained the agency had introduced incentive and reward schemes that were intended to encourage staff to remain working with the agency. He told us that he thought all these strategies were having a positive effect as staff turnover had reduced to 17% in the last six months. It was 30% in the previous 9 months. Care co-ordinators told us they worked hard to try to ensure continuity for people with their support from regular staff. They told us, "This was a priority."

During the course of our inspection of staff files and from our discussions with staff we saw evidence that the measures described had had a positive impact on the issues raised by people. Staff told us they found the English language classes "really useful" and "a positive support to help us do our jobs better." Staff told us people appreciated having regular staff support. Feedback from relatives included, "Not so long ago we used to get loads of new carers who understandably didn't know what my [family member] wanted and how to look after them properly, but to be fair to Alpenbest in the last three months things have definitely improved...we tend to get the same carers these days" and "I always ask the agency for the same staff I like, and I usually get them, which didn't use to happen much".

Staff records we looked at showed that new staff members were enrolled on the new care certificate as part of their induction. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. We saw the induction programme was robust and took three months and all staff members had completed this. We looked at other staff training records. Most staff had gained their National Vocational Qualification (NVQ) at level 2 and others their Diploma in Health and Social Care at level 2. All staff received training at induction and then annual refresher training in health and safety, moving and handling, medicines awareness, food hygiene, safeguarding adults, catheter care, infection control and nutrition and hydration. Staff told us access to training was good, one staff member said, "I feel training is good and helpful to me with my work." Another member of staff said, "Training is very helpful and there's plenty of it. It's helped me to be more confident."

Our inspection of staff records indicated that staff received monthly supervisions and annual appraisals. One staff member told us, "I have been supervised regularly and I can bring up any issues I want to discuss. I feel supported, we have a good team." Another member of staff said, "The bosses are very helpful and supportive to us. We get supervision in the office and "spot checks" in people's homes. That's when the supervisor checks on what we do for people in their homes." Staff told us they received copies of their supervision notes.

We saw records that showed supervision consisted of formal sessions held in the office where staff discussed their roles and work with the people as well as "spot checks" in people's homes. The "spot checks" records indicated a rigorous process was carried out to ensure staff were working to the agencies policies and procedures and also providing appropriate care as set out in people's support plans. Records evidenced that staff also received appraisals every year.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the MCA. All of the people who received care and support from this agency at the time of the inspection were able to make their own decisions about their care.

Alpenbest had appropriate contracts in place for people whose files we inspected. The director told us that if they had any concerns regarding the person's ability to make decisions they would involve the person's relatives or other relevant health or social care professionals to make best interests decisions for them. The registered manager had a good understanding of their responsibilities under the MCA and around protecting people's rights.

We found that people who used the service were supported to have a nutritious and balanced diet. Support plans we saw included details about this for people so that staff were able to help meet people's needs.

Where people needed support with food preparation they said that staff asked what they wanted and respected their decisions and choices. One person said, "My carers do check with me what I want and how I like things to be done." Those staff we spoke with showed they understood people's right to make decisions about their lives and care.

People told us that when they were unwell their relatives usually contacted their GP or other healthcare staff for them. The relatives we spoke with confirmed this with us. People said on some occasions staff had done this on their behalf and people said they had appreciated this support. We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care.

Is the service caring?

Our findings

People we spoke with said the staff who supported them were caring and polite. People told us staff treated them with kindness and compassion and always respected their dignity and privacy. Comments we received from people included, "The carers are so nice"; "Yes the regular carers are very punctual, they are polite and caring"; "Yes I am very happy with my carers, they seem to be caring people, I have no complaints."

Most people and their relatives said staff were pleasant and polite at all times. Where communication was difficult because of some staff's limited language knowledge, people said staff were caring but developing a deeper understanding with those staff was difficult.

On the whole people said that they felt listened to by staff, the registered manager and the care coordinators and were able to make decisions about their care. Staff told us they knew what help people needed from reading their support plans and from talking to people. Staff said they took the time to speak with people to ask how they would like their care and support to be provided. One of the care coordinators told us, "When we start a new service with someone I visit the person and carry out an assessment together with the person and their relatives. We encourage people to tell us how they want their care to be provided. Before care staff actually start working with a new person they read the support plan and then we visit the person together as an introduction for the person and the staff. Where there is a change of staff for a person we arrange a handover so that they and the staff know exactly what needs to be done."

A member of staff told us, "I always read the support plan and I always ask people how they would like things done for them. We all work hard to respect people's wishes and their privacy." From our review of the agency's policy and procedures manual we noted there were policies that referred to upholding people's privacy and dignity. These policies were linked with staff training. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

One staff member commented on this and said that the training had really helped them to focus on treating people with dignity and respect. They said, "The training was good and it helped me to see how I could support people better." Another member of staff said, "I love my job and training like this helps me to be more aware of people and how to care for them."

The commissioners we spoke with were positive about the support offered by the agency to people. One commissioner said, "They [the staff and the service] are caring and reliable."

Is the service responsive?

Our findings

We asked people for their views about the service and how the service made sure they received care and support that met their needs. People told us their care was good and they said they had been asked about what support they needed and how they would like it to be provided for them. One person said, "I was asked about my proposed support plan at the start and I agreed to it. They do what I need them to do. I am happy with the care I get." Another person said, "I am very happy with my care, actually I couldn't get on without it. It's what I need and it helps me to remain at home."

People we spoke with also told us the local authority (LA) that commissioned their care carried out an initial assessment of their needs. This then formed the basis for the care package the LA commissioned from Alpenbest. People said that a "field supervisor" from Alpenbest then visited them to check their needs and to ensure the care from the agency offered them was appropriate. People said they spent time talking about their needs, likes and dislike and preferences for meeting their care needs.

The director told us that the structure of people's support plans had been reviewed in the last few months to incorporate a more person centred approach. We saw from our inspection of people's care files, support plans were person centred and very detailed. We saw the use of "I" statements that made these support plans personalised and we saw evidence that where appropriate, relatives of people were involved in the process. We saw "consent to care" forms were also in place on people's files and had been signed by people acknowledging their consent to care provided by the agency. The director told us that all support plans were reviewed monthly or earlier if a person's needs changed earlier.

Commissioners of this service told us that the agency was good at communicating with them about the care of the people they supported. They said they had a good working relationship with the agency. They felt the agency was reliable when working with people and at responding flexibly at times of crisis for the people they were supporting. People told us they were impressed by the flexibility of the agency in providing care if their needs changed. One person said, "I have been particularly impressed by their (Alpenbest's) ability to be flexible if we need to alter the care they provide for me."

People and relatives told us that they knew how to contact a manager in the agency if they wanted to request any change to the planned care of their family member. They said that if they ever needed to ask for a change to their care the agency did "what they could possibly do" to agree to their request. People told us when they received care from their regular care workers, the continuity in their care provision was appreciated. They said it helped with trust and the knowledge that staff knew what their care needs were and how to provide it the way they liked.

We looked at the care records for people and we saw that these included the choices people had made about the support they received and how they wanted their care to be provided. The staff also assessed people's emotional, spiritual and cultural needs. The care plans we saw gave details of the support people needed in relation to their personal and health care needs. These guided staff on how to deliver the right kind of care and support.

The staff we spoke with told us that the care plans provided them with information about how to support people. They said they knew how to contact a manager in the office if the support a person needed had changed and their care plan required updating.

We saw that the service had a formal complaints policy and procedure. People told us that if they had any concerns they would be listened to by one of the managers. One person said, "I haven't had a concern but I am sure if I did it would be listened to and they would do something about it." Another person we spoke with said, "I have made a complaint in the past about the weekend carers and things have improved since."

One of the commissioners we spoke with said the agency responded well to any issues they raised. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure for the complainant to follow if they were not satisfied with the outcome.

The agency had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.

Is the service well-led?

Our findings

People and relatives we spoke with told us they felt the director, the registered manager and the other managers in the agency were approachable and supportive when they needed to speak with them. Comments we received included, "Yes whenever I have had to speak to any of them I found them to be approachable and helpful." Staff also told us they felt the director and the registered manager were approachable and provided them with good support. One member of staff said, "They are helpful and supportive." Another member of staff told us, "Very good and they have done some things recently that have helped a lot, like the English lessons that have helped me to be more confident."

There was a recognised hierarchy in the agency which staff understood and meant there was always someone senior to take charge. We were supplied with a copy of the organisational chart that clearly set out the lines of accountability. We spoke with the director and the registered manager throughout our inspection and found them to be approachable and helpful.

We looked at the quality assurance systems in place within the service and found that these were comprehensive. Among those systems we inspected were staff recruitment checklists, designed to ensure every step of the agencies policy was followed. Our own inspection of the staff records found the checklists were effective and "fit for purpose". We saw that staff training and supervision records helped managers keep track of staff's progress in these areas. This helped to ensure staff were trained and their work supervised effectively. We saw evidence of thorough and regular audits of medicines administration records. The director told us they were set up to identify any areas of the service that needed improvement. A commissioner we spoke with told us this had helped to ensure errors and mistakes were minimised.

The registered manager completed other audits that looked at support planning and reviews, consent, complaints and staffing and included practice observations or "spot checks". The results of audits were analysed to show areas for improvements and where improvements had been made.

An area annual review was also completed by the director with the registered manager. This looked at areas such as contract monitoring, complaints, CQC reports, financial performance, safeguarding, quality assurance, involvement of people, staff and management gaps and areas for change in the year ahead. We saw a list of items that had been agreed within the agency to ensure "continuous improvement" for the year 2016.

We saw surveys were sent out in 2015 to people who used the service and also to relatives to gain their views. The response rate was 38% and the results we saw from people were positive. 90% of those people who responded said they were either 'very satisfied or satisfied' with the quality of care they received. We saw a summary of the results from previous feedback surveys with an action plan that had been implemented to ensure improvements were made. As an example the "pledge" was implemented as a result of people complaining they did not like their staff to speak to each other in languages other than English.

In 2016 Alpenbest asked staff for feedback about the quality of care of the services provided. The analysis we

saw showed that 92% of all the staff were happy with their jobs and enjoyed working for Alpenbest.

Records we inspected were well organised and easy to access. Information was logically set out in chronological order and appropriate older information had been archived and stored securely. This showed the agency was being run in an efficient manner.