Alternative Means Limited

Alternative Means

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

Overall summary

This inspection took place on 25 June 2015 and was announced.

Alternative Means is a domiciliary care service that provides support to people in West Sussex, including Pulborough, Storrington, Petworth, Bury, Amberley and Chichester. At the time of our visit the service was supporting 19 people with personal care.

The service had a registered manager. 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.

The agency prided itself on providing a tailored service to enable people 'to maintain an excellent quality of life'. People spoke highly of the care they received. They told us that the service they received was friendly, reliable and flexible. One person said, "They take note of each individual".

Summary of findings

The culture of the service was open. People were able to raise any issues directly with the management and were assured of a quick response. Staff felt able to raise any concerns. One said, "If I have a problem, I just ring them up and they're there ready to help us out. They're pretty quick".

People received a safe service. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. The service had contingency plans in place to deal with emergencies such as a failure of equipment or severe weather. There were enough staff employed and the rotas were managed effectively. People received their medicines safely and at the right time.

People had confidence in the staff who supported them. Staff received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of supervision. People were able to determine the care that they received and staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. They ensured that people at risk of malnutrition received adequate nutrition and hydration. The service worked with community professionals to ensure that people's health needs were met and that they had the necessary equipment to support them in their independence and to maintain their safety.

People were involved in planning their care and were supported to be as independent as they were able. The service had systems in place to allocate calls and to ensure consistency of staffing so that the staff visiting people understood their needs and knew how they liked to be supported. People spoke warmly of the staff and told us they had good relationships with them. They said that the staff were kind and helpful and that they treated them respectfully. One said, "I'm very happy with the care. It's a lovely group of staff". A relative said, "I couldn't recommend them more highly".

When there were changes in people's needs, prompt action was taken to ensure that they received appropriate support. People were asked to review their care and had an opportunity to raise any concerns or make suggestions. People, relatives and staff all confirmed that the management team listened to them and responded quickly. Complaints had been responded to appropriately.

The registered manager was new in post in January 2015. Improvements had been made to the content of people's care plans, to medicines management and in bringing staff supervision up to date. The registered manager said, "We are trying to make things work a bit better, communication is such a massive thing". Staff told us that communication had improved and that they felt valued. One said, "They are lovely to work for". There was a system to monitor and review the quality of care delivered. Where improvements had been identified, prompt action had been taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Good

Is the service caring?
The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's care had been planned and reviewed to ensure that it met their needs. Staff knew people well and understood their wishes.

People were able to share their experiences and were assured of a swift response to any concerns.

Good

Is the service well-led?
The service was well-led.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

The management team were readily contactable. Staff were clear on their responsibilities and felt they were listened to and valued.

Good

Summary of findings

In addition to people's feedback, the registered manager used a series of checks on care records and unannounced visits to monitor the delivery of care and ensure that it was consistently of a good standard.

Alternative Means

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 25 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

Before the inspection, the provider completed 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. We also reviewed two previous inspection reports and considered the responses to questionnaires sent by us to people, relatives, staff and community professionals. We received responses from 18 people who used the service, four relatives, five staff and two community professionals. Prior to our visit we also spoke with one person who used the service and one relative who wished to share their experiences of the service with us.

We visited the office where we met with the registered manager, two other staff members in the management team and two care workers. We looked at four care records, three staff files, staff training and supervision records, medication administration records (MAR), visit record sheets, quality feedback surveys, minutes of meetings and staff rotas. We visited three people in their homes and met with a further three care workers. The following week we telephoned two people, one care worker and two relatives to ask for their views and experiences.

Alternative Means was last inspected in December 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. One said, "I feel safe, I put my life in their hands!" Another told us, "I definitely feel safe when they use the hoist". In questionnaires that we sent to people prior to the inspection, everyone said that they felt safe from the risk of abuse or harm. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. The registered manager understood local safeguarding procedures and had taken action where necessary to reduce the risk of harm to people who used the service.

Before staff provided care, they carried out a detailed assessment involving the person and, where appropriate, their relatives. Where risks, such as in moving and handling, were identified, care plans had been drawn up to meet people's needs and minimise the risk. These considered the person's medical history, pain, physical and sensory abilities and falls history, along with environmental hazards such as slippery bathroom floors or rugs which may be tripped over. Guidance to staff was specific to the individual they were supporting. For example, we read, 'Hoist to commode. For this the sling should be on the shortest strap for shoulders and the longest for legs so (person) is automatically in a sitting position'. We observed one care worker prompting a person they were visiting to use their walking frame. Monitoring was in place to ensure that people's needs were met. This included bowel monitoring to reduce the risk of constipation. The care plan explained when staff should be concerned, what action they should take and who to contact if this was not successful.

People's care records included emergency contact details for their next of kin and GP. The provider had a business continuity plan in place which outlined action to be taken in a range of scenarios such as communication or staff disruption. In the case of adverse weather, the provider had a four wheel drive vehicle available for staff use which would help to reach people who lived in rural or isolated areas. Risks had been evaluated to ensure that people received safe and appropriate care and that staff were not put at risk.

People told us that they received a reliable service. One said, "They're never more than a couple of minutes late". The registered manager gave careful consideration to any new requests for support. They told us, "We don't oversubscribe, otherwise we run the risk of not meeting our clients' requirements". The staff member in charge of rotas said, "I feel bad about having to turn away clients but we can't jeopardise the care of our current clients". The registered manager was recruiting to allow the agency to expand its service. The three staff in the management team, including the registered manager, were fully trained and able to provide care and support to people. This helped to ensure that calls were covered, as they were able to step in at short notice if there was a problem or a staff member was running late. We found that there were enough staff to meet people's needs.

The registered manager explained the recruitment and selection process. They told us, "We only want to employ people who enjoy care work". People spoke highly of the staff employed. One said, "I don't think there is a single person in the care team where one can't say they're very kind". A compliment received by the agency read, 'Thank you so much for the excellent care I received', your staff, 'Know what 'care' really means'. Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service for a criminal records check. In addition, references were obtained from current and past employers. This helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. Care plans included details of support the person required with their medicines. Some people managed their own medicines, others needed to be prompted and some had their medicines administered by care workers. Medication Administration Records (MAR) were in place and complete. They included details of the dose given if a medicine was prescribed on an 'as required' basis. Care workers completed the notes to provide further detail. In one record we read, 'Gums looked healthy'. This explained why an 'as required' dental gel had not been administered. The registered manager had recently introduced Topical Medication Administration Records (TMAR) for prescribed creams, such as steroid creams. This omission had been identified through the registered manager's audits. At the time of our visit, the agency prepared MAR charts for each person. The registered manager explained that they intended to ask the

Good

Is the service safe?

pharmacies to provide a monthly MAR for each person. This would help to ensure that each person's MAR was quickly updated if there was a change to their prescribed medicines.

Good

Is the service effective?

Our findings

People spoke highly of the staff who supported them. One told us, "They are excellent, they really are". Another said, "I'm just absolutely amazed at how clever they are". A relative felt that, "They're very well up on everything". Staff felt confident and told us that they had received training and regular updates which enabled them to deliver effective care to people. One told us, "The training is very good". Staff were required by the provider to attend a two-day training course annually. This was delivered by an external company and run on four occasions during the year. It covered moving and handling, fire, medicines management, safeguarding, infection control, health and safety, food hygiene, nutrition and hydration, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Additional topics such as palliative care, supporting people living with dementia, pressure area care and first aid were also available. Staff training records confirmed that training was mostly in-date; those whose training expired in June 2015 but were unable to attend the most recent update were booked to attend the next course in September 2015.

New staff completed an induction. This included an initial checklist to ensure that the new care worker understood the essentials of the job and the provider's expectations. They then completed a period of shadowing which, depending on their previous experience, lasted from two days to one week. One new care worker told us, "I did a week shadowing. They were there, they helped me through it and guided me". They also said, "When I had concerns they were there to help straight away". Until a new care worker's training was completed, they worked alongside another member of staff attending calls which required two staff. The registered manager had introduced the care certificate and was working through this with a new member of staff. The care certificate was launched in April 2015. It sets standards for the induction of health care support workers and adult social care workers.

The registered manager told us that all staff had or were studying for their level two diploma in health and social care. Those who had achieved this level were encouraged to continue to level three. Some staff had received specific training to ensure that they were able to meet people's individual needs, for example in the use of PEG feeding (where nutrition is delivered via a tube directly into the stomach) and suction machines. This training had been delivered by district nurses and via attendance at courses run by the hospital. Relevant information such as on person-centred care or DoLS was also shared with staff by sending written guidance to them. The covering letter stated, 'Please contact us if you would like to discuss any of the points raised in this letter and enclosed documents, we are always here and look forward to hearing from you'.

Staff felt supported. They told us, "I can ring if I have something worrying me". The provider's policy stated that staff would receive one appraisal and four supervisions each year. There was also a system of spot checks whereby a member of the management team would attend a call unannounced and observe the staff member's practice. This included checks on the time of the call, whether they were wearing their uniform and identification, if they checked the care plan on arrival, how they carried out the tasks and whether they respected the person's privacy, offered choice and promoted independence. The registered manager explained that supervisions and appraisals had not been up to date when they started in January 2015. Since then, each staff member had attended a supervision or had received feedback following a spot check. In a note to staff we saw that this was being managed proactively. We read, 'For the staff that have not had a supervision or been to the office to read the policies and procedures file yet we will put an appointment on your rota for this to happen'. Appraisals had been scheduled with staff for July 2015.

People were involved in decisions relating to their care and treatment and staff understood how consent should be considered. Care plans included guidance on people's preferences and prompted staff to involve them. We read, '(Person) will decide when you arrive if she would like to be assisted with a shower or a wash and soaking her feet'. We visited this person who, when we arrived, told the care worker, "I think I'll have a shower this morning". Staff described how they supported people to make decisions. A care worker explained, "I can ask her if she feels we need to call the doctor or talk to the doctor on the phone. On a good day she will respond". Another told us, "I always ask them what they want and get their agreement. It is led by them. It is their freedom of choice". Most people had signed their care plans to demonstrate their agreement with the support provided.

Good

Is the service effective?

Staff had received training in the Mental Capacity Act 2005 (MCA). They were able to describe the action they would take if a person was unable to make a decision relating to their care or treatment. One said, “It’s not for me to make a decision unless it is proven that the client can’t decide for themselves”. They explained how a best interest meeting would be needed to determine how best to support the person. Best interest meetings should be convened where a person lacks capacity to make a particular decision, relevant professionals and relatives invited and a best interest decision taken on a person’s behalf. Where people had appointed a Lasting Power of Attorney to make decisions on their behalf, this was clearly recorded in the person’s file.

Some people were supported to prepare meals and drinks, or to eat them. We observed that staff offered a choice and kept a record of the food and drink served. People’s preferences were recorded. In one care plan we read, ‘Does not like spicy foods’, ‘Likes lots of fruit, cake, bread’. Where people were unable to manage food and fluid orally, the service followed guidance from a dietician to ensure that their nutrition and hydration needs were met. We saw that fluid charts were in place to measure people’s intake of fluids.

People were supported to maintain good health. One relative told us how staff had noticed a dry patch on their mother’s back which was now being treated with a topical cream. They told us,

“Their vigilance was reassuring”. Another person had been referred to the occupational therapist by the GP after staff raised concerns over their mobility. This was addressed and mobility aids were provided to support the person to mobilise safely. Community professionals who responded to our questionnaire told us that the agency acted upon instructions they gave and that they shared relevant information, such as when there was a change in a person’s needs.

Good

Is the service caring?

Our findings

People spoke warmly about the staff and enjoyed their company. One said, "They're a happy crew, they really are". Another told us, "They take note of each individual, I feel very happy with it".

The agency had systems in place to build relationships by promoting continuity in the staff who supported people. When a new staff member shadowed during their induction, the focus was on clients they would probably be allocated to support. The staff member who acted as a mentor to new care workers told us that they gathered feedback from both sides, "To see if it is a good match". The system used by the agency to manage rotas kept track of which staff had worked with each person. This meant that if the person's regular carers were not available, another staff member who had met the person and previously supported them could attend. People told us that they were introduced to any new staff members. A relative said, "Anyone who hasn't been here before is introduced". A care worker told us, "If it is someone I haven't met, I go with another member of staff to introduce me". One of the management team told us, "Anyone can do personal care. What we offer is that we care about our clients. We build up a relationship and friendship with regular carers. Our carers become part of the clients' lives and know personally who they are".

People's care plans were personalised and included information about their likes, dislikes and interests. Everyone who responded to our questionnaire said that staff were caring and kind. When we visited people in their home we observed that they had a good relationship with the staff, sharing jokes, chatting about the person's family or simply by giving a reassuring touch on the arm. In the daily notes we saw that staff often took time to chat with people. A relative told us, 'Although (person who received care) was initially reluctant to have carers he began to enjoy seeing them and felt so much better when they had been". One person told us how staff had supported them when they were unwell. They said, "She was lovely and gentle and very kind, like they are". Another person told us, "They are very caring. They're thorough, good at what they do and they've always got a smile". A staff member said, "I would want this company to look after my Dad, they're a really lovely bunch of people".

People felt involved in determining the care they received. One said, "I just mention every time what I would like". Most people were able to tell us about the initial assessment and subsequent care reviews that had taken place. Care plans included information on what people were able to manage independently and where they required support. We read, '(Person) is able to brush her own teeth, please give her the tooth mug and toothbrush with toothpaste on the brush'. In another, '(Person) will attempt to answer yes/no questions by squeezing your hand or giving a thumbs up, allow plenty of time to answer'. People told us that staff encouraged them to be independent where possible. One told us, "They've given me the confidence. They always find time in between what they're doing to discuss any worries you may have".

People who responded to our questionnaire all said that staff treated them with respect and dignity. We noted that the quarterly review form also asked people if they felt that care workers were respectful and observations were made during spot checks on staff. A relative told us, "They all come in and say hello to (person receiving care), which pleases me, even though the chances of getting a response are fading". Staff explained how they promoted people's privacy and dignity; one explained how they always ensured a person's legs were covered when they were wearing a skirt and needed to be hoisted. Another told us, "You put yourself in their shoes".

People felt valued and said that staff respected them. They told us that their calls were generally on time and that they received a rota in advance. One said, "You get to see the chart and you get the times so you're not hanging about all day long wondering when they are going to turn up". Another told us, "If (my regular carer) is on holiday, they will call me and let me know who will be helping me". Feedback received by the provider included that staff were, 'Very polite and respectful'.

Good

Is the service responsive?

Our findings

Before a person received care from the service their needs were assessed and the support they wished to receive was discussed with them. One person told us, "I didn't feel as if I was being interviewed, it was very friendly and put me at ease". There was a system of quarterly care plan reviews. This had fallen behind and the new registered manager was working to ensure that information was comprehensive and up to date. At least one review had been held with each person, or their representatives, since January 2015. These reviews checked if people were satisfied with the service they received and if any of their needs had changed. In a memo to staff we read, 'We are working our way through updates and amending the care plans. Obviously this doesn't happen overnight but if you have any issues or questions about a client that you can't find in their care plan please don't just leave it, contact us'.

Care plans included sections to describe people's communication, health, mobility, personal care, continence, nutrition and fluid needs. There was a detailed task list for each call and staff were asked to check on each visit if there were any additional tasks people would like completed. One person said, "They've all been really good and always ask if they can do anything else for me". Another told us, "I get what I've asked for. They are very responsive indeed when I've got a problem". In the daily notes we saw that additional tasks such as 'Filled up the bird feeder' were included. Care plans reflected individual needs and preferences. We read how staff should support one person with limited mobility to exercise and how another, 'Has cream to moisture her legs with and enjoys a bit of pampering'. One person was said to love spending time in the garden. When we visited they were sitting outside in the sun, the care worker said, "All the TV programmes have been recorded, waiting for the rainy days". The registered manager told us, "There is a lot of paperwork but what it really comes down to is the individual".

A relative told us, "It's a flexible and responsive service and I know she enjoys the visits". People were grateful for flexibility in the service provided. One person described the support they received when they felt unwell. They said, "They told me not to worry about getting over time. I knew she was taking extra time. I found out that she had phoned the people in the office and said she was going to be late. She was told not to worry and to take as long as needed. I think that is excellent. That is proper management". Others described how their call times had been altered to suit their schedule, such as if they were leaving early to go on holiday. A relative explained how a call had been brought forward so that their mother did not have to fast for too long before attending an appointment for a blood test. In our questionnaires to community professionals, one wrote, 'We have found this agency to be most accommodating in covering duties and sometimes at short notice both day and night'.

Staff were kept up to date if there were changes in people's needs. One said, "The carers get good feedback so we are fully aware of any issues before we go in". Another told us, "I go in and read what has been happening, in case there have been any changes. If there is any change in a client's well-being it is all there for us to see".

People felt able to contact the registered manager if they had any concerns. One told us, "I have no problem contacting the office. If they are not there I have left a message and they come straight back to me". People felt that the communication was good and that they were listened to. One of the management team said, "We get pretty immediate feedback if there are any issues". They explained how they managed concerns and sought further information to understand which solutions might be acceptable. They told us that most issues related to the rota and told us, "Being honest is a big part of what I do, I need to let them know what is going on". They also said, "My priority is taking on more staff, especially at the weekend. Clients are getting calls at times they're not particularly happy with and carers are getting more hours than they'd like". One person told us that the office was, "Very approachable and flexible". The registered manager had analysed the results of questionnaires sent in December 2014 and had created a list of the key points raised, including action taken to make improvements. We found that the service listened and responded to people when they raised concerns.

The provider had a complaints policy which was outlined in the contracts people had signed with the service. We noted that this did not provide clear information on who to contact, or their contact details. The registered manager told us that they were going to add this detail to the information people were given to keep in their homes.

Good

Is the service responsive?

People said that they had not needed to complain. Two complaints had been received in 2015. Both had been resolved in line with the provider's policy and the registered manager had met with the people and staff involved.

Good

Is the service well-led?

Our findings

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. One staff member said, "There's a good vibe in the company". Another told us, "We care. We're just like a big family. We all get on well and we help each other out". People told us that they had recommended the service to others. One compliment received by the agency read, 'It has been really wonderful, delightful!' A staff member told us, "We all strive for the clients, to make sure they are happy and are safe in their own homes".

Staff were encouraged to speak up if they had any worries. In the minutes of an April staff meeting we read, 'Don't forget the office door is always open, don't bottle things up, come and talk to us'. Staff understood whistleblowing procedures and in our questionnaire all staff said they would feel confident about reporting concerns or poor practice to management. Positive feedback was shared with individual staff members and with the staff team. In information sent to staff we read, 'We have had some lovely comments recently about you all so keep up the good work' and, 'We are at the height of the holiday season now and we would like to take this opportunity to say thank you to everyone who has been able to go above and beyond to cover hours'. One staff member said, "You get the positive texts as well, which is really nice".

The registered manager had started in post in January 2015. They shared with us their ambitions for the service saying, "We'd love to be an outstanding agency, that's our goal. I feel that we have got an outstanding team". The registered manager had put an initial focus on meeting people, updating their care plans, catching up with staff supervision and recruitment. Staff felt that communication had improved and there had been two staff meetings in April 2015. Staff told us, "We could all have our say. Things have been sorted out. We are listened to". One said, "It's running a lot better, more information is coming our way". Another told us, "The information and the backup is really good. You do feel valued". The registered manager was supported by two staff and by the provider. One staff member told us, "There are three people you can go to for advice, and the directors are approachable too". Another said, "They are hands on with the clients and staff, you can reach them at any time".

The registered manager had a system to monitor the quality of the service that people received and to make improvements. They met with people to review their care and monitored staff competence via a system of spot checks. When daily care records and Medication Administration Record (MAR) were returned to the office, these were checked. The registered manager told us, "There have been a few gaps in the MAR, we did medication training so everyone is now updated. Those who couldn't attend did a one to one with me using DVD training". As a result record keeping had improved. The audits had also identified that improvements could be made in the daily care notes. This was shared with staff in the April 2015 staff meetings. In the minutes we read, 'Care plans are not being completed properly, you need to make sure you give as much detail as possible in the daily notes. The next carer going in to the client needs to know what tasks were carried out and if there are changes. Aside from this they are legal documents which you are accountable for so please add more details. I will be booking a report writing course in the next month or so'. This demonstrated that action was taken to share findings and make improvements.

When staff started work in the morning they sent a text to inform the office. The registered manager told us that this system worked well and that they had not had any missed calls. The provider had four vehicles available for staff use, which helped if a staff member's car was out of action or if a large vehicle was needed to transport a person with their wheelchair. In addition to an annual client feedback survey, the registered manager had introduced an 'exit questionnaire' to gain feedback from people who were discontinuing the service. They explained, "The only way we can build and get better is by knowing what we can improve on". We found that agency delivered a high quality service. They took action to maintain this and to make improvements. One person said, "I can't speak too highly of them".