Alpine Care UK Limited

Alpine House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place on 05 November 2014 and was announced. We give providers of domiciliary care services 48 hours' notice of our visit to ensure we are able to speak with people who use the service and the staff who support them.

We last inspected this service in February 2014. At that time we found the service was breaching five of the regulations we inspected. The agency had been improving slowly over time but had been non-compliant with Regulations since 2011. At this inspection we found that improvement had continued and that three of the five breaches of regulations we had previously noted had been fully met.

Alpine Care is a small domiciliary care service. It provides care and support for two people who live in their own home. The service has a manager registered with the Commission but we were informed this person is not in day-to-day control of the service and we have advised the registered provider's nominated individual to apply to correct this. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 registered provider's nominated individual was operating the service with support from a private consultant.

The two people using this service were unable to verbally tell us how they found the support they were receiving. During our inspection we met one of the people using the service and they looked content and relaxed with the service they were receiving. We spoke with the relatives of both people. They reported that they were extremely happy with the way the staff were supporting their relative. Family members told us that they appreciated that the same member of staff or a small dedicated team of staff supported their relative each day. Relatives told us this continuity gave them peace of mind and confidence that their family member would be cared for well.

Relatives told us they were getting the service they wished and hoped for. They described how their relative's needs were being met and gave examples of how the person's condition or their needs had remained stable or improved over time, which assured them that good care was being delivered.

The service was not being run in a way that would ensure risks to people's safety would always be anticipated, identified or well managed. While we found no evidence that people had come to harm we did find that some staff had worked excessive hours. We found that there was a lack of clarity about the night time care needs of one person who had very complex health care needs, and that staff were not able to describe different types of adult abuse and what they would do if they witnessed or reported this. We had previously made a compliance action that required staff to undertake further training and assessment of their competency relating to healthcare they were undertaking. This had not been addressed. In these areas we identified that people may not always receive safe care.

People were receiving the support they hoped for from the service. We found staff had got to know the people they were supporting over time; however staff had not been well trained to meet the needs of the people they were supporting. Neither the registered provider's nominated individual nor the staff we spoke with were able to describe their responsibilities under the Mental Capacity Act 2005. Although we found no evidence that this had impacted on people so far, this lack of knowledge would not ensure people always had risks to their liberty or human rights identified or that the appropriate action would be taken.

Staff we met showed compassion for the people they were supporting. Care was not always delivered in a way that was mindful of people's privacy and dignity.

We found that people were receiving care that met their individual needs and wishes. Relatives were aware of how to raise concerns and there were systems in place to ensure people got feedback about the action the provider had taken.

The service did not have robust or established leadership and governance systems in place. Both the registered manager and registered provider's nominated individual lacked the skills to run the service without support. They had sought support from an external management consultant. This had resulted in improvements to the smooth running of the service and the safety and quality of care for people using the service.

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 not always safe.

The systems and processes used by the agency to assess, plan for and monitor safety were inadequate to provide people with assurance that a safe service would always be delivered.

People's relatives told us their relative was safe using this service.

Requires Improvement

Is the service effective?
The service was not effective.

Staff had not been well trained to meet the needs of the people they supported and the registered provider was not compliant with the requirements of the Mental Capacity Act.

People's relatives were complimentary about the service that staff were delivering and told us their relative's needs were being met.

Requires Improvement

Is the service caring?
The service was not consistently caring.

Staff showed compassion and kindness to the people they were supporting. However, people's dignity and privacy was not always upheld.

Requires Improvement

Is the service responsive?
The service was responsive.

People were receiving care that met their individual wishes. Relatives felt able to raise concerns and systems were in place to enable people to provide feedback.

Good

Is the service well-led?
The service was not well led.

The registered manager was not actively involved in the operation of the service. Without additional clinical and management support the registered provider's nominated individual and the registered manager did not demonstrate that they had the skills required to lead the service.

Inadequate

Alpine House

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 checked whether the provider was 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 05 November 2014 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we wanted to make sure we had opportunity to speak with people who use the service and the staff who support them.

The provider had been asked to complete and return a Provider Information Return (PIR). This is a form that asks the provider to tell us key information about the service, what the agency does well and any improvements they plan to make. We reviewed the information we had received about the provider since our last inspection. This included reviewing notifications (important events the provider is required to tell us about by law) and information from the local authority and other professionals who also support the people the agency cares for. This information helps us to plan our inspection.

The inspection was undertaken by one inspector. During the inspection we visited the agencies office and looked at records about staffing, care and quality assurance. We visited the homes of the two people who used the service and spoke with members of their family. We met and were able to observe the care and support given to one of the people using the service. People using the service were unable to verbally tell us about the service they received themselves. During the home visits we observed the care and support staff gave to people. After the inspection we spoke with five members of staff on the telephone and three health care professionals.

Requires Improvement

Is the service safe?

Our findings

In February 2014 we inspected this service and found they had breached the Health and Social Care Act 2008 as people had not been fully protected from the risk of being abused. We found that staff recruitment had improved and that robust checks were now being made on staff before they were offered a position within the company. We found the policy to guide people in the event of abuse being suspected or reported had been reviewed and now reflected the agreed local procedures.

People's relatives told us they had no concerns for their relative's safety. Both people using the service received a lot of support from their relatives who lived with them and they were usually in the company of relatives or other professionals when staff were providing support to them. Staff we spoke with told us they had received training in adult protection. We asked staff what they understood about adult abuse and how this was relevant to their role. None of the five staff we spoke with were able to give an accurate or adequate explanation about what abuse was and could only tell us they would contact the senior staff team at the provider's office for advice. The level of safeguarding knowledge staff demonstrated provided no assurance that people using the service would be protected by the staff or that concerns would be identified and reported. This is a breach of the Health and Social Care Act 2008. Regulation 23 (1)(a)(b).The inspection identified that current users of the service were safe from abuse that may breach their human rights because of the support provided by their family members.

We asked both the relatives we met about the support people required with their eating and drinking. We were informed that one person received all the fluids and nutrition they required via a tube direct into their stomach (PEG Feed). The registered provider's nominated individual told us that staff were not required to assist with this and this was reflected in the written care plan. However two of the five staff we spoke with told us they had received guidance from a relative and did sometimes support the person with this area of need; one staff member referred to it as "Informal training". Staff we spoke with were unable to clarify what type of support they were providing or what the training given had covered. The registered provider's nominated individual has informed us of the action they had taken to address this issue in response to the feedback from this inspection.

The people using the service received significant support from their relatives. This included administering and managing their medicines, and for one person some complex clinical tasks. Staff we spoke with and the care plans we reviewed did not contain any information about the risk presented to each person in the event of the family being unable to meet the personal care needs of each person in the event of an emergency.

Neither of the people using the service were able to tell us verbally about their experiences of Alpine Care. During the inspection we visited both people's homes and were able to meet one of the people using the service, and to speak with both people's relatives. We saw that they were comfortable and relaxed with the staff that were supporting them. Relatives of both people told us, "I have no concerns at all about [relative's name] care, and "I have no problems with [relative's name] safety when they are with the staff."

Staff working for the service had no responsibility for administering people's medicines. The registered provider's nominated individual explained that they would train staff and develop protocols and policies in the event of a person requiring this type of support.

Requires Improvement

Is the service effective?

Our findings

In February 2014 we identified that staff had not received all the training and development they required to meet the needs of the people they were supporting. We issued a compliance action requiring the provider to address this, and they submitted an action plan detailing how they would do this. At this inspection we found this situation had not been fully addressed.

At the same inspection in February 2014 we found they had also breached the Health and Social Care Act 2008 as people's care and treatment had not always been planned and delivered in a way that would ensure the person's safety and welfare. The provider submitted an action plan detailing how they would address this shortfall and at this inspection we identified that care plans had all been reviewed and re-written and now reflected the needs of the person, and would provide staff with the information they required to provide care in the way the person needed and preferred it.

We asked three staff what they understood about the Mental Capacity Act 2005 (MCA). None of the staff were able to explain this or the impact that this legislation may have on the care they were providing. The registered provider's nominated individual confirmed that staff had not yet received training on the MCA. The registered provider's nominated individual was also unable to explain how this legislation was relevant to the work of the service. This was a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulation 2010. Regulation 18

Staff we spoke with told us they had received training relevant to their work, and records were available to support this. We found that most training given was about safe working practices and not about how to meet the specific needs of the people that the staff team were supporting. We were informed that specific training was offered to care staff providing complex care by the person's relative and by the District Nurses. However there was no record of training or any assessments of competence to ensure that staff had understood the training provided. Five staff we met had been specifically recruited because they could speak the preferred language of the person they were supporting. This was very positive for the person receiving care and their family but the staff did not display confidence in speaking English when answering questions. On occasions staff appeared to struggle to understand questions we asked and were silent when a response was required. We could not establish how effective training had been for these staff members as it had not been delivered in the staff member's primary language.

When we met people using the service we observed that they appeared relaxed and comfortable with the staff that were supporting them. Relatives we met informed us that over time people's health care needs had improved or had become more stable. This in their opinion provided evidence that people were receiving good care. One relative told us, "[Name of relative] is happy and well. That is the most important thing to me."

We spoke with three health care professionals. Feedback about the service was mixed. Some professionals told us they were pleased with the support received by the person they were involved with. Other comments were less favourable and one professional told us they would be unlikely to use the service in the future, particularly for people with complex care needs.

The agency had matched members of staff with the people they were supporting. Staff had been chosen to ensure they could meet people's cultural and religious needs. Staff we spoke with told us they had received an induction before being asked to work on their own, and when this was completed that they had received regular supervisions from the registered manager. We found that staff had acquired knowledge over time about the people they were supporting although they had not received training in the specific tasks they undertook. Whilst staff had not received specific training relating to people with a learning disability or people who were at risk of skin pressure damage for example, we found that this had not caused any negative outcomes for the people using the service as in both instances the person's relatives were also heavily involved in providing care and support and provided the more specific care needed.

During our inspection we observed staff adhering to the elements of the care plan that related to helping people stay healthy such as emptying their catheter regularly, applying compression stockings and maintaining good oral hygiene for example. Relatives told us staff would bring to their attention any changes that staff had noticed in the person's well-being.

People received limited support from the service's staff with eating and drinking. We were informed that relatives

Requires Improvement

Is the service effective?

ensured adequate supplies of food and drink were always available, and provided much of the support people needed around eating drinking adequate amounts. The support staff were required to give people was clearly documented in people's plans of care. Relatives we spoke with confirmed they were happy with the support provided to their relative to eat and drink and the people we met all appeared well nourished and hydrated.

Requires Improvement

Is the service caring?

Our findings

We observed the staff on duty interacting with and supporting the one person we met with compassion and kindness. Staff we met were able to describe the person they were supporting in great detail which demonstrated they had built up knowledge about the person over time. Staff described that over time they felt that they had become part of the person's family. One healthcare professional we spoke with described staff as "attentive", and described seeing staff massage the person to help them relax. They told us the person always looked well cared for.

Staff we spoke with told us about the need to protect people's dignity while they were providing care. However in one home, whilst we were visiting to meet the person who used the service, we observed that staff failed to use adequate screening to maintain the person's privacy from other family members or visitors to their home when they were being given personal care. The person was unable to protect their own dignity and relied on staff to do this for them. After the inspection the registered provider's nominated individual explained the staff practice they believed occurred to protect the person's dignity. This was not detailed in the person's care plan or explained to us by the members of staff we spoke with. We did not find evidence that adequate efforts were being made or had been planned in the written care plan to protect the person's privacy and dignity.

We found that the care being delivered was focussed on the areas that were important to each person including practising their culture and faith, staying healthy and maintaining links with a local day centre. Care plans we looked at encouraged staff to get the person to do as much for themselves as they were able, however records of care recorded the actions that staff had done for people, and there was no evidence of independence being promoted.

Good

Is the service responsive?

Our findings

People's family informed us that they had been involved in an initial assessment and the development of their relatives care plan. The written care plans had been subject to regular review and people's relatives told us they were involved in this and contributed to the review. The review of the care plan was undertaken in consultation with the team of care staff and the person's relatives. The frequency of the care plan reviews had increased to reflect the complexity of one person's care needs and to ensure and changes were identified and reflected in the care plan as quickly as possible.

One person we met was supported by staff to maintain a place at a local day centre. This was important to the person, and meant they were able to maintain contact with their friends and peer group.

The service had not received any complaints, but it had a policy and procedure in place that provided guidance and direction for staff in the event of a complaint being made. Staff we spoke with were unable to describe what they understood a complaint to be or what they would do in the event of a complaint being received. Staff had not been trained to understand how complaints can be used to drive improvement and ensure that people receive a service that responds to any concerns. Relatives we spoke with were not aware of the formal complaints procedure but explained they had a close working relationship with the service management team and would feel confident to raise any concerns directly with them. During the inspection we observed systems in place that included regular phone calls to people's relatives and the opportunity to complete and return feedback questionnaires. Because there had been no complaints received by the service we were unable to track the impact these had made on the development or improvement of the service.

Inadequate

Is the service well-led?

Our findings

In February 2014 we inspected this agency and found they had breached the Health and Social Care Act 2008 as the systems in place to assess and monitor the quality of the service were not adequate and the standard of records made by the agency were not fit for purpose. Throughout the inspection in November 2014 we found that the registered provider showed a commitment to provide a good service to the people the agency was supporting. However the systems in place to monitor safety and quality were either very basic or had only very recently been introduced following the engagement of a management consultant. The records we viewed during this inspection showed significant improvement since our last inspection, and records relating to staff recruitment, training and written care plans were fit for purpose. We did however raise concerns about the quality and accuracy of care records completed by staff in the person's home. We found these records were the same each day and each shift. The records contained no information about the person's response to the care they were offered or the impact it had on them. These were not adequate to inform a review of the effectiveness of the care given.

We found evidence that the registered provider's nominated individual had not been in control of the planning and allocation of staff shifts. This had resulted in some people working unreasonably long periods of time without an adequate rest break. An example of this was that one member of staff had started work at 7.30pm on Tuesday and worked until 09.30am Thursday. The person had four short breaks of 90 minutes over this time. When we asked the provider about this they told us that staff were allowed to sleep over night and that an armchair was provided for this purpose in the person's home. We confirmed with the Commissioner's (people that purchase this service) that staff were always required to be awake. This evidence showed us that the provider's nominated individuals knowledge about this person's needs and the systems in place to allocate staff to shifts and monitor working hours were inadequate. This was a breach of the Health and Social Care Act 2008. (Regulated activities) 2010. Regulation 10. The provider took immediate action on the day of the inspection to address these shortfalls when they were brought to their attention.

We found that the registered provider's nominated individual was working inclusively with the relatives of people using the service. Relatives we spoke with praised the open communication and regular contact they enjoyed with the provider's management team.

During our inspection some staff suggested the service was not always working in a fair and transparent way. Some staff told us that they did not find the registered manager supportive, or that the systems in place to request shifts changes or to book annual leave for example were always consistent or in line with the agencies own procedures. The majority of staff we spoke with did not feel able to challenge practice. Some staff told us they were not confident to do this for fear of losing their shifts or other reprisals. This could have a negative effect on people using the service. The registered provider's nominated individual told us that he was feeling more able to challenge practice with the support of the management consultant he had engaged. He told us prior to this he had also been reluctant to challenge practice and said, "If it were just me on my own I would ignore all this (referring to feedback about the inspection)." Taking this action will ensure the service will continue to develop in ways that will meet the needs and wishes of the people it supports.

There had been no incidents, accidents or events at the agency that would require a review of staff practice. We confirmed with the provider's nominated individual that there had been no notifiable events since the last inspection.

The service has a manager registered with the Commission; however we were informed by the registered provider's nominated individual that the manager was not in day-to-day control of the agency. The registered manager took no part in this inspection. However we were informed that the registered manager did have some contact with staff and provide staff with support and supervisions. The registered provider's nominated individual had previously raised concerns about the ability of the registered manager to run the agency and had informed us alternative management arrangements would be put in place. These arrangements had not been made. We found that the registered provider's nominated individual was fulfilling some of the day-to-day management duties with the support of a management consultant the service had engaged. The consultant advised that they met monthly with the registered provider's nominated individual and in

Inadequate

Is the service well-led?

between meetings provided telephone support. We did not find that the registered manager or registered provider's nominated individual had the clinical skills required to assess, plan or review the care of the people the agency was supporting, and without the additional management support they had arranged people using the service would be at risk of unsafe care.

The service had acted upon the previous inspection feedback and developed an action plan. To support the service further the provider had employed a management consultant with specific skills to support the service. The consultant had driven up the standards of care by referring to relevant professional guidelines for clinical care and identifying specific training and skills that staff should have to enhance or improve the care and support they were able to offer. In this way the service was working to improve the quality and safety of the services they offered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Systems in place to assess the quality and safety of the service were inadequate. Regulation 10(1)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People could not be confident deprivations of their liberties would be identified or appropriately referred by staff working for the service.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People did not benefit from a staff team that had been supported to undertake training and professional development relevant to their role.