Care Quality Commission

Alpine Care UK Limited

Alpine House

Inspection report

Pemberton Street
Birmingham
B18 6NY
Tel: 0121 200 1170
Website: The provider does not have a website.

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Ratings

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

Overall summary

This inspection took place on 04 August 2015. We gave the provider 48 hours' notice of our inspection to ensure members of the management team would be available at the office, and to ensure they could make arrangements for us to meet with and speak to staff.

We last inspected this agency in November 2014. At that time the systems in place to monitor the safety and quality of the service were not adequate, the agency was not well managed, people could not be confident that deprivations to their liberty would be identified or managed, and people were not always being supported by staff that had undertaken training relevant to their role. We used our regulatory powers to ensure that improvements would be made. The registered provider and registered manager took action and at this inspection we found that some of the required improvements had been made.

Alpine House provides support to two people living in their own home. People required support from the agency because they had either complex physical health needs or were living with a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 relatives of people using this service told us they felt their relatives were safe. There were always enough staff available to support people. The staff employed had been subject to recruitment checks and had received some of the training and support they required to work safely. Training for staff about the specific needs people experienced had not all been provided. Evidence that staff were able to apply the training they had received to their work were not available.

Staff we spoke with were able to describe a range of activities they undertook each day which ensured people stayed healthy. Staff described how they observed people's feet and skin for signs of infection or sore areas for example when they were supporting them with personal care.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Staff we spoke with and the registered manager had a basic understanding of this subject and were being supported by a management consultant engaged by the registered provider to ensure they were meeting their responsibilities under the act. Records showed that consideration was given to people's needs under the MCA in care planning.

The culture of the agency had been built around providing a caring service that met the very specific needs and expectations of the two people using the service and their families. Staff we met spoke enthusiastically about the people they were supporting, and in discussions were able to explain people's needs, their preferences and were aware of important people in the person's life.

Senior staff, supported by the management consultant engaged by the provider had visited each of the people using the service at their home. They had met with them and their family to determine what care and support the person required, and how they would like this care to be provided. This information had then been developed into a care plan, and shared with staff that were supporting the person. This ensured all staff were aware of the person's needs and wishes. Staff we met were able to describe at length how they met the individual needs of the person they supported.

The registered provider had developed a complaints procedure. No matters of concern had been raised with either the agency or the Commission but the management consultant and registered manager were able to describe how any concerns received would be investigated and resolved. They described how the information would contribute to the development and improvement of the service.

The feedback from relatives of people using the service and staff was consistently positive about the management of the agency. People told us the management team were approachable, friendly and that they did what they said they would do. Professionals we spoke with told us that sometimes they had to chase or wait lengthy periods of time for information they requested from the manager.

The registered manager had used feedback from the last inspection to develop the service, and we found the action plan they submitted had been partially effective at achieving some of the necessary improvements. The registered manager and management consultant shared with us ideas they had to fully achieve compliance with the regulations and to further develop the agency building on their existing achievements.

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's relatives felt confident that their relative was safe.

The systems and processes to ensure and check safety had improved and provided greater assurance that people would be safe and that issues that required attention or development would be identified and action taken.

Good

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

Staff had not received all the training they required to meet the needs of the people they were supporting.

People's relatives were consistently positive about the service their relative was receiving, and reported their relative's needs were being well met.

Requires improvement

Is the service caring?
The service was caring.

Staff showed compassion and kindness to the people they were supporting. Efforts had been made to ensure the support given met the needs and expectations of the people using the service and their families.

People's relatives were consistently positive about the care given to their relative by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

People were receiving care that met their individual wishes. Relatives felt able to give feedback and both formal and informal systems were in place to ensure people's feedback was sought and acted upon.

Good

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

The providers own action plan had not been effective at ensuring the improvements required were all fully achieved.

Relatives and staff consistently told us that the registered manager was approachable and supportive. Health professionals we spoke with told us they often had to wait, or chase up information they required.

Requires improvement

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 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 04 August 2015 and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service. We wanted to make sure representatives of the management team, and members of staff would be available for us to speak with. The inspection was undertaken by one inspector.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. On this occasion the provider was not asked to complete a Provider Information Return (PIR).

The needs of the people who use this service meant they were unable to give us any direct feedback about the care and support they received. We spoke with the relatives of two people that used the service. During our inspection we met the registered manager and a care consultant engaged by the registered provider. We sampled the records relating to the two people using the service and records relating to staff recruitment and training. We also reviewed records relating to the management and quality assurance of the service. In total we spoke with four members of staff either in person or by telephone.

Good

Is the service safe?

Our findings

The needs of people using this service meant they were unable to provide us with direct feedback about the support they received from Alpine Care's staff in their own homes. We spoke with relatives and people that commission the services. They all told us that in their opinion people using this service were safe. Their comments included, "I have no concerns about safety" and, "It is all fine. They know what they are doing and always turn up on time." Both people using this service received a lot of support from their relatives who lived with them and the two people were often in the company of their relatives or other professionals when staff were providing support.

We spoke with four members of staff who all told us they had received training in adult protection. The staff were able to provide basic information about adult abuse and the action they would take if they witnessed or suspected this had happened.

We asked staff about the action they would take in the event of an emergency situation arising. All the staff were aware of the medical emergencies that could arise for the person they were supporting, and were able to describe the action they would take. This knowledge would ensure the person got the appropriate medical support as quickly as possible.

The registered manager informed us there had been no accidents or incidents since our last inspection. The management consultant currently supporting the agency described the advice she would give the registered manager in the event of incidents occurring to ensure these were investigated and any themes or trends identified and acted upon.

The recruitment files of four members of staff showed that checks had been made prior to staff being offered a position within the organisation. This helped to ensure that only people suitable to work within adult social care were recruited.

Staff working for the agency had no responsibility for administering people's medicines. The management consultant currently supporting the agency described the training and policies they would introduce in the event of a person requiring this type of support.

Requires improvement

Is the service effective?

Our findings

In February and November 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. In both inspection reports we issued a compliance action requiring the registered provider to address this. Following each inspection we met with the provider and they subsequently submitted an action plan detailing how they would do this. At this inspection we found this situation had still not been fully addressed. Records showed that staff had received training relevant to working safely, but there was no evidence that people's competence had been tested or confirmed. Staff we spoke with confirmed that they had received training and this was confirmed by the registered provider's own records. Staff told us that in some instances their competency had been checked by the registered manager; however the registered manager was unable to demonstrate that she had the clinical skills required to assess the competence of others. In other cases there was no evidence that the competency of staff had been determined. In some instances staff were completing complex medical procedures that if undertaken incorrectly could have a serious, negative impact on the person's health and wellbeing. We looked at the specific needs of the people receiving support. Neither discussion with staff, the registered manager nor the agencies own records confirmed that staff had received training in how to meet all these specific needs.

In November 2014 we had also identified that people who may be at risk of having their liberty deprived were not being offered the support required to identify or refer these deprivations appropriately. We found that work had been undertaken to improve upon this.

We asked four members of staff about their understanding of the Mental Capacity Act 2005(MCA). All of the staff had a basic understanding of this and the impact this legislation may have on the care they were providing. The management consultant currently supporting the registered manager was able to explain the work undertaken by the agency to explore and take the action required by them to ensure they were protecting people's human rights and working within the requirements of the act.

We asked staff if they had been given an induction prior to starting work, and if they had ongoing support and supervision. Staff told us that they did, and praised the support that they described as being available at "anytime" from the registered manager.

Staff working for Alpine Care had been recruited to meet the specific cultural and language requirements of the two people the agency supported. This ensured that people were always cared for by staff that had an understanding of the person's culture, and were able to communicate in the preferred language of each person.

We were informed that people's relatives ensured adequate supplies of food and drink were always available, and provided the majority of support people needed to eat and drink adequate amounts. The support that staff were required to give people was clearly documented in people's plans of care, and staff we spoke with and records we viewed confirmed the support was consistent with this.

Staff we spoke with were able to describe the actions they took each day to keep people healthy. This included observing people's skin for changes, monitoring people's wellbeing using both medical equipment and their own knowledge and observations. The relatives and health professionals we spoke with confirmed that the people receiving a service had maintained good health and the work of the staff had been a significant part of this. One of the staff we spoke with told us, "I am proud to give good care to people who are unable to do this for themselves."

Good

Is the service caring?

Our findings

Staff we spoke with and met described the people they supported with enthusiasm and compassion. Each member of staff was able to share with us information about things they did that the person enjoyed or benefitted from. It was evident that staff had got to know each person well, and some members of staff had worked with the person for a significant period of time. In these instances staff also demonstrated knowledge and compassion about people's wider family and relatives.

Relatives and a health professional we spoke with described how the staff worked with compassion and demonstrated kindness. Their comments included, "The girls [care staff] all do their job very well. They are all very kind," and the health professional described the pleasant and caring way the member of staff they knew worked with people.

Each person had a written plan of care, and staff we spoke with had detailed knowledge about people's needs. The written plans gave staff prompts to ensure people were always treated with dignity and respect and staff we spoke with described how they did this in practice. Their comments included, "We ensure we give all the care in private."

The people being supported by Alpine Care had been given the opportunity to describe their cultural and religious needs, and these had been recorded in each person's written plan. Again the staff we spoke with were able to describe these needs and the way they supported the person that reflected their culture, religion and personal preferences.

Good

Is the service responsive?

Our findings

People's families told us they had been involved in completing an initial assessment and the subsequent development of a care plan for their relative. The written care plans had been subject to regular reviews and people's relatives told us they had been involved in this, and asked to contribute to reviewing the care each person received. The care plans had been reviewed regularly and showed they had been revisited or revised when people's needs had changed.

One person we met was supported by staff to attend 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 complex medical needs of one person meant they were mainly limited to their home. Staff we spoke with described activities they undertook with the person that they believed the person enjoyed or were of medical benefit to them. This ensured people had opportunity to access and undertake activities that were consistent with their wishes and needs.

There was a policy and procedure in place to deal with complaints or concerns raised about this service. We were informed no complaints had been made, and the Commission had not received any information of concern. Relatives we spoke with were happy with the service provided and described the regular contact they had with the registered manager either by phone or in person when they had opportunity to raise concerns or provide any feedback.

Requires improvement

Is the service well-led?

Our findings

We last inspected this service in November 2014 when we found that the registered provider 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. Following that inspection we met with the provider and required them to improve in this area. The registered provider submitted an action plan and we found that the required improvements to the systems to check safety and quality had been made.

There was a manager in post who had registered with the Commission. They were being supported by a management consultant that the registered provider had engaged. Together with the registered provider the leadership provided had ensured that the service had improved since our last inspection. This had resulted in the service becoming compliant with regulations and better meeting the needs of the people it was supporting, although further improvements were still required in some areas.

Relatives we spoke with praised the registered manager. Their comments included, “It’s fine if I call the office. They arrange the help we need.” One of the health professionals we spoke with described how they often had to chase or wait an unreasonable amount of time for information they requested from the registered manager. They expressed no other concerns.

The registered provider had implemented a new quality checking processes since our last inspection. These included systems for reviewing records and undertaking more frequent spot checks of care. This had resulted in an improvement in the standard of record keeping and there was evidence available to demonstrate that good care was being provided and that it was an improving service.