Alpine Care UK Limited

Alpine House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 December 2016 and was announced. We gave the provider 48 hours' notice of our inspection because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in August 2015 and was meeting all the regulations.

Alpine House are registered to provide personal care. They provide 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.

The registered manager was present during our inspection. 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 relatives of people using this service told us that they felt their relatives were safe when they were being supported by staff. Staff were aware of the need to keep people safe and follow the risk assessments in place. Staff knew how to report allegations or suspicions of poor practice. Relatives told us there were enough staff employed to ensure the care and support was reliable. Staff had been recruited appropriately and safely.

Relatives of the people who used this service told us that they were happy with the care and support provided by the staff. The staff we spoke with told us they had received adequate and relevant training to meet the specific needs of people they supported. Staff told us that they had received observational competency checks to ensure they were safe to undertake complex medical procedures. People were supported to maintain a healthy lifestyle.

Relatives described the staff who supported their loved ones as kind and caring. Staff who worked for this service understood the needs of the people who they supported. Staff supported people to make choices and decisions about the care they received through a variety of communication styles. People were supported by staff who respected their dignity and privacy.

Personalised care plans were in place to enable staff to provide care the way that people preferred. Staff had developed relationships with people they were supporting. Relatives felt that they could speak with staff about their concerns or complaints and that they would be listened to.

The registered manager with the support of the management consultant ensured there were some systems in place to ensure safe and appropriate support to people. However, the audits and monitoring in place had not identified that staff had limited knowledge of the Mental Capacity Act and what it meant for people who used the service. Whilst the provider consulted with relatives of the people who used the services to find out

their views on the care provide the information received had not been analysed or used to drive continual improvement. Relatives were happy about the quality of the service that was provided to their loved ones by the consistent team of staff employed.

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's relatives expressed their confidence that their relatives were safe and supported by a reliable team of staff.

Staff described ways in which they keep people safe and understood their responsibilities to report any safeguarding concerns.

Is the service effective?

Good

The service was effective.

People received care and support from members of staff who had the appropriate knowledge and skills to meet their individual needs.

Staff worked with health professionals and relatives to ensure people received effective care.

Is the service caring?

Good

The service was caring.

Relatives spoke positively about the staff who provided care and support to their loved ones.

Staff described people with compassion and knew people's individual preferences.

Is the service responsive?

Good

The service was responsive.

Relatives contributed to the planning of their loved ones care and support needs.

People received care and support that was personal to them.

There was a complaints procedure in place. Relatives told us they felt able to raise any concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager had some systems in place to assess and monitor the quality of the service. However, intelligence received had not been analysed to drive improvements.

The registered provider had not been proactive to ensure that the service worked in line with the Mental Capacity guidelines.

Relatives spoke positively about the registered manager. Staff also told us they enjoyed working at the service.

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 7 December 2016 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.

As part of the inspection we asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

The needs of the people who used 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 spoke with the registered manager, three support workers and one health professional. 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.

Good

Is the service safe?

Our findings

The needs of people who used this service meant they were unable to provide us with direct feedback about the care and support they were provided with. We spoke with people's relatives who informed us that the service took people's safety seriously. One relative told us about how staff supported their loved one to ensure she remained safe.

The staff we spoke with told us that they had received training in recognising the potential signs of abuse and how to report any suspicions. Staff described the action they would take should they suspect that someone was being abused. One member of staff told us, "If I saw something wrong, I would tell the manager or report it to the Local Authority." The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm. They advised us that if they had any concerns in relation to people's safety which included any incidents of potential abuse or serious injury to people they would take appropriate action and notify the relevant agencies. This showed that any safeguarding matters would be investigated and people were protected.

We saw that the registered manager had support from a clinical management consultant to undertake assessments and record the risks associated with people's medical conditions. The records we sampled contained clear details and guidance for staff in respect of the nature of the risk and what action was needed in order to reduce the risks to people. We noted that potential risks within people's environments which may have posed a risk to staff or people who used the service had not been undertaken on a regular basis. For example, the care records for one person identified that the person required support from staff with the use of a wheelchair when out in the community. The risk assessment did not reflect what amount of support was required and did not contain guidance for staff to follow to ensure the wheelchair was used safely. The registered manager advised us of their intentions to rectify this following our visit.

The registered manager advised us that there had been no accidents or incidents since our last inspection. Staff and records confirmed that they had received first aid training. Staff we spoke with gave us a clear account of what they would do in a variety of emergencies to ensure people received safe and appropriate care in such circumstances. One member of staff said, "If someone had a fall I would contact the ambulance service immediately."

Relatives we spoke with told us that there were enough staff employed to meet people's individual needs. One relative said, "Staff come on time and go on time….I can't ask for more." Another relative told us, The carer always stays for the right length of time. They are never late and there have never been any missed calls." Staff we spoke with told us that they were happy with the staffing arrangements. One member of staff said, "I have plenty of time to support [name of person]." The registered manager advised us that they had an adequate team of staff who had the knowledge and skills to meet people's individual needs.

People could be assured that safe recruitment practices were followed. We looked at the recruitment files for two members of staff. We saw that the appropriate pre-employment checks had been completed. The registered manager had obtained references from previous employers and carried out the necessary

Disclosure and Barring checks to ensure that prospective staff would be suitable to work with people who lived at the home.

Staff working for the service had no responsibility for administering people's medicines.

Good

Is the service effective?

Our findings

Relatives who we spoke with told us that the staff were good at meeting people's individual needs. One relative we spoke with told us, "They [the staff] are trained and they have complete knowledge of [the person's name]."

Staff that we spoke with described that they knew and understood the implications of people's mental and physical health conditions and how they needed care and support. One member of staff told us how they supported a person they were caring for and said, "We work as a team to provide good care to [name of person] and their family."

In August 2015 we identified that staff had not been observed in practice and had not received competency checks to ensure they undertook complex medical procedures safely. We saw at this inspection the registered manager had support from a clinical management consultant to undertake these assessments. This meant people could be confident that the staff had the appropriate knowledge and skills to support their individual medical needs.

Staff told us that they had received training when necessary to meet people's particular medical conditions. This included guidance from health professionals in respect of people's specific health needs. One relative we spoke with told us, "There have never been any serious errors because they [the staff] are trained." One member of staff told us, "I have had good training and it has helped me to support [name of person]." This meant the training had enabled staff to support people with their health and well-being.

From our discussions with staff and review of staff files we found staff had obtained suitable qualifications to meet the requirements of their roles. The registered provider kept records of when staff had completed training and when they were due for updates in training. Staff consistently told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice, raise any issues and ask for guidance.
Staff told us and records we sampled confirmed that staff had received induction training when they first started to work for the service. One member of staff told us, "I shadowed other staff for three weeks until I felt confident to support [name of person]." This meant people would receive care and support by staff who had the right knowledge and skills to meet their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with had limited or no knowledge about what this legislation meant for people using the service and had received limited training. Staff could not describe how they should gain people's consent if people could not make decisions about their daily life. Relatives we spoke with however told us that staff always ask consent before supporting people. One relative said, "The carer will always ask [name

of person] what she wants." The registered manager advised us of their intentions to arrange mental capacity act training to ensure staff were provided with an adequate understanding to support people's rights.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA. We found that one person's care plan identified that they were under constant supervision and there had been no discussion with the supervisory body to ensure the person's rights were protected. The registered manager advised us of their intentions to work with the management consultant to explore and take any necessary action to ensure they were protecting people's human rights and working within the requirements of the act.

Staff had carried out nutritional assessments in relation to people who used the service. They had sought and taken advice of relevant health professionals in respect of people's diets. We were informed that people's relatives were responsible for the provision of food and drinks and these were consistently available. The registered manager confirmed that all the relatives supported people to ensure they maintained their nutritional requirements and well-being.

Where people had specific health conditions health action plan records were in place and showed that staff communicated well with health professionals to ensure the well-being of people who used the service. Relatives we spoke with told us that they supported people who used the service to access health appointments.

Good

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the quality of care and support from their consistent and reliable team of staff. One relative told us that their loved one looked forward to the staff coming to support them and said "I love watching the carer with my relative; she sings to them whilst they are having breakfast. They have got a good relationship." Another relative told us, "They [the staff] are good to my [relative] and if I need a break they make me a cup of tea."

We saw that staff employed by the service reflected the diversity and culture of the people they supported. The registered provider told us that they matched people with staff who understood their faith and were able to communicate in the person's preferred language. A member of staff we spoke with told us, "I support people from the same ethnicity as me. I understand their personal care needs." This meant that people were supported by staff that had an understanding of the person's culture and were able to effectively communicate in the preferred language of each person.

Relatives of the people who used the service told us that were supported by staff who knew them well. Some staff we spoke with had worked with people for a significant amount of time and could describe people's individual preferences and life histories. All the staff we spoke with spoke positively and compassionately about the people they were supporting. A staff member told us, "I know what [name of person] enjoys the most in life and I will support her to do her favourite things." We saw care plans detailed people's needs with person centred approaches.

The needs of people who used this service meant they were unable to provide us with direct feedback about making decisions about the care and support they needed. We spoke with one person's relative who informed us, "[name of staff member] always offers my relative choices. Staff we spoke with described the importance of supporting people to make choices and decisions about their lives. Staff described a specific way one person communicated using body language. One staff member said, "[name of person] loves standing in front of the mirror and we choose clothes they want to wear together."

Some staff we spoke with told us that they supported people to maintain their independence. A member of staff said, "I encourage [name of person] to put their own coat and shoes on." We saw people's care plans reflected how people wanted to maintain their independence.

We received positive comments about how staff respect people's dignity and privacy. One relative told us, "Staff always treat [relative] with dignity." Staff we spoke with understood what privacy and dignity meant in relation to supporting people. One staff member told us that the person they supported was unable to be left on their own in the bathroom and said, "I can't leave [name of person] in the bathroom, so to ensure they get some privacy, I make sure they are safe and then turn my back." Staff we spoke with understood and respected the need for people's confidentiality. A member of staff told us, "I never disclose anything to anyone who doesn't need to know." A relative told us, "I know that [the member of staff] doesn't speak to anyone about my relative."

The registered manager provided examples of how they had worked with specialist health professionals to ensure that people had been enabled to experience personalised and dignified care.

Good

Is the service responsive?

Our findings

People's relatives told us that the service was responsive to their needs. One relative told us, "They [the office staff] always speak to me… they listen well and will arrange what I ask for."

Care plans we sampled contained guidance for staff about how people needed their care and support provided. We spoke with people's relatives who told us that they were involved in developing their loved ones care plans. One relative said, "I know the care plan….it tells them [the staff] what to do and what time to do it. They [the staff] always check it and read it before they start." We saw where people were not able to fully contribute to planning of their care, they were still empowered to make decisions that they were able to. For example, in one care plan we saw the person had been assessed as lacking capacity but the care plan still identified the decisions they could make, this included, 'I like a bath every morning for ten minutes. I like bubbles.' This meant that people's daily routines were individualised as possible and people were given the choice and control to make decisions. We saw that people's individual needs had been regularly reviewed to ensure the care and support provided continued to meet people's needs. However, it was not always clear who had contributed to the reviews or what had been discussed.

Staff who we spoke with knew people well and told us that they were focussed on providing person centred care and support. One relative told us that they had total confidence in the staff to understand their relatives needs and said, "[member of staff] knows [name of daughter] like her own. All the staff we spoke with were aware of people's likes and dislikes and described the important things that matter to people.

One person had access to activities based on their preferred choices and were supported to spend their time how they wanted to. The person was supported by staff to attend a local day centre. A member of staff described which activities the person liked the most and told us about a recent event they had attended together. This meant the person was able to maintain contact with their friends and local communities.

Staff told us they respected people's relationships with their families and friends. 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 when staff were providing support. One relative said, "[name of carer] is like a member of the family." A member of staff told us, "[name of person] has a really lovely relationship with their mum and that makes them both happy."

The service had clear policies and procedures for dealing with complaints. Relatives we spoke with knew how to complain and raise concerns. One relative told us, "I've never had to make a complaint but I would ring [name of registered manager] she is very helpful." The registered manager told us and the records we looked at confirmed that there had not been any complaints made during the last 12 months. The registered manager described what action they would take if complaints were received and said, "I'm in touch weekly with both families and encourage them to raise any concerns."

Requires Improvement

Is the service well-led?

Our findings

During this inspection it was evident that the registered manager had worked hard with the management consultant to improve the quality of the governance of the service. The registered manager with the support of the management consultant had monitored the quality of the care provided by completing regular audits but further improvement was needed. Whilst the registered manager sought and actively responded to relatives and staff feedback this had not been analysed to identify trends or utilised to drive continual improvement to the service. In addition whilst the registered provider had worked hard to ensure the service had a well- developed understanding of equality and diversity; they had not sought assurance that the care provided protected people's human rights. The registered manager advised of their intentions to address the shortfalls we identified following this inspection.

All the relatives we spoke with were happy to be supported by the service. Relatives knew who the care manager was and told us that they were approachable. A relative we spoke with told us, "[name of registered manager] is very helpful and I can speak to her at any time." Another relative said, "This is a good agency."

Relatives of the people who used the service had the opportunity to give feedback about their experiences of the service including annual satisfaction surveys. One relative told us, "The manager comes here so often and listens to everything I have to say." We reviewed relative's responses to the registered manager's satisfaction surveys and found them to be positive.

Staff we spoke with described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. The staff we spoke with gave a good account of what they would do if they were worried by anything or witnessed bad practice. One member of staff said, "If we see something in the work place that is not right, we report it." We saw that a whistle blowing procedure was in place for staff to follow.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place and that staff had the knowledge and resources to do this.

Discussions with the registered manager identified that they had kept up to date with the support of the management consultant with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the office. At the time of our visit we were told that there had been an issue with receiving the last inspection report which consequently meant the provider's website had not been updated. The registered manager advised us of their intentions to update the website following this inspection.

The registered manager told us that they were being supported by a management consultant that the

registered provider had engaged. Together with the registered provider the leadership of the service had improved since our last inspection. A member of staff we spoke with said, "[name of registered manager] is a good boss. She is helpful and responds well to us. I feel very supported." The registered manager advised us that they did not undertake formal staff meetings and said, "I visit the staff on a weekly basis to ask for their views and discuss work practices. We also have a group mobile message system which enables us to communicate as a team every day."