

Altimate Care Services UK Ltd

# Altimate Care Services UK Ltd

## Inspection report

Unit F  
Chesham Close  
Romford  
Essex  
RM7 7PJ

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Altimate Care Services UK Ltd is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People felt safe when staff visited them. There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service. The recruitment procedures were thorough with appropriate checks undertaken before new staff members started working for the service. There were enough staff to meet their care and support needs. The provider had a system in place to record and monitor accidents and incidents. Medicines were managed in a safe way. People were protected from the risks associated with the spread of infection.

Systems were in place to assess people's needs before they started to use the service. Newly appointed staff completed an induction programme which included attending some training and shadowing experienced colleagues. Staff received regular training, and this equipped them to undertake their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

Staff had a good knowledge of people they supported and respected their privacy and dignity. They promoted people's independence. The provider was committed to challenging any form of discrimination it encountered. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs, and their cultures were respected. Staff were aware of the importance of confidentiality and to whom they could share confidential information with.

People received care and support in accordance with their preferences, interests and diverse needs. People's communication needs were assessed and information on how to communicate with them was included in their care plans. The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received.

The provider was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. The provider had links with the wider community in order to help ensure a joined-up approach to people's support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 15 February 2021 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Altimate Care Services UK Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be around to support the inspection.

#### What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and notifications. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 3 May 2023 and ended on 9 May 2023.

We reviewed a range of records. This included people's care records, medicine administration records, audits, staff files, training records and staff supervision records. We also looked at records relating to the management of the service and a sample of policies and procedures.

We spoke with a person and a relative by telephone to obtain their views of the service. We also contacted a member of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place for safeguarding adults. A relative told us, "[Person] feels safe with the staff. They are very happy with them and don't have any concerns."
- Staff were clear about their responsibilities and were familiar with the process to follow if any abuse was suspected. One member of staff said, "I would report any abuse to my manager." Staff had received safeguarding training. There were procedures for staff to escalate any concerns to external agencies.
- Staff were also aware of the whistleblowing procedures. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Assessing risk, safety monitoring and management

- Potential risks about people's safety within their home were assessed to ensure they were supported to remain as safe as possible.
- Risk assessments gave guidance to staff on how best to support people in different situations, for example, how to transfer people safely. This helped to ensure care and support was delivered in a safe way.
- Risk assessments were reviewed and updated to reflect any changes in people's needs.

Using medicines safely

- The service had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- People were supported with their medicines in a safe way by staff who had been appropriately trained.
- There were medicines policy and procedures in place for staff to follow when supporting people with their medicines.
- Medicines administration records (MAR) we looked at, were all signed appropriately and there were no gaps in signatures.

Staffing and recruitment

- The provider had a robust staff recruitment system in place. Appropriate checks had been carried out such as criminal records, proof of identity and requests for references before staff started work. These checks helped to ensure people were not exposed to staff who were not suitable to work with them.
- There were enough staff to meet people's needs and to provide personalised care and support.
- From staff rotas, we noted people were supported by the same staff members unless the staff were on leave or not well. This helped with consistency and continuity of care as staff were aware of the needs of

people they were caring for.

- There was a system to monitor when staff arrived and left for their visits. This helped to ensure people received their visits on time and the office staff could inform people if staff were running late. A relative told us, "We never had a missed call where the staff did not come."

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager told us there had not been any incidents or accidents since people started using the service.
- There was an on-call system where a member of the management team was available to advise staff in the event of an emergency.

Preventing and controlling infection

- The provider had systems in place to ensure people as well as staff were safe regarding the spread of infection.
- Staff knew what their responsibilities were, such as proper hand washing procedures. They had received training in this area.
- Staff were provided with personal protective equipment (PPE), such as gloves and aprons. A relative told us, "The staff always wear gloves, aprons and masks when they visit." Staff commented they had access to a good stock of PPE as needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. The assessment included all aspects of care, such as the person's mobility, their nutritional needs, personal hygiene care, medicines and social lifestyle.
- The registered manager obtained as much information as possible from people and their relatives, to ensure they had enough information to enable them to meet people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs.
- Training needs were monitored through individual support and one to one meetings with staff.
- We noted new members of staff received an induction and shadowed existing members of staff before they started work as a full member of the team. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures.
- Staff received appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt supported in their roles. We saw copies of staff supervision records and noted a range of issues were discussed, including training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assisted to have enough to eat and drink where this was part of their care needs.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] prefers to have tea instead of coffee."

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were identified and managed to ensure that they received the necessary care and treatment to keep them in good health.
- The registered manager worked closely with health and social care professionals to monitor the health of people.
- People had the contact details of their doctor recorded in their care plans. This helped to ensure staff could also contact them if they had concerns about a person's health.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the principles of MCA. There were policies and procedures for them to follow.
- People were able to make day to day decisions about their lives. For example, they were supported to wear what they want and to spend their time as they wished.
- Staff received training on the MCA and there were policies and procedures for them to follow. A relative told us, "The staff always ask for consent before providing support to my [family member]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us the staff were very kind and caring and treated them in a respectful manner. One relative said, "The staff are very good."
- The registered manager promoted the equality and diversity of people. They ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle.
- Staff had received training in equality and diversity.
- Staff were aware of the needs and preferences of people and had built up good relationships with them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved, where able, in decisions about their care, which helped them to retain choice and control over how their care and support was delivered.
- It was clear from our discussions with staff and from looking at records that people were able to make choices and were involved in decisions about their day.
- Staff had a good understanding of the care needs of people they supported and were able to tell us what people did and didn't like and what support they needed.
- Relatives told us they were always kept informed of changes in the well-being of their loved ones. For example, if a person needed further support due to the change in their care needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy, dignity and independence respected.
- Staff told us how they would maintain a person's privacy and dignity when assisting them with personal care, for example, closing curtains and doors.
- People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw what people were able to do independently were recorded in their care plans.
- Staff were aware to whom they could share confidential information with. They knew that they should not share people's personal information with anyone, unless they had the right to have that information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support in accordance with their preferences, interests and diverse needs. Care plans were comprehensive and personalised. This helped to ensure staff had the information they needed to meet people's needs.
- Care plans contained information about people's individual wishes, preferences, and how they wanted their care to be delivered. People were happy with the way staff cared for them.
- We saw people who used the service and their relatives had been involved in the care planning process. A relative told us, "I was involved in planning the care and support for my [family member]."
- Staff told us they found the care plans helpful. One member of staff told us, "The care plans have useful information about the person and if there are any changes in the person, I will report these to the office. They will come and reassess the person if needed."
- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection.
- Staff had been provided with training to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information on how staff should communicate with people was recorded in people's care plans and this gave details on how to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record when complaints were received and how they had been investigated and responded to.
- People and their representatives did not raise any concerns with us. There had not been any formal complaints since the service started providing care and support to people.
- People and their relatives felt confident that if they raised any concerns, they would be listened to. A relative told us, "I don't have any concerns about the agency."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service. One person told us, "The staff are good."
- The registered manager operated an open-door policy where people, relatives and staff were encouraged to discuss any issues they might have. Staff mentioned they were able to contact the registered manager at anytime for advice. Staff also felt supported by the registered manager in their role.
- Staff were clear about their roles and responsibilities and had a good understanding of what was expected of them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager ensured people and staff had an equal opportunity and were not treated differently or discriminated against because of their characteristics. People and staff had equal opportunity to fulfil their potential.
- There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service.
- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.
- The registered manager had a range of monitoring tools to assess and monitor the delivery of care and support to people.
- The management team carried out regular spot checks when staff visited people to ensure people received the care and support as they had requested or wished.
- There were systems in place for people and their relatives to give feedback on the quality of the service being provided. These were gained from regular phone calls as well as the registered manager visiting people in their homes.
- There were audits carried out of care records, people's support plans, staff training, infection control and health and safety. If shortfalls were identified, appropriate action was taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood what their roles and responsibilities were. They knew they had to inform CQC of any notifiable incidents in line with the current regulations. They were also aware they must

act in an open and transparent when things go wrong with care, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

#### Working in partnership with others

- The registered manager worked closely with other health and social care professionals to ensure people received the care and support they needed. This helped to ensure people's needs were met.
- The registered manager kept themselves up to date with best practice. They regularly attended meetings which were held by the local authority. They also regularly visited CQC website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.