

Alde Care Ltd

Right at Home Alton and Bordon

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home Alton and Bordon is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to 24 people, which included older people, people living with dementia and people with medical conditions affecting their mobility.

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

Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show the complete work history. Three staff files checked did not have complete work histories. One staff file was missing assurance from two previous care jobs. After the inspection the provider took action to audit all staff recruitment files to help ensure they contained all relevant recruitment documentation.

The provider's recruitment policy did not promote safe recruitment in line with requirements. Following the inspection, the provider updated their recruitment policy to ensure it followed all guidance in line with regulation.

The provider had a safeguarding policy in place, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing. People said they felt safe with the care provided. There were enough staff in place to safely deliver care to people. The office staff would cover calls as a backup. Staff received training and support in their role including shadowing experienced staff. People and relatives were positive about staff. People's needs were assessed prior to care commencing.

People said that staff were kind, caring and friendly. We found that staff knew people well and respected their preferences. People said that staff had time to listen to them. People said that staff promoted their dignity whilst helping with their personal care.

Staff we spoke to had a good understanding of the Mental Capacity Act 2005 (MCA).

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.

The registered manager had ensured that care plans were reviewed and involved people and their relatives. This included details around people's medical needs, preferences and risks. The reviewed care plans were reflective of people's needs. The service was providing good end of life care and involved people in the planning and choice of how this was delivered by staff.

The registered manager worked with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff were clear about their roles, the risks related to people and how to report issues. Staff felt

engaged and involved in the running of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 06/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Right at Home Alton and Bordon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had two managers registered with the Care Quality Commission. One being the registered manager at this location, and the other being director of care. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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 in the office to support the inspection.

Inspection activity started on 26 October 2021 and ended on 5 January with formal feedback. The provider was then given extra time to provide evidence of recruitment policy and practise which met the requirements. This was received on 11 January. We visited the office location on 26 October 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC as well as any feedback from the local authority and professionals who work with the service.

The provider did not complete the required Provider Information Return (PIR) when requested in June 2021. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. The registered manager sent us a draft copy of the PIR during the inspection. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We utilised written feedback from two people who used the service and 11 relatives about their experience of the care provided from Homecare.co.uk. We also spoke with five members of staff including the nominated individual, registered manager, director of care, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and some medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment data and quality assurance records. The registered manager updated us on how they would make the changes identified from our inspection. Following the factual accuracy process we also spoke with three people who use the service and five relatives, their comments have been included in the report.

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.

Staffing and recruitment

- There were enough staff in place to safely deliver care to people. Office staff were able to cover calls if needed with office functions provided from other branches.
- Staff had a good induction including shadowing other more experienced staff. This included competency checks by the registered manager or care co-ordinator which helped to provide assurances around staff's skills and knowledge.
- Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show the complete work history. Three staff files checked did not have complete work histories. One staff file was missing assurance from two previous care jobs.

We recommend that the provider continues to check existing staff to ensure they have provided their full work history and are assured about their previous employment in health or social care, and with children or vulnerable adults. Following our inspection, the provider contacted us to confirm they had started reviewing all existing staff recruitment files to help ensure all relevant recruitment documents and checks were in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The registered manager had reported any safeguarding concerns to the local authority as required.

Assessing risk, safety monitoring and management

- The registered manager ensured risk assessments were in place which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.
- Where risks were identified, action was taken to minimise these risks, for example, equipment put in place when people needed support to move around their home.
- People were supported to take positive risks or to achieve goals which promoted their independence.
- There were systems to reduce risks around missed or late calls. There was an electronic call monitoring system in place, which required staff to log in and out of care calls. This helped office staff ensure people were receiving their care at the planned time. One person's relative wrote "They were always there when the schedule said, never late or no shows".

Using medicines safely

- People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was checked by the registered manager.
- Support was given to a person who was struggling to self-administer their medication, with extra calls being put in place to help them do this safely.
- The provider had a medicines policy in place. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance including regular audits.
- We were assured that the provider was using PPE effectively and safely. One person told us, "Constantly changing gloves for different tasks. Yes, aprons and masks, wash hands, own paper towels that they take away with them."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager investigated the incidents, taking appropriate action to keep people safe.
- The provider had systems in place to analyse incidents although as multiple systems were used, there was a delay in getting this information. There were no trends currently identified. Trends would be handled by the system lead who would inform the registered manager.

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 prior to care commencing. These assessments included reviewing assessments from health and social care professionals to help ensure all care tasks were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training and support in their role including shadowing experienced staff. One staff member told us, "[We] get sent in to shadow if there is something we haven't seen before." This helped ensure staff could meet the needs of the people they supported.
- People and relatives were positive about staff. One person wrote, "I always found them to be professional, on time and extremely efficient".
- Although some training was also available online, the provider had been able to maintain face to face training throughout the pandemic which helped staff learning. One staff member told us, "Yes [induction training] was really good and interesting".
- Staff competency was also checked regularly by the registered manager or care co-ordinator. This included work-based supervisions, medicines checks and observation of how staff were with people they supported.

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

- People's nutritional needs and preferences were identified in their care plans. Risk assessments associated with eating and drinking included food allergies and swallowing difficulties.
- Staff knew the needs of the people they supported well. One staff member told us about a person's dietary needs and wishes, "[We] know the client well but still check [the care plan] as it may change".
- People's care calls were arranged to help ensure they were not rushed when being supported with eating and drinking. This helped them to get the fluids and nutrition they needed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider made timely referrals to health and social care professionals to ensure people had the appropriate support.
- The provider had worked closely with the dementia advice service in running a café for people living with dementia that had been well received by the community.
- The provider also worked with the local authority, district and diabetic nurses including video calls with the older persons mental health team. This helped to promote good outcomes for people's health and wellbeing.

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

- Details around people's specific health needs and conditions were documented in their care plans. This included any care tasks staff needed to complete to promote people's good health.
- People had arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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 were being met.

- People signed their consent to the care they received where they had the capacity to make this decision. It was clearly documented where people had capacity but were unable to physically sign. The provider's policy highlighted the importance of seeking consent.
- Staff had received training in the MCA and knew to contact the registered manager if a person's capacity changed.
- Staff we spoke to had a good understanding of the MCA. One staff member said, "[We] assume [the person has] capacity to make [the] decision, if no capacity [to make the decision we act in their] best interest, not [using] restrictive practise. Choice [is given]."

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; respecting equality and diversity

- People and relatives stated that staff were kind, caring and friendly. A relative wrote, "Nothing was too much trouble and they were attentive, friendly and respectful."
- They stated that staff were not rushed carrying out their role and that they took time to get to know their needs well. One person told us, "They work to my speed."

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

- We found that staff knew people well and respected their preferences. Staff told us, "Listen to what they have to say and what they want. It is about them at the end of the day."
- Staff were given the time, training and support they needed to provide care and support in a compassionate and personal way.
- The registered manager helped all involved to understand a person's decision not to go into hospital and see things from their point of view. The registered manager explained to both the community nurse and paramedics the person's wish to remain at home which was granted.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity whilst helping with their personal care. People told us, "Very much so" and One staff member told us, "Just think about what you would like and cared for or looked after. [When] having a shower making sure they are covered. Privacy is really important, simple things like closing doors and curtains." People we spoke to were very happy that staff were respecting their privacy and dignity.
- People's personal records were stored securely in the provider's online systems.
- The service tried to take people's preferences into account when scheduling staff and inform them about changes to their care. However, one person told us, "I'm told we are short of staff and have to have new people.", and another said, "I would like a more regular time and girls that I knew."
- Staff noticed when people were in discomfort or distress by taking swift action to provide care and support. This included supporting a person to visit their late husband's grave reducing their distress.

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

- People's care was planned to meet their individual needs and preferences. The registered manager had ensured that care plans were reviewed regularly and involved people and their relatives. This included details around people's medical needs, preferences and risks. The reviewed care plans were reflective of people's needs.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care. The provider used braille and large print on whiteboards to support partially sighted people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place within their regulatory policies and procedures which was accessible to people who used the service. The procedure outlined how people could make a complaint and how their concerns would be addressed.
- Complaints or concerns would be handled with a 'raise a concern form'. These were followed up by the registered manager. The system lead would then let the registered manager know of any areas for improvement. The registered manager confirmed there had been no complaints since the service was registered.

End of life care and support

- People's care was planned to meet their individual needs and preferences. One relative wrote, "[the provider] were fantastic in the way they provided palliative care for my [relative]" and "[the provider] were so kind and caring in the way they cared for [relative] and us."
- One person was supported to relocate to where they wanted to be for their end of life care. Whilst for another the provider was able to take over care at short notice when another agency pulled out. Both had a positive impact on the people and their families.
- The provider had undertaken bereavement training to better support people's relatives and staff.

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

- Staff were clear about their roles, the risks related to people and how to report issues.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager used an audit tracker to record the checks they carried out. This included quality audits to check the service and people's care continued to meet their needs.
- The manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic.
- The provider's recruitment policy did not promote safe recruitment in line with requirements by not requiring them to gain assurance for previous employment in health or social care, and with children or vulnerable adults. This was discussed with the registered manager, director of care and nominated individual. After the inspection, the provider sent us an updated version of their recruitment policy which reflected all requirements in line with regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people.

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 provider had a procedure in place for duty of candour which detailed what would happen in the event of a notifiable event. The registered manager was aware of the need to be honest and transparent in the event of these notifiable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people who used the service and their families where they could. The provider used surveys to help understand if people and their families were happy with the service.
- Staff felt engaged and involved. Staff were able to raise issues concerning themselves and the people they supported leading to changes in their care plans. Staff told us, "[the registered manager is] very supportive so staff can talk to the manager."

Continuous learning and improving care

- The provider had implemented the use of an electronic care planning system. This involved staff accessing the system via their mobile phones to record details of their care visits. This included personal care, medication, nutrition and concerns. Office staff monitored the system and were able to pick up alerts that planned tasks were not completed. This helped promote a pro-active approach to monitoring care where issues could be picked up and responded to in 'real time'.
- The registered manager acted on staff surveys to produce an action plan to help improve the service.
- The registered manager regularly reviewed the quality of care with people and their relatives. These were documented on the electronic care planning system.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with the local authority and other professionals to monitor how effective care was. This helped them to plan increases and decreases in care when appropriate.