

Alpenbest Limited

Alpenbest

## Inspection report

Unit 8 Princeton Mews  
167 London Road  
Kingston Upon Thames  
Surrey  
KT2 6PT

Tel: 02084397090

Website: [www.alpenbestcare.co.uk](http://www.alpenbestcare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

Alpenbest is a domiciliary care service that provides personal care and support to mainly older people living in their own homes who reside in South West London and Surrey. People receiving care at home from this agency included both younger and older adults living with dementia, mental health care needs, learning disabilities or autism, and physical health needs.

At the time of our inspection there were 470 people using this service. This included 45 people who received short-term reablement packages of care for up to six weeks. These people had recently been discharged from hospital and needed additional support to regain their independence.

Furthermore, out of the 470 people who currently used the service, 20 people did not receive any personal care. The Care Quality Commission (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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The service was exceptionally well-led. People receiving care at home, their relatives, community health and social care professionals and staff who worked for Alpenbest were all complimentary about how the agency was managed. People told us the office-based managers and staff were all approachable and accessible, they worked well together as a team and listened to what they had to say about their experiences of receiving care at home from them.

The provider promoted an open and inclusive culture. We received only positive feedback from people in relation to the quality and safety of the care at home service provided by Alpenbest, which was also reflected in the findings of the providers most recent annual customer satisfaction survey.

There was clear oversight and scrutiny of the service. The managers were keen to continuously improve the agency and recognised the importance of learning lessons when things went wrong. The quality and safety

of the service people received was routinely monitored by the managers. This helped them to check that people were consistently experiencing good quality care and support. Any shortfalls or gaps identified through these checks were addressed promptly.

The managers ensured the providers values and vision for the agency were fully embedded in the service's systems and demonstrated by staff through their behaviours and actions. The provider also worked in close partnership with community health and social care professionals and agencies to plan and deliver people's packages of care at home.

People were kept safe and protected against the risk of avoidable harm and abuse. People received continuity of care from dedicated groups of staff who were familiar with their personal needs and wishes, and whose fitness to work in adult social care had been thoroughly assessed. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. The provider had measures in place to mitigate the risks associated with COVID-19 related staff workforce pressures. Medicines were well-organised and people received their prescribed medicines as and when they should.

People received consistently good-quality care at home from staff who had the right mix of knowledge, skills and support to deliver it. Assessments of people's support needs and wishes were carried out before they started receiving any care at home support from this agency. Where staff were responsible for assisting people to eat and drink, peoples dietary needs and wishes were met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. 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.

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 the last inspection

The last rating for this service was good (published 25 July 2018).

#### Why we inspected

We received concerns in relation to staffs moving and transferring practices. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at further risk of harm from this concern. The provider has learnt lessons by acknowledging mistakes were made and has taken effective action to retrain staff and improve their moving and transferring practices.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alpenbest on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

inspect. 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.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Outstanding ☆

# Alpenbest

## 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

The inspection was carried out by an inspector and two Experts by Experience. The Experts by Experience were people who have personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider and registered manager would be in the office to support the inspection.

Inspection activity started on 24 March 2022 and ended on 28 March 2022. We visited the agency's offices on 24 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and community health and social care professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We made telephone contact with 19 people who received a care at home service from this agency and 25 relatives to find out about their experiences of using Alpenbest. We also spoke in-person to the service's registered manager, consultant, complaints and safeguarding manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Records looked as part of this inspection included, 20 people's care plans, six staff files in relation to their recruitment, training and supervision, and multiple medication administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

#### After the inspection

We received email feedback from two local authority health and social care commissioners and seven members of staff who work with or for this agency.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and supervision records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who visited them at home and were confident any safeguarding issues they might raise with the provider would be taken seriously and appropriately dealt with. For example, one person said, "I've never had to raise any safeguarding concerns with the office because my carers are wonderful, but I'm sure the managers would take me seriously if I'd let them know I was worried about anything like that."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction and knew how to recognise and respond to abuse they might encounter, including how to correctly report it. For example, one member of staff told us, "If I witness or suspect anyone I support is being abused, I would immediately report this to the office. I am also fully confident; my managers would deal appropriately with any such allegations I might bring to their attention."
- The managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date person-centred risk assessments and management plans that covered their personal and health care needs.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. For example, one person remarked, "Staff keep a close eye on me so I don't get any sores and make sure they turn me and apply my creams whenever I need them." A relative also said, "I've never felt worried when staff use a mobile hoist to transfer my [family member] as they always make sure he's comfortable and safe. They [staff] know what they're doing and are good at taking their time to explain what they're about to do."
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. Staff told us risk management plans were easy to access and follow.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- People told us they received continuity of care from usually the same group of designated care staff who were punctual and familiar with their needs and wishes. For example, one person said, "I have a very stable staff team who understand my needs very well. They never rush me and always give me the time I need when they support me with my personal care." A second person remarked, "I've got two regular carers who know exactly what I like and who know my set routines backwards. They roughly come to see me at the same time every day and are rarely late."
- People also told us staff completed all the tasks they had agreed to do and never left a scheduled call early. For example, one person said, "I can't praise my regular carers enough, they often arrive early and do extra things to help me out, like tidying the place up a bit."
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The service currently had very few staff vacancies and continued to experience relatively low rates of staff turnover, which meant they had enough permanent staff to meet the personal care needs of people they supported. One member of staff told us, "All my calls are well-managed by the staff in the office. Sometimes we need two staff on a call to help operate a mobile hoist and there never seems to be problem getting enough staff at the right time and place for these double up calls."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staffs identify, previous employment, their character, and right to work in the UK. Peoples employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines systems were well-organised.
- People told us they received their prescribed medicines as and when they should. For example, one person said, "My carers are very good at reminding me to take my medicines when I need them."
- Medicines administration record (MAR) sheets were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at. People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.
- Staff received medicines training as part of their induction. Staffs competency to manage people's prescribed medicines safely was reassessed at least annually. Staff were clear about their responsibilities in relation to the safe management of medicines.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider regularly monitored accidents and incidents. Systems were in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- Staff received all the training they required to meet the needs of people they supported. This included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- The providers training matrix identified when staffs mandatory training required updating. This routinely refreshed compulsory training included, safeguarding, infection prevention and control, food hygiene, moving and handling and health and safety. There was also specialised training focused specifically on people's individual needs which included; dementia, mental health and autism awareness; falls prevention, managing continence, and catheter care.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained relevant. For example, one member of staff told us, "I get all the ongoing training and support I need, which has really helped me become the best carer that I can be", while a second member of staff said, "The work can be difficult, but with all the repeat training we receive every year, I feel confident I will continue to do a good job."
- People described staff who provided them with care at home as competent. For example, one person told us, "I think they [staff] must be well-trained, as they all seem to know how to look after me", while a second person commented, "My regular carers understand what my physical and emotional needs are all about, so I would say I'm one hundred percent confident they [staff] are well-trained".
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision, training and hub meetings with line managers, as well as an annual appraisal of their overall work performance. Staff told us they received all the support they needed. For example, one member staff said, "I feel continuously supported by my supervisors."

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

- People received personal care at home that was planned and delivered in line with their assessed needs and wishes.
- Care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people using the service.
- Staff were aware of people's individual support needs and preferences.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for assisting people to eat and drink, staff monitored their food and drink intake to ensure these individuals continued to eat and drink adequate amounts.
- Care plans included information about people's nutritional needs. Nutritional management plans were regularly updated and food and fluid charts were appropriately maintained for people assessed as being at risk of malnutrition and/or dehydration.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them. One person told us, "They [staff] always prepare the food and drinks I ask for."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- People were supported to keep in good health by staff maintaining good working relationships with community health care professionals and agencies. For example, staff told us if they had concerns about a person's food and/or fluid intake, they would immediately inform the managers in the office, who in turn would alert the appropriate health care professionals. A member of staff told us, "I have built up some very good working relationships with various district nurses and social workers I regularly meet on my visits and always follow their advice."

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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. For example, one person remarked, "They [staff] always offer me choices regarding what I would like to eat", while a relative said, "Staff encourage my [family member] to choose what they would like to wear and eat every day".
- Managers and staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People received consistently good-quality care from staff who had the right mix of knowledge, skills, experience and support to perform their roles and responsibilities well. In 2022, all the staff who worked for Alpenbest received community hero awards from a local authority as recognition of all their hard work and dedication during the COVID-19 pandemic.
- People described the quality of the care at home service they or their relatives received from Alpenbest as exceptional. For example, several people told us the staff often went the "extra mile" for them. Typical feedback from relatives included, "We were really impressed with Alpenbest when we asked them to help us arrange for an additional carer to accompany my [family member] for the day, so they could attend an important family function", "I cannot recommend this organisation highly enough. All the staff involved with my [family member's] care are so genuine, professional and exceptionally caring" and "I have already recommended this service to a friend. My [family member] has always been treated with the utmost kindness and consideration by the carers and the office staff".
- The provider carried out person-centred care and risk assessments and management plans, which they continuously reviewed, ensuring people's changing needs continue to be met. One person told us, "Whenever I've had an issue and my care needs change, they [staff] always listened to me and sort the problem out by changing my package of care as quickly as they can." Managers told us they have introduced weekly check-up telephone calls for service users who live alone and have been assessed as being at risk of becoming socially isolated.
- The nominated individual had a clear vision for their agency which they told us was to have highly satisfied customers and a motivated staff team whose "wellbeing we have all placed at the heart of everything we do". They also told us they regularly used individual and group meetings, training and various electronic communication systems to continually remind staff about the organisation's underlying core values and principles, which included promoting inclusion, kindness, respect for each other, improving quality of life, independence and wellbeing.
- The nominated individual had updated their learning through different sources, including a gender awareness training course they had recently attended. This helped them continuously develop their best practice and understanding of gender identity and diversity issues.

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 nominated individual and managers were aware of their responsibilities under the Duty of Candour.

Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care. For example, the provider had formally apologised to a family and taken appropriate action to mitigate the risk of similar incidents reoccurring after a local authority safeguarding investigation had substantiated things had gone wrong with the care at home one service user had received.

- People told us they were aware of the provider's complaints policy and were confident any concerns they might raise would be taken seriously and well-managed. For example, one person said, "I told one manager I wasn't happy with my new carers, so they arranged for one of their supervisors to come out and speak with us. I was happy they listened to what I had to say, sorted it all out quickly and apologised for the inconvenience caused." A relative also remarked, "The managers from the office seem to keep a close eye on staff to check they arrive for their visits on time and will often come out themselves to see us and ask how things are going."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about the way this care at home agency was managed. For example, one person told us, "The agency is top of the tree...They have everything well in hand and deal with things rapidly." A second person remarked, "I wouldn't hesitate to recommend Alpenbest to anyone...They're a fabulous home care provider who have great managers and carers."

- Staff also spoke highly about how the agency was managed. They felt supported and effectively guided by their line managers, which enabled them to do a good job. For example, one member of staff said, "I can easily access a manager in the office if I've got any sort of problems which exceeds my knowledge and can request a supervision meeting with them anytime." A second member of staff remarked, "There's always a manager available to support us whenever we need it. We work well as team here because of the excellent communication and leadership skills of all the managers."

- The provider operated a care worker of the month award to celebrate the achievements of their staff, which several staff told us helps motivate them to do an even better job. Staff also told us about staff support programmes the provider had recently introduced to help them with any mental health and financial issues they might face.

- There was a clear management structure, which included the nominated individual, registered manager, a consultant, and three hub managers, who were each responsible for a designated geographical area covered by a local authority. In addition, the provider had introduced a variety of specialist managerial roles who were responsible for overseeing specific aspects of the service including, managing medicines, safeguarding and complaints, coordinating home visits, staff training and recruitment and quality monitoring. This showed an exceptional commitment to continuous quality improvements and making a difference for people.

- Members of the office-based management team demonstrated a good understanding of their roles and responsibilities and knew exactly what they were accountable for. A relative told us, "I've always found the managers in the office easy to get hold of and willing to take their time to listen to what we have to say and sort out any issues I have."

- The provider also has an out-of-hours team who were available to act quickly to alerts of incidents and issues raised by care staff, such as a service user seriously injured in a fall.

- Recent compliance inspections conducted by various local authorities the provider worked closely with had all been positive about the overall quality of the care at home service their clients received from Alpenbest.

- Ratings from our last inspection were displayed on the provider's website, as well as within the services offices and notifications about specific events had been sent in line with legal obligations.

Continuous learning and improving care

- The provider had a strong emphasis on continuous learning.
- The provider had well-established and effectively operated oversight and scrutiny systems in place which helped ensure continuous development and improvement of people's care. This included a range of managerial audits, ongoing care plan reviews and regular spot checks conducted by the office-based managers to observe staff's working practices during scheduled home visits. A relative told us "There is a good degree of oversight by the office managers who often call or visit us at home to check how we and their staff are doing."
- The provider also used various electronic systems to continuously monitor staff's call visit times, incident alerts they raised and their medicines handling practices. For example, they used a system that logged the exact time staff started and finished their scheduled visits, which would automatically flag up and alert the office staff if staff were late, left early or missed a call. In addition, the provider had introduced electronic medicines records that immediately let the office-based staff know if staff failed to administer or log they had given people their prescribed medicines on time. Managers gave us an example of how these automatic electronic alerts they received in relation to some people not always getting their prescribed medicines on time led to some call visits being reviewed and changed. This resulted in some staff being given more time between their scheduled calls to minimise the risk of them not arriving on time to give people their medicines as they were prescribed.
- Field supervisors carried out fortnightly quality assurance checks on all new people who use the service and staff to ensure people were well matched and the home care visits working well. This was reviewed quarterly. In addition, staff involved in supporting a specific person had regular well-being meetings to discuss and share their views about what the team did well and what they might do better.
- There was an expectation that staff continuously learnt and improved their practices. For example, it was compulsory for all care staff to attend regular 'learning curve' meetings with their fellow co-workers, senior staff and managers. In addition, the provider had introduced specific 'learning curve' meetings so staff were able to reflect upon and improve their working practices after safeguarding incidents. For example, the provider's electronic monitoring system had identified a pattern emerging whereby one person using the service would always decline their personal care at the beginning of the visit, but was happy for staff to provide this after they had talked to them for a bit about their previous life experiences. This information was shared with the service users team of care workers to ensure this new approach was understood by the whole team. Furthermore, the provider now uses 'life story' and remembrance techniques to improve engagement with all the service users they support who are living with dementia.
- The nominated individual also gave us a good example of how they had minimised risks associated with staff not always repositioning a pain relieve patch prescribed one person the service supported, which they had achieved by increasing the frequency managers monitored how staff handled this type of medication.
- The outcome of these audits and feedback from people was routinely analysed by the provider's quality assurance manager. They were responsible for following up the occurrence of any accidents, incidents or near misses and developing improvement plans to mitigate their reoccurrence, which were then shared with staff. For example, this manager had used incident reporting to identify trends to develop management plans to minimise the risk of people falling and injuring themselves at home, which did result in a marked decrease in the number of incidents of falls occurring and people being seriously injured and admitted to hospital. In addition, the nominated individual told us the service had successfully reduced hospital admissions and stays for people during the pandemic, which had helped minimise the risk of them catching and spreading COVID-19. This was achieved by offering people more care visits, working in tandem with paramedics and hospital staff and ensuring people had access to various electronic devices to remain in regular contact with their family and the agency.
- The service has a good track record of being an excellent role model for other services. Within the past 12 months, the provider had received two awards in recognition of best practice. This included an award from the Home Care Group for being one of the top 20 performing home care agencies in the country and another

from Quality Management Systems for establishing and operating good governance systems.

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

- The provider promoted an open and inclusive culture which sought and acted upon the views of people receiving a care at home service, their relatives, and staff working for the agency.
- People told us the office-based managers and staff remained in regular contact with them and often sought their views to find out if they and their relatives were happy with the support received from Alpenbest. A relative commented, "The managers ring or come around to see us every so often to see if things are alright. ...I feel listened to...They do take what we say seriously".
- The provider used a range of methods to gather views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views about the agency through regular telephone and in-person home visit contact with the office based managers and staff, care plan reviews and customer satisfaction surveys. People who had contributed to the provider's most recent customer survey in 2021 expressed being satisfied with the standard of care and support they or their family member received from this home care agency.
- The provider used innovative and creative ways to enable people to voice their opinions. For example, staff helped visually impaired people to share their views about the service they received from Alpenbest by ensuring the office based managers and staff were in regular verbal contact with them via the telephone or in-person during a home visit. The provider also ensured visually impaired people could access essential information about the service they received through the use of large print care plans. Managers gave us another good example of how the office-based staff used only emails to communicate with someone who did not communicate verbally and preferred email. The provider also has staff who can speak 20 different languages in addition to English. The nominated individual gave us a good example of how, at the bequest of a local authority, they were able to match a Polish speaking service user who spoke little English with a Polish speaking care worker.
- The service was an important part of its community and developed good community links to reflect the changing needs and preferences of the people they supported. For example, staff continued to support people who expressed an interest to remain an active part of their local community to routinely use their local food and clothes shops, banks, barbers, library, parks and leisure centre. The nominated individual also told us they regularly took on apprentices and provided work experience placements for students from local colleges and universities.
- The provider valued and listened to the views of staff. Staff stayed in regular touch with the office based managers and staff via telephone and email contacts, as well as in-person monitoring spot check visits, and individual and group supervision, area hub and training meetings.
- Staff told us they had ample opportunities to express their ideas about what the service did well and what they could do better to their line managers and fellow co-workers. A member of staff remarked, "I can genuinely say the managers in the office do listen and take on board what we have to say to them".
- Regular contact between managers and staff ensured they were well informed about people's changing needs and changes to national guidelines and any matters related to the service provision. One member of staff said, "Everything is electronic now, so we know immediately if there's been changes with a person's needs and what we have to do when we arrive at their home."
- The provider had completed infection risk assessments for staff from black and ethnic minority communities recognising this group had a higher risk of testing positive from COVID-19 and had taken action to shield black, Asian and minority ethnic staff from working directly with service users who had a positive COVID-19 test.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities. The nominated individual gave us a good example of how they had worked in close partnership with a local authority to significantly reduce the number of falls people they supported suffered by carrying out joint falls assessments and monitoring checks with this local body.
- Feedback we received from community-based health and social care professionals was positive about how the provider worked in close partnership with them. For example, one community professional told us, "They [Alpenbest] are a very good partner for the local authority and always work well with us." Another community professional said they had recently conducted an audit of this agency and were satisfied clients they funded received a good care at home service from Alpenbest.
- The provider regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.