

Alma Care (UK) Limited

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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

This inspection took place on 13 February 2019 and was announced. We gave the provider 48 hours' notice of the inspection as we needed to be sure the registered manager would be available at the registered office.

About the service:

Alma Care (UK) is a domiciliary care agency that provides personal care and support to people living in their own homes. Not everyone using Alma Care (UK) receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection visit there were 11 people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Rating at last inspection:

At our previous inspection in June 2018, the overall rating for this service was 'Requires improvement'. However, we placed the service in 'special measures' because the service had been rated as 'Inadequate' in a key question over two consecutive comprehensive inspections. We found several issues which indicated a continued lack of good governance including a lack of effective systems to assess and monitor the quality of care people received.

Following that inspection we met with the provider to discuss our concerns. The provider sent us regular action plans stating how they were making the required improvements and the date by which these actions would be completed.

Why we inspected:

We scheduled this inspection based on the previous rating; as well as to check the provider had completed the actions set out in their action plans and made the required improvements. During this inspection we found the provider was meeting the regulations. The overall rating for the service is now "Good".

People's experience of using this service:

People felt safe receiving support from Alma Care staff because they were usually supported by the same staff who arrived for planned visits when expected and knew what to do once they arrived. Staff were caring and treated people with respect. They supported people in a way which maintained their independence.

People received their medicines safely and as prescribed. People were protected from the risk of infection because staff followed the provider's infection control policies and procedures.

Appropriate checks were carried out on staff before they began to work alone with people. Staff received relevant training, supervision and performance reviews which helped them to provide safe and effective care.

The provider conducted risk assessments to help make sure care was provided safely to people; and to protect people from abuse and foreseeable harm. Staff understood the importance of reporting accidents and incidents. The provider learned from accidents and incidents; and used this learning to improve the service. Staff knew how to recognise abuse and report any concerns about people's safety.

The provider gave people regular opportunities to provide feedback on the quality of care they received. The feedback received by us and the provider was that people were satisfied with the quality of care they received.

Following our previous inspection, the provider took prompt action to improve the systems to assess and monitor the quality of the service. During this inspection we found that these systems were consistently used by the provider and were operating effectively.

Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection for services rated "Good".

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 ●

Alma Care (UK)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out on 13 February by an adult social care inspector.

Service and service type:

Alma Care UK is a domiciliary care agency; staff provide care and support to people in their own homes. The service had a manager registered with the Care Quality Commission. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the registered office location on 13 February 2019 to speak to the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident takes place which has or may affect people using the service.

We looked at the Provider Information Return (PIR). The PIR is a document the provider sends to us describing what they do well and any planned improvements. We also read the previous inspection report and the provider's reports of actions taken to improve the service. We obtained feedback from a representative of a local authority which refers people who require support, to Alma Care UK.

During the inspection visit we spoke with the registered and office managers. We looked at five people's care files, two staff files which included their recruitment, training and supervision records as well as policies and records relating to the management of the service.

Following the inspection we spoke with three people who use the service and two relatives to obtain their feedback on the quality of care provided.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

- People felt safe receiving support from Alma Care staff. They told us, "I trust the carers", "They make sure I am safe" and "I feel very safe with the carers."
- People knew who to contact if they were concerned for their safety or had experienced poor care.
- They told us, "I would call you lot (CQC)" and "If they [Care workers] were inappropriate I would tell my [relative] or call the office."
- Staff had been trained in protecting adults from abuse.
- They knew how to recognise the signs that a person was being abused and the action to take if they suspected abuse.
- The registered manager understood her responsibility to report abuse to the local authority and CQC.

Assessing risk, safety monitoring and management:

- The risks people faced and those associated with receiving support were assessed and safely managed.
- People had personalised risk assessments and detailed risk management plans were in place for staff to follow.
- Staff were familiar with people's risk management plans and knew the action they needed to take to help keep people safe.

Staffing and recruitment:

- People were supported by the number of staff they required to meet their needs.
- The provider had an appropriate recruitment procedure in place which the office staff consistently used.
- Appropriate checks were carried out on staff before they began to work with people. These checks included obtaining proof of their identity and right to work in the UK as well as criminal record checks.
- These measures helped to make sure that people were supported by staff who were suitable for the role.
- Staff arrived on time for scheduled visits and stayed for the time they were meant to.

Using medicines safely:

- At our previous inspection the provider was not sure about the number of people who were being supported by staff to take their medicines which meant there was a risk of people not receiving their medicines as prescribed.
- During this inspection, the provider knew exactly who was being supported by staff to take their medicines.

- People's care files contained detailed information about their medicines.
- People received their medicines safely and as prescribed.
- Staff had been trained in the safe administration of medicines.
- The provider had systems in place to check that staff understood their training and followed their training when supporting people.
- People's medicine administration records were accurately completed by staff.

Preventing and controlling infection:

- Staff had been trained in infection control.
- They understood the importance of following the provider's infection control policy and procedure.
- Staff maintained high standards of cleanliness in people's homes.
- The provider ensured staff always had a good supply of gloves and aprons.
- People told us staff always wore gloves and an apron when providing support with personal care; and that they washed their hands.
- They commented, "My carer has everything she needs and always washes her hands when she's finished" and "They always wear gloves."

Learning lessons when things go wrong:

- Staff reported accidents and incidents which were then recorded and reviewed by the registered manager.
- The registered manager considered and put in place changes to policies and procedures when needed to stop the accident or incident happening again.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this:

- People told us, "The carers are a great help. I do what I can and they assist me with the things I can't do" and "I'm much happier with them coming in." Relatives told us, "The carers have helped [The person] enormously" and "We and [The person] would find it very difficult without the carers. They are in a good routine now."

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. We found that people were supported in a way which gave them maximum choice and control over decisions about their care.
- People's capacity to make specific decisions was assessed. Staff had received training in the MCA. The registered manager and staff understood the process to follow if a person lacked capacity to make a decision.

Assessing people's needs and choices:

- People's needs were assessed and their preferences recorded before they started to use the service. People and where appropriate their relatives were involved in the assessment process.

Staff support: Induction, training, skills and experience:

- People continued to be supported by staff who received induction, relevant training, supervision and performance review from the provider. This gave staff the opportunity to discuss their role and identify any training and support needs.
- Staff working practices were checked during unannounced visits by the management.
- People were confident staff had the skills and experience required to support them safely and effectively. People told us, "The carers seem to know what they are doing. I think they are very experienced" and "They have obviously been trained. They are quite professional."
- Staff felt supported by the management and that they could approach the office and registered manager to discuss issues relating to their and obtain guidance.

Delivering care in line with standards, guidance and the law:

- The support staff received from the provider helped them to provide care in line with current guidance on good practice.
- The provider carried out visits to observe staff supporting people to make sure their working practices were safe and effective.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support:

- People chose what they wanted to eat and drink and how their meals were prepared. Staff made sure people had enough to eat and drink; and that people ate their meals at the times they preferred.
- Records showed that a variety of healthcare professionals were involved in people's care. The provider had a system in place to notify staff promptly of changes in people's healthcare needs which meant that staff were able to meet people's current needs.

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.

Good: 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:

- Staff were kind and caring; they treated people with respect. People told us, "My carer is lovely, she looks after me very well", "I'm happy with the carers. They help me a great deal" and "The girls are lovely." A relative commented, "They are always patient with [The person]."
- People were usually supported by the same staff which helped staff to form meaningful relationships with people.
- Staff had completed training to improve their understanding of equality and diversity.

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

- People were as involved in their care planning as they were able to be. Where appropriate relatives were also involved in the care planning process.
- People felt in control of how their care and support was provided. People told us, "The carers listen and do as I ask" and "They respect my wishes." A relative told us, "We all contributed to the care planning otherwise they wouldn't have a clue what to do."

Respecting and promoting people's privacy, dignity and independence:

- Staff understood the importance of respecting and promoting people's privacy and dignity.
- People felt comfortable being supported by staff with their personal care. One person told us, "They are ever so good. They never make me feel embarrassed." A relative told us, "They [staff] make sure they are discreet when they are helping [The person]."
- Information in people's care plans stated the level of support people required. Staff supported people in a way which encouraged them to maintain their independence by enabling people to perform the tasks they were able to.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to be satisfied with the quality of care they received. People told us, "I'm very happy with the service", "I think they are good" and "I get all the help I need."
- People received care and support which met their individual needs because they had been involved in planning their care.
- Care plans were comprehensive and covered people's social as well as physical and mental health needs; they provided staff with detailed information on how people preferred their care and support to be provided.
- Care plans were regularly reviewed, audited and updated when appropriate to make sure they reflected people's current needs.
- Staff were familiar with the content of people's care plans and knew people well; they knew their routines and understood what mattered to them.

Improving care quality in response to complaints or concerns:

- The provider continued to have an appropriate system in place to receive, record and act on people's complaints. People knew how to make a complaint and felt able to do so.
- They were confident any complaint would be taken seriously and dealt with appropriately. People told us, "I wouldn't have a problem complaining if I had to" and "I have complained before about staff turning up late and that's got much better."
- There had not been any complaints since our last inspection in June 2018.

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.

Good: The service was consistently well-managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care:

People and relatives told us the service was well-organised and well-managed. They told us, "They get here more or less on time and know what they have to do. I think the manager must be doing a good job", "I think the service is well-organised" and "I have seen an improvement and I'm happy with the agency."

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- □ At our previous inspection in June 2018, we found that there was a lack of effective systems to assess and monitor the quality of care people received. This made it difficult for the provider to identify issues with the quality of care provided and make improvements.
- □ Shortly after our inspection the provider reviewed all their policies and processes. Based on our feedback and as a result of the internal review, the provider made a number of improvements to systems in place.
 - The provider also acted on feedback from a local authority which commissions the service, to improve their systems and processes.
- □ People's care records including their medicine administration records were regularly quality checked. They were securely stored to protect people's confidentiality; accurate and up to date.
 - The registered manager and staff understood the responsibilities of their role.
 - The registered manager knew the circumstances in which notifications had to be sent to the CQC. Notifications are important as they allow the CQC to monitor events at the service.
 - The registered manager and staff were aware of their responsibility to provide safe, effective, high quality care and the action to take when their working practices did not meet this standard.
 - The provider was aware of their obligation to display their rating given by the CQC. This is important as it allows the public to know how the service is performing.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour:

- Since our last inspection the provider had introduced a new care planning process which led to people's care plans being more detailed and personalised.
- The provider made sure that as far as possible people were supported by the same staff which helped staff to provide person-centred care.
- The registered manager and staff were aware of their responsibility to be open in communications with people and others involved in their care. Staff were well-supported by the registered manager and felt able to report concerns, mistakes and seek guidance.

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

- The provider obtained people's feedback in a variety of ways including surveys, telephone calls and visits. This gave people the opportunity to voice any concerns, give feedback on staff conduct and the quality of care they received. Where negative feedback was received, the provider took action to deal with the issue raised.
- The provider held staff meetings which gave staff the opportunity to contribute to the development of the service and be updated on the provider's plans.
- The provider was aware of their responsibility to make sure that staff and people's differences were respected and protected in the way the service was organised and care was provided.

Working in partnership with others:

- The provider liaised well and in a timely manner with other health and social care professionals. This helped people to receive a consistent approach to their care.
- Staff received relevant training organised by a local authority. The registered manager attended provider meetings where she had the opportunity to discuss current issues and developments in adult social care as well as share best practice with other registered managers and providers.