Alpenbest Limited

Alpenbest South

Inspection report

Buckingham House
7 Churchfield Road
Walton on Thames
Surrey
KT12 2TT

Tel: 01932255000

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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

Alpenbest South is a large domiciliary care agency supporting people with personal care in their own homes. Most people using the agency received individual care visits; six people received live-in care. The agency is the largest provider of domiciliary care for the local authority, Surrey County Council.

People's experience of using this service:
People received their care from consistent staff who understood their needs and preferences. Staff were kind and treated people with respect and dignity. People were involved in planning their care and their rights and wishes were respected. Staff encouraged and supported people to maintain their independence.

Staff monitored people's health closely and reported any concerns promptly. Relatives and professionals told us staff were good at identifying and reporting changes to people's health or well-being. Staff worked effectively with other professionals, such as GPs, district nurses and occupational therapists, to ensure people received the care they needed. If people's needs changed, the agency ensured that risk assessments and care plans were reviewed and that staff were briefed about these changes.

The agency had effective quality monitoring systems, which ensured that people received safe, consistent and well-planned care. Quality monitoring included regular spot checks and observations on the care staff provided. People had opportunities to give their views about the care they received. The agency acted on people's suggestions and requests for changes. People who had complained told us action had been taken to address their concerns.

The agency had a clear management structure which ensured accountability for key functions, such as rota planning, training and quality monitoring. Managers and office staff met regularly to plan the service and to discuss any challenges or concerns. There were systems in place to ensure learning took place from incidents and that improvements were made as a result. Complaints and allegations were investigated thoroughly and openly. People who had complained told us action had been taken to address their concerns. The agency informed other agencies of events when necessary and senior managers understood their responsibilities under Duty of Candour.

Staff had access to the induction, training and support they needed to carry out their roles. The agency had in-house training resources and accessed further training from a variety of sources when needed. This included specialist training where necessary to meet people's individual needs.
Staff had opportunities to discuss their performance and development needs at one-to-one supervision meetings with their line managers. The agency had a set of values which focused on the provision of high quality, person-centred care. Staff were introduced to these values in their induction and were expected to demonstrate them in their practice.

Potential risks to people and staff were managed well. Risk assessments were carried out before people received care and measures put in place to minimise these. Medicines were managed safely. Staff helped

people keep their homes clean and maintained appropriate standards of infection control.

Staff were recruited safely. Checks were carried out to ensure staff were of good character and suitable to work in health and social care. The provider had reviewed the agency's business continuity plan to address the potential effects of Brexit and had supported staff to register on the EU settlement scheme where necessary.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:
The service was rated Good at the last inspection on 5 September 2016.

Why we inspected:
This was a scheduled inspection based on the rating awarded at the previous inspection.

Follow up:
We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case we may bring the next inspection forward.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Alpenbest South

Detailed findings

Background to this 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.

Service and service type:
This service is a domiciliary care agency providing personal care to people living 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.

What we did:
Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Two inspectors visited the office on 26 March 2019 and one inspector visited the office on 28 March 2019. We gave the service 48 hours notice of the first office visit because we needed to be sure the registered manager would be available to support the inspection.

During the office visits we spoke with the registered manager, the registered provider and the agency's permanently employed consultant. We checked care records for eight people, including their assessments, care plans and risk assessments. We looked at 10 staff files and records of staff training and supervision. We also checked records including complaints, accident and incident records, quality monitoring checks and audits.

After the inspection, we spoke with 23 people who used the service and 12 relatives to hear their views about the care and support provided by the agency. We received feedback from nine staff about the training and support they received from the agency to carry out their roles. We also received feedback from two

professionals who had an involvement with the agency.

Good

Is the service safe?

Our findings

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

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

● Assessing risk, safety monitoring and management; Learning lessons when things go wrong
People told us they felt safe when staff provided their care. They said staff knew how to use any equipment involved in their care safely. One person told us, "They use a lift to help me get into the bath. They help me properly with that, it's very much 'safety first.'" Professionals reported that the agency contacted them if people's needs indicated they would benefit from specialist input or equipment. One professional told us, "They are very good at raising issues with regards to mobility and transfer where further equipment is needed."

● Risk assessments were carried out before people received care and measures were put in place to minimise risks. Areas assessed included medicines, mobility, falls, self-neglect and skin integrity. Additional risk assessments were carried out as and when required, such as when staff accompanied people on outings. Professionals told us the agency managed risk well. One professional said, "The agency are very good at responding to hazards and alerting us of any potential risks." The agency had an effective system in place to monitor care calls and, as a result, the incidence of missed calls was low. Where missed calls had occurred, we saw that the cause of these was investigated and action taken to prevent a recurrence.

● Any accidents or incidents that occurred were recorded by staff. Records of incidents were reviewed and actions taken to minimise the risk of them happening again. For example, a care worker notified the office when the person they were visiting failed to answer their door or their telephone. The office contacted the person's family, who went to the person's home and found them on the floor. The family member was able to call an ambulance. Following this incident, the agency suggested that a key safe be installed, which would enable staff to enter the person's home should the person be unable to come to the door.

● The provider had taken steps to ensure people were protected from the risk of fire. Standards of fire safety in people's homes were assessed before they used the agency and people were given advice about fire safety measures, such as the installation of smoke alarms. Field supervisors checked fire safety when they visited people's homes for quality checks. In December 2018 the agency began a project which involved joint working with the Fire and Rescue Service. With people's consent, the agency shared their details with the Fire and Rescue Service, who then visited to advise people about fire safety. The provider told us that the project had prioritised those people identified as most at risk, such as people confined to their beds or living alone, and that over 60 people had benefited from these visits since the project began.

● The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency. The plan prioritised the delivery of care to people who would be most at risk if they did not receive support, such as those receiving support with complex healthcare needs or living alone. The plan had been reviewed to take account of the potential effects of Brexit, including the

possible impact on staffing and the availability of medicines.

● Staffing and recruitment
●There were enough staff employed to meet all the agency's care commitments. The agency employed a permanent recruitment team and operated robust recruitment procedures. These procedures included the submission of an application form and initial telephone screening before progressing to interview. The provider was supporting staff who were EU citizens from outside the UK to register on the EU Settlement scheme.

● The agency made appropriate checks on staff before they started work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check. Staff were required to obtain a new DBS certificate every three years. Recruitment records were audited regularly by the agency's recruitment co-ordinator.

● Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and followed the guidance in their care plans. Relatives told us they and their family members were confident in the skills of their care workers.

● Staff received training in safeguarding and understood their responsibility to report abuse or poor practice. Where concerns had been raised about people's care, the agency had worked openly and co-operatively with other agencies to investigate these. This included investigating safeguarding concerns when requested to do so by the local authority. We saw that the provider had taken action to improve following investigations. For example, financial recording documentation had been improved and a tracking system had been developed to monitor the delivery of people's care.

● Using medicines safely
● Medicines were managed safely. The provider had clear policies and procedures for medicines management and used spot checks to ensure staff were following these. Staff attended medicines training in their induction and their competency was assessed before they supported people with their medicines. The instructions for staff about the medicines people took were detailed and assessments were carried out to identify any risks to people in relation to their medicines.
Medicines records were checked and audited regularly to ensure staff were administering medicines correctly. Where errors occurred, these were identified and addressed. If staff made an administration or recording error, they attended a 'medication supervision' and refresher training in medicines management.

● People told us staff helped them manage their medicines safely. Relatives said staff supported their family members to take their medicines when they needed them. One relative told us, "They always give her her tablets; they are good at that." Relatives said staff reported any issues regarding medicines to the office, who took appropriate action to resolve them. One relative told us, "If for some reason the medicines are not what staff expect to give, they 'phone the office immediately and it's sorted out." Relatives who did not live with their family members said the agency contacted them if there were any concerns regarding medicines. One relative told us, "They 'phone me straightaway if [family member] isn't taking her medicines."

● Preventing and controlling infection
● Staff maintained appropriate standards of infection control. All staff attended infection control training in their induction and regular refresher training. Staff infection control practice was observed during spot

checks. People told us staff used personal protective equipment, such as gloves and aprons, and helped keep their homes clean. One person told us, "They wear gloves and aprons and shoe covers when they come in." another person said, "They tidy up after themselves, they are very clean."

Good

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

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

● Staff support: induction, training, skills and experience
● Staff had the induction, training and support they needed to carry out their roles. All staff had a four-day induction when they joined the agency, which included mandatory training such as nutrition and hydration, manual handling and first aid. Staff also attended training relevant to the needs of the people they supported, including dementia, autism and Asperger's Syndrome. When staff began providing care, their practice was observed and assessed until their supervisor was satisfied they were competent.

● The provider employed in-house trainers who had attended 'Train the Trainer' courses. The agency also accessed training through the local authority and had engaged specialist trainers where necessary. For example, district nurses provided catheter training and the agency had booked Makaton training with a specialist trainer. Staff also received training in the safe use of any equipment involved in people's care. The provider's PIR stated, 'We hold team meetings for training the care workers when an OT [occupational therapy] recommendation comes into place to make sure that they follow the correct moving and handling techniques and use the equipment correctly.'

● Staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. The agency supported staff who wished to achieve qualifications through the Quality Care Framework (QCF). This included arranging an assessor and allocating time for staff to complete coursework. Staff met regularly with their managers for one-to-one supervision. This enabled them to discuss their practice and their personal development plan (PDP).

● People told us staff had the skills they needed to provide their care. Some people told us they had had difficulty in the past communicating with staff whose first language was not English. The provider had identified this issue through quality monitoring and had taken steps to address it, enabling access to English lessons at a local college for staff who spoke English as a second language. People were asked for feedback about the language skills of the staff who supported them at quality monitoring checks. The variety of languages spoken by staff also had benefits for some people. For example, people had been matched with staff who spoke their own first language, including Hindi, Gujarati, Hungarian, Polish and Italian.

● Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff monitored people's health and welfare and worked effectively with other professionals if they identified concerns, such as with people's mobility or skin integrity. Care plans demonstrated that the agency had liaised with healthcare professionals including GPs, district nurses, physiotherapists, speech and language therapists and occupational therapists. A professional said of the agency, "They are proactive in

contacting the GP and district nurses where needed and following up on any issues with medication." The professional also told us, "We received positive feedback from OTs [occupational therapists] in the locality about their working with the agency." A care co-ordinator with the agency said, "We have a good relationship with the people at the council and in health. It means we can usually get things done quickly. If someone is having problems with their mobility, we ask for an OT assessment and we report any redness [of the skin] to the district nurses."

● Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they began to use the service to ensure the agency could provide their care. In many cases, the local authority shared their own assessment of people's needs with the agency. People told us their needs and preferences had been discussed with them at the assessment stage. Following the initial assessment, a care plan was developed which focused on the outcomes people wished to achieve from their care.

● Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs were assessed in their initial assessment. Some people received support with meal preparation and staff received training in cooking basic meals as well as food hygiene. The agency supported some people with specific dietary needs, including Percutaneous Endoscopic Gastrostomy (PEG) and Radiologically Inserted Gastrostomy (RIG) feeding. Staff providing these aspects of care had received specific training to enable them to do this safely and effectively.

● 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. We checked whether the service was working within the principles of the MCA.

● Staff received training on the principles of the MCA and e-learning refreshers. People recorded consent to their care in their support plans and staff were trained to respect people's wishes regarding their day-to-day care. If people refused any aspect of their care, staff respected their decisions but recorded this refusal and reported it to their managers in case the issue required follow-up. The registered manager said the agency had worked with the local authority in cases where people needed support to make decisions about their care. We heard examples of the agency reporting their concerns about people's capacity to make decisions to the local authority, who had carried out a mental capacity assessment as a result.

Good

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

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 told us seeing the same staff regularly was important to them and that they were happy with this aspect of their care. People said the agency tried to provide consistency in the staff assigned to them and to supply the staff they preferred. One person told us, "I have a regular male carer; he is used to me and I am used to him. I prefer it that way. When he is away, another guy comes who has shadowed [the regular care worker] so he knows what to do." Another person said, "My regular carer is very good. I get concerned if it's a new person but they do shadow before they come."

● People told us their regular care workers were kind and considerate. They said they had established good relationships with their care workers. One person told us, "They are very friendly and helpful. My regular [care worker] is like an adopted son to me. He knows me really well and we can have a laugh and joke together." Another person said of their care workers, "I have a good relationship with them. They are very kind. They sit down and speak to me about what I want." A third person said of their care workers, "They are very polite and cheerful."

● The agency recorded and respected people's religious and cultural beliefs where these were important to them. The provider told us that calls were rearranged if necessary to take account of people's religious needs. For example, the provider said calls to people of the Muslim faith were rearranged during Ramadan so that food and drink was not provided during daylight hours.

● Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care
● Staff treated people with respect. People told us staff maintained their privacy and dignity during personal care. Relatives said staff were polite and respectful when communicating with their family members. One relative told us, "[Family member's] two main carers are great, she is very happy with them. They are cheerful and helpful. They understand her needs and they are very considerate of her dignity." Another relative said, "I've heard [staff] come in when they don't know I'm there, they greet her cheerfully: 'Hello [family member], how are you? It's a nice sunny day, would you like a shower?'"

● The agency had a set of values which staff were expected to demonstrate in their care practice. We asked staff what they agency's values were and received responses including, "To provide a high quality, person-centred service", "To provide support chosen by the service user", and to, "Embrace and encourage feedback from our service users." The provider told us the agency's values were discussed with staff at interview and were reinforced during their induction. The provider said, "We can train people but we need the right attitude." The provider told us they met all new staff when they joined they agency, "To go through

our ethos and values and what is expected of them."

● People were supported to remain independent where this was important to them. People told us staff supported them to manage aspects of their own care where they were able to carry these out. One person said, "They encourage me to do what I can." Some people's support hours had been used specifically to help them develop skills. For example, staff had spent an hour a week with one person to teach them to cook for themselves. The provider told us that staff were trained to encourage and support people's independence. The provider said, "Our ethos is to keep people as independent as possible. We are not there to do everything for our service users, we are there to help and support them. This comes through right from the beginning of the training."

Good

Is the service responsive?

Our findings

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

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's care was planned to meet their individual needs. Whilst some people's support plans focused on their personal care, other people were supported by staff to access their community, such as their local shops or church. Other people were supported to go to work, college or day centres. Staff had also supported people to attend one-off events, such as weddings or family visits.

● Each person had a support plan which was personalised and reflected their individual needs, interests and the outcomes they wished to achieve. Support plans contained clear information for staff about the care to be provided at each visit and information about people's life history, including their family, education and employment.

● Where people used communication methods other than speech, the agency had liaised with professionals to ensure staff could communicate effectively with them. For example, one used cards provided by a speech and language therapist to support their communication. Staff were able to use these cards to communicate effectively with the person and understand their needs.

● People and their relatives confirmed they were encouraged to contribute to their care plans and that their views were listened to. They told us care plans were reviewed on a regular basis and that they were asked whether there were any aspects of care they wished to change. The care plans we checked contained evidence of regular review, including where people's needs changed, for example following illness or a hospital stay.

● If people's needs changed, the agency ensured that risk assessments and care plans were reviewed and that staff were briefed about these changes. For example, we saw that where a person's mobility needs had changed, staff had been briefed about the person's new moving and handling assessment and the use of newly-installed equipment.

● End of life care and support
● Staff who provided end-of-life care had received training to equip them with the knowledge and skills to do this sensitively. All staff attended an end-of-life care element in their induction and staff who provided this care regularly had received further training in this area. People's needs and wishes about their end-of-life care were recorded in personalised support plans.

● Improving care quality in response to complaints or concerns
● The agency had a written complaints procedure which set out how complaints would be managed. This

was given to people and their relatives when they began to use the service. People and their relatives were also asked whether they had concerns at reviews and during quality checks. Complaints and the outcomes of investigations were reviewed at management meetings. This meant the provider and registered manager were able to identify any themes emerging from complaints.

● People who had complained told us action had been taken to address their concerns. This was confirmed by the records we checked. For example, a relative had raised concerns during a review that a care worker was not washing their hands or changing their gloves often enough when providing care. The member of staff received supervision to address the issue and an action plan was developed to achieve improvements. A field supervisor then made a follow-up call to the relative to check that improvements in practice had been implemented.

● The agency also encouraged people to raise any concerns they had about the support they received through regular quality checks. One person told us, "I have had [telephone] calls and someone came round a few weeks ago. They filled in a form and asked if I was happy." Another person said, "They have asked us if we have any complaints or if there are any improvements to be made." People told us that any concerns they raised had been addressed. One person told us, "We have only had small problems and they have been sorted straightaway." Another person said that when they had a concern, "I 'phoned the company and they said 'No problem' and they added a note to the computer. They were very apologetic."

Good

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

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
● The agency had a clear management structure and there were clear lines of responsibility for key functions, such as rota planning, staff training, medicines management and quality monitoring. The senior leadership team were visible and involved in the service on a day-to-day basis. The provider had effective systems of quality monitoring, which ensured that people received consistent, reliable and well-planned care. Quality checks included monitoring the care provided by staff through spot checks carried out by field supervisors. A professional told us, "The provider has good systems and processes in place and carries out regular audits and analysis of their services."

● Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care
● Most of the people we spoke with told us the agency communicated well with them. They said they were happy with the agency's response when they contacted the office and could access the information they needed. One person told us, "We always know who is coming and they keep us informed of any changes. We can call the office if we need to." A relative said of the agency, "The communication is very good, they were professional from the start." Another relative described office staff as, "courteous and helpful." However, some people told us they were not always informed if their care workers were running late. One person told us, "We have no issues with the carers but sometimes the co-ordinators could communicate more if carers are going to be late." We discussed this feedback with the provider, who agreed to improve this aspect of the agency's communication.

● Managers and office staff met regularly to plan the service and to discuss any challenges or concerns. A handover meeting took place every morning for managers and office staff to hear about any issues that had occurred overnight and been dealt with by the on-call manager. Senior managers met every week and communicated on a daily basis. Some office meetings were used to focus on specific topics, such as identifying any themes emerging from incidents or complaints.

● The agency had systems in place to ensure learning took place from events and that this was used to improve care. Accidents and incidents, complaints and allegations were investigated thoroughly and transparently when they occurred. The provider had developed a template for investigating managers to ensure they addressed all relevant issues and identified areas for improvement. This included assessing whether the local authority, CQC or healthcare professionals needed to be notified or families informed under Duty of Candour.

● Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The agency contacted people and their families regularly to seek their views. People were asked for feedback about the care they received at their reviews and spot checks carried out on their care workers. People also received quality monitoring visits and telephone calls and were able to give feedback about the agency through annual satisfaction surveys. We saw that if people had raised concerns or suggested improvements, these had been actioned by the agency. We also saw evidence that people who had requested changes received a follow-up call to check that they were satisfied with the agency's response. Social care professionals told us the agency worked effectively with families and professionals. One social care professional said the agency, "Works in partnership with service users' families and other members of the multidisciplinary professional team.' The agency distributed a newsletter twice a year which provided information and advice for people and their families. This included developments in the service, the results of satisfaction surveys and advice about safety during the winter months.

● Staff were well-supported by the management and office team. Staff told us that managers and senior staff were approachable and available if they needed advice or support. Staff at all levels met regularly, which ensured effective communication. Care staff meetings were used to brief staff about any changes in policies or procedures and to keep them up-to-date with developments in the service. Staff meetings were also used to check staff knowledge of key areas of their role. For example, at the meeting in December 2018 staff completed an exercise which checked their knowledge and awareness of abuse and the importance of reporting any issues or concerns. Other areas in which knowledge had been reinforced through team meetings included manual handling, pressure area care and medicines management. Team meetings had also been used to discuss the 'Validation Therapy' approach to supporting people living with dementia.

● Working in partnership with others
● The registered provider had established links with other relevant bodies, including the local authority, Surrey Care Association and the UK Homecare Association. At the time of our inspection, the agency was the largest provider of homecare for Surrey County Council and met quarterly with the local authority to review this provision and discuss any emerging themes. The agency had also taken part in pilot projects initiated by the local authority, such as the e-Brokerage commissioning scheme. Social care professionals provided positive feedback about the agency. One professional said of the agency, "They provide timely detailed feedback, are quick to highlight any issues and request multi-disciplinary input."

● Since 2016 the agency had worked with the local authority in providing the 'Discharge to Assess in the Community' programme. This programme aimed to ease winter pressures on hospital beds between December and February and enable people to return home with appropriate reablement support. The agency had supported 19 people through the programme during the winter of 2018/19. The local authority evaluated data from the programme and found that the agency had been effective in supporting people to regain their independence. Where people were not able to regain their independence and had continuing needs, a permanent care package was arranged.