

Alpine Care UK Limited

Alpine House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Alpine House is a community-based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 3 people receiving personal care.

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

People were safe and care staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough care staff to support people safely. People received their medicines as prescribed. Care staff followed infection control guidance and had access to personal protective equipment.

Care staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. 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.

People were supported by care staff who were kind and caring and knew them well. Care staff were passionate about their role had built good relationships with people. People's privacy, dignity and independence were respected by care staff. People's equality and diversity needs were respected. People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. The provider had a complaints process which people were aware of to share any concerns. There were end of life care plans in place for people who wished to ensure their wishes and beliefs were respected at the end of their life.

The service was well managed. The registered manager was known to people and made themselves available. Feedback questionnaires were used to gather information about people's views. Audits were carried out to ensure the quality of the service was maintained.

Rating at last inspection

The last rating for this service was good (published 21 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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 ●

Alpine House

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides 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.

Notice of inspection

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

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

People using the service were non-verbal, therefore, we spoke with two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager. We spoke with one health care professional.

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

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 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- There had been no accidents and incidents recorded since the last inspection, however, the provider had a policy in place to follow up any incidents reported.
- The service had an on-call system available for people using the service to support them and care staff outside of office hours.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current needs.
- Care staff understood people's known risks and knew how to manage them safely.

Staffing and recruitment

- There were enough care staff to support people.
- People received their care calls at the correct times and for required duration.
- There were recruitment processes in place and we saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- There was only one person receiving support with medication at the time of inspection. Medication administration records we observed were completed correctly. This showed that medication was administered as prescribed. A family member told us, "We have no concerns." One care staff member said, "I always check twice before administering."
- Care staff received training in medication and regular competency checks to ensure they were administering medication as prescribed.

Preventing and controlling infection

- Care staff we spoke with told us personal protective equipment was readily available for them to use.
- Care staff received training in infection control and supported people following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- Since the last inspection, the provider had appointed the services of an independent care consultant to improve the auditing and monitoring of the service.

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 'Good'. This meant people's outcomes were consistently good and people's feedback confirmed this.

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

- The provider carried out an initial assessment so they could be sure they could support people how they wanted. People and their families were involved in the initial assessment and the outcomes they would like to achieve were clear.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so. One relative told us, "The staff are very well trained."
- People were supported by regular care staff, ensuring people were supported by care staff that they knew.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff received regular supervisions and appraisals with their manager.

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

- People were supported to eat a healthy diet.
- Care staff knew people's specific dietary requirements and had received specialised training in order to support people with specific dietary needs, for example feeding through a tube in the stomach (PEG).

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

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed and records confirmed this.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used.

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.

- There was evidence of mental capacity assessments on people's files where people lacked capacity to make their own decisions and best interest decisions were recorded to ensure decisions made for people were taken in their best interests.
- Care staff received training in the MCA and were required to complete an assessment to evidence their understanding of the Act.
- Care staff told us how they would ask for consent before supporting a person using the service with a task.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Family members we spoke with told us that people using the service were supported by kind and caring care staff. One family member said, "I am really glad to have them [the provider]. They are like a family."
- Care staff we spoke with spoke with passion about their job. One care staff said, "I feel so nice inside to look after someone."
- The provider respected people's equality and diversity needs and these were reflected in their care plans. For example, care staff told us how one family member liked to pray and they respected their beliefs. Whilst care staff had received training in equality and diversity, the registered manager was unsure about LGBT (Lesbian, Gay, Bi-sexual, Transsexual) when this was discussed during the inspection and needed to find out more information in order to be fully aware and inclusive of people's diverse needs.
- People had regular care staff who knew them well. One care staff member said, "My heart is very good, I understand what [person using the service] wants. I know when they are happy or not happy."
- Care staff we spoke with told us they were happy working at Alpine House. One care staff member said, "I am very happy."
- The registered manager celebrated people's birthdays with a card and cake.

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

- Relatives told us that they were involved in care planning and that people's views and wishes were respected. The registered manager confirmed this, however, records did not always evidence that family members were involved. The registered manager said they would ensure records were signed by anyone involved in reviews in future.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One family member told us how care staff always used a privacy screen when supporting with personal care. A staff member said, "I always close the curtains."
- People were encouraged to maintain their independence. Care staff described how one person's ability fluctuated from day to day and that they could do more for themselves on good days.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and assessments were in place to show care staff the support people needed to ensure people's individual needs were met and these were reviewed regularly.
- Care plans contained information about people's hobbies and interests and clearly stated what goals they would like to achieve.

Meeting people's communication needs

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

- The provider provided documentation in different languages and we saw evidence of this on people's files.
- We saw a smiley face chart which was used with one person using the service to help care staff understand how the person was feeling.
- Whilst all staff could speak English, it was not always their first language and the provider had arranged English lessons for care staff to further improve their understanding of the English language and ensure communication was clear.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. Information on how to raise complaints were in people's care plans. There had been no complaints raised when we inspected.
- Staff knew who to talk to if they had any concerns. One care staff member told us, "The manager is very good, we can discuss problems."

End of life care and support

- There were end of life care plans in place for people who wished to ensure their wishes and beliefs were respected at the end of their life.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives we talked to spoke highly of the service. One relative said, "They are so good, I can't believe it."
- Relatives and care staff spoke positively about the registered manager. One relative said, "Every month the registered manager comes to see us." One care staff member said, "Management are very supportive, very good manager."

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

- The registered manager understood their responsibilities under the duty of candour.

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

- Spot checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- We saw that regular audits and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

- Regular quality assurance visits and feedback questionnaires were used to gather information about people's views. All the feedback questionnaires we saw contained positive feedback about the service.
- There was a staff recognition and reward scheme in place called "Star Carer". The registered manager told us it was in place to say thank you and well done to staff.
- The registered manager met regularly with care staff on a one to one basis to gain their views and listen to their feedback.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who used the service.
- Management and care staff had on-going training to ensure their learning, skills and knowledge was

current to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. We saw evidence of this in people's care records.