Alters Recruitment Limited

Alters Recruitment Limited t/a Alters Nursing - London

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
Alters Recruitment Limited t/a Alters Nursing – London is a domiciliary care service providing personal care to children and adults. Not everyone who used the service received personal care. 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. At the time of this inspection there were 60 adults and no children receiving a personal care service.

People's experience of using this service
People using the service had risk assessments carried out to protect from the risks of avoidable harm or abuse. Staff knew what actions to take if they suspected somebody was being abused. People's medicines were managed safely and they were protected from the risks associated with the spread of infection.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional and hydration needs. People were supported to maintain their health.

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 and relatives thought staff were caring. Staff knew people well and how to support them. The service involved people and relatives in making choices and decisions about their care. Staff understood how to provide an equitable service. People's privacy, dignity and independence were promoted.

Care plans were detailed, personalised and contained people's likes and dislikes. Where required, people were supported to participate in activities of their choosing. The provider understood how to meet people's communication needs. The provider had a system to deal with complaints appropriately. The service had a policy in place to provide people with end of life care if required.

People, relatives and staff spoke positively about the leadership in the service. The provider had systems in place to capture feedback from people about the quality of the service in order to identify areas for improvement. Staff had regular meetings to be updated on service development. The provider had various quality checks in place to identify areas for improvement. The service worked in partnership with other agencies to provide good outcomes for people.

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

Rating at last inspection
The last rating for this service was good (published 6 May 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience involved in this inspection had personal experience of caring for an older family member.

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

The service had two managers who job shared 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 24 hours' notice because the managers and office staff are often out of the office supporting care staff or providing care. We needed to be sure they would be in the office to support the inspection. Inspection site visit activity started on 22 October 2019 and ended on 24 October 2019. We visited the office location on both dates to see the managers; and to review care records and policies and procedures.

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. We used information the provider sent us in the Provider Information Return. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with the two registered managers and reviewed a range of records. This included six care records for people using the service, including risk assessments. We looked at six staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection
We spoke with three members of care staff about their experience of providing care. The provider sent us documentation we requested.

Good

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 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
• People told us they felt safe with the staff. One person said, "If I have a fall, I know I can call the office and they will send someone out."
• Relatives also told us they felt their family member was safe with staff. One relative said, "The trust is there, that's the main key. I can leave [staff member] in [relative's] house and I don't need to worry at all."
• People were protected from the risks of being harmed or abused.
• Staff received training in recognising and responding to the signs of somebody being abused. Staff were knowledgeable about the actions to take if they suspected somebody was being abused.
• Staff understood whistleblowing. One staff member told us, "[Whistleblowing] is when you see something that is not right you have to report it to your manager or the higher authorities, maybe the police or the social worker."
• The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management
• People had risk assessments which gave guidance to staff about how to reduce the risks of harm people may face. Examples of risks covered included environmental, mobility, moving and handling and skin integrity.
• One person's environmental risk assessment noted there was not enough space for them to be assisted safely in the bathroom so to reduce the risk staff assisted the person with a full body bed wash instead.
• People had risk assessments in place for their health conditions. For example, one person had an epilepsy risk assessment which gave clear guidance to staff on the actions they needed to take if the person had a seizure.
• The provider had a policy about managing people's finances in order to keep people safe from the risk of financial abuse. Staff recorded details of each transaction and receipts of the expenditure were given to the person.

Staffing and recruitment
• People and relatives told us staff did not miss a visit to them and were kept informed if they were late. One person told us, "Sometimes [staff member] might run a little bit late but they ring or text me to say what time they will be here."
• Staff told us they were given enough time to complete all care tasks during visits. They told us there was enough travelling time between visits but on occasions they could be delayed with the buses and traffic.
• The registered managers told us there were enough staff employed at the service to cover staff absences and they had a pool of staff who could cover in emergencies.

• The service had an electronic call monitoring system. Staff were required to log their arrival and departure on this system, in order to be paid, using their mobile to scan a barcode or telephone from the person's home. Late or missed visits were discussed in supervision.
• The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks for new staff and regular updates to confirm continued suitability of staff.
• Relevant checks were carried out before someone began employment including staff providing written references, proof of identification and right to work in the UK.

Using medicines safely
• Staff received training in administering medicines before they began to administer medicines unsupervised.
• People had a medicines assessment carried out when they began to use the service which listed all medicines prescribed and the level of support required.
• Medicine records were fully and accurately completed.
• The provider had a system in place for people who received support with their medicines whereby medicine records were returned to the office and checked every week.

Preventing and controlling infection
• People confirmed staff tidied and cleaned up before leaving the visit. One person told us, "[Staff member] always washes their hands and wears gloves. [Staff member] always leaves me with a very clean kitchen."
• Relatives told us staff followed safe infection control practises. One relative told us, "[Staff] always wear gloves and apron. Any waste, they put it in a bag and take it to the rubbish bin straight away."
• The registered managers told us staff collected personal protective equipment from the office and staff confirmed this was the case.
• The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.

Learning lessons when things go wrong
• The provider had a system to record lessons learnt from accidents and incidents. We reviewed the records of these and saw immediate, preventive and corrective actions taken were documented and signed off when completed.
• One of the registered managers gave an example of where lessons were learnt. A staff member had arrived earlier than the scheduled call and got no reply as the person had passed away. The staff member did not report this but came back at the allotted time and reported it when again they got no reply. The lesson learnt was the 'no reply' should have been reported the first time even if it was not the allotted time.

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.

At the last inspection this key question was rated 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People and relatives told us they were happy with the care provided.
• People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
• Information gathered at the assessment included the person's history, relationships, daily lifestyle and activities, mobility, healthcare, religion, culture and beliefs and emotional needs.

Staff support: induction, training, skills and experience
• People confirmed staff had the skills needed to provide care. One person told us, "They're very good at it [providing care]." Another person said, "I can't fault [staff member] for anything."
• Relatives told us overall, staff had the skills needed to provide care. One relative said, "Most of the care they provide is excellent. Our normal [staff member] pays good attention to [person's] pressure areas and alerts me to any problems."
• Staff received regular supervision. Topics discussed included punctuality, record-keeping, training and reporting 'no reply' visits to the office. Staff confirmed they found supervision useful.
• The provider had a system of carrying out annual appraisals of staff performance. This looked at how well the staff member had performed in the past year and included setting goals for the staff member to achieve in the coming year.
• Records showed new staff completed induction training which included shadowing experienced staff and completing the Care Certificate. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
• Staff received training in topics relevant to their role, such as dementia, food and fluids, diabetes and moving and handling. Records showed staff were up to date with their training. Staff confirmed they received training and they found this useful.

Supporting people to eat and drink enough to maintain a balanced diet
• People described how staff supported them with their nutrition and hydration. One person said, "[Staff] ask me what I want, we discuss what's in the fridge and what's available." Another person told us, "[Staff member] always makes sure I have my orange juice in the mornings and makes me a drink before she goes."
• Relatives explained how staff supported their family member. A relative told us, "[Staff] try their best to keep [person] healthy, for example, they give [person] water to drink and will blend slices of apple or orange and they feed [person]."
• Staff told us how they supported people with nutrition and hydration. One staff member said, "We encourage [people using the service] to drink as much fluid as possible and eat as much as they can but not

force them."
• Care plans detailed the support people needed with nutrition and hydration.
• One person's care plan showed staff supported them to eat out at a restaurant. This care plan noted staff were to encourage the person choose food appropriate for their cultural diet.
• Another person's care plan stated, "[Person] has good and bad days and may need help with feeding on bad days if the tremors are bad but [person] likes to try and feed [themselves] when possible."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff described how they supported people to maintain good health and gave examples of ensuring they received their medicines on time, choosing the healthier option for food and using their frame to walk within their home instead of using their wheelchair. One staff member said, "I encourage them to do something to keep the joints moving."
• Care records showed the service liaised with healthcare professionals as needed including the GP, district nurses and occupational therapists.
• Care plans had details of people's healthcare needs which included detailed guidance for staff for specific healthcare conditions such as epilepsy, shingles and stroke.
• However, we noted that guidelines for diabetes could be more detailed such as separating out the symptoms for high and low blood sugar to assist staff to recognise what action they needed to take.
• The registered managers confirmed that blood sugar levels for people were carried out by district nurses but acknowledged that the guidelines for staff could contain more detail. They agreed to review these.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.
• At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
• Records showed the local authority managed one person's finances.
• People confirmed staff sought their consent before giving care. One person told us, "Staff always ask before putting cream on my back."
• People had signed consent forms to agree to receiving care and treatment and to confidential information being shared with other involved professionals.
• Staff had received training and demonstrated they understood the concept of MCA. One staff member told us, "[The MCA] is about whether [people] have the mental capacity to make their own decisions. For the majority of things, we just ask them for their consent."

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.

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

Ensuring people are well treated and supported; respecting equality and diversity
• People told us staff were caring. Comments included, "They [staff] are all lovely. Best part is they cheer me up every time they come" and "[Staff member] is kind, sociable and she tries to make you laugh and cheer you up. She's very gentle."
• Relatives told us staff were caring. Comments included, "[Staff] are fantastic carers. They are kind, caring and give good care" and "[Staff] are lovely carers. They look after [relative] well.
• Staff described how they got to know people and their support needs. One staff member said, "I get the care plan from the office. Before we can even do anything, we chat [with the person using the service] and we get to know each other."
• We asked staff how they supported people with protected characteristics such as race, religion and sexual orientation. A staff member told us, "We just try to be as sensitive as possible. Personally, I just treat everyone as normal."

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in decisions about their care. One person said, "I prefer to do things a certain way and I didn't want the [staff] coming in [too early], so we worked it out and it runs lovely."
• Relatives told us they were involved in the care their relative received. One relative told us, "I'm fully involved. They show me the care plan."
• A registered manager told us, "We prefer to go in for a one to one assessment so it's more person-centred and we go into what their choices, likes and dislikes are." The other registered manager said, "Initially we go out to see the [person] for the assessment but we try to involve the family as well."
• Staff described how they ensured people were given choices and involved in their care. One staff member gave an example of enabling a person to choose their clothes and told us, "I take two or three choices to show them and the person chooses it."

Respecting and promoting people's privacy, dignity and independence
• People said their privacy and dignity was promoted. One person told us, "[Staff] hangs around outside the bathroom in case I need her. [Staff] has offered to shower me but she knows I like to do it myself."
• A relative told us staff respected their relative's privacy and dignity by telling them in a nice way not to come into the room whilst they were supporting the person with personal care.
• Staff knew how to promote people's privacy and dignity. One staff member told us, "We are told not to share private information with other people. We promote their dignity by asking them if they want help. Closing the curtains when doing personal care."

• People told us staff encouraged them to be independent. One person said, "I'm very independent. [Staff] let me try to do things myself and they only help me if I ask them and want them to."
• Staff described how they promoted people's independence. One staff member said, "I try to make them feel they can always try and not feel that they can't do it." This staff member explained they reassured the person they would be by their side to assist if needed.

Good

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 good. At this inspection this key question has remained the same. This meant 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
• Staff understood how to deliver person-centred care. One staff member told us, "[The care] is different for different people. You ask them how they would like things done or what they would prefer."
• Care records were personalised and contained people's likes and dislikes. For example, one person's care records noted they liked to comment on the service offered and they liked going to the library and watching sport on the television.
• Care plans detailed the time and what tasks needed to be completed at each visit. The care plan listed what the person could do independently, each identified need and how much support was needed.
• Records showed care plans were reviewed on a regular basis and when a person's needs changed.

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 identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
• The registered managers demonstrated they knew how to meet people's communication needs. One registered manager told us, "Information should be accessible to people who need it. If we have someone with learning disabilities we can put the information in picture format."
• A registered manager explained, "If people have a hearing aid we would incorporate it in the care plan. If we have someone with learning disabilities we can put the information in picture format."
• The same registered manager explained for people with a sight impairment, "We can do braille and recording voice."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• Care plans showed the service supported some people to take part in social activities to prevent them becoming socially isolated.
• Care plans detailed support needed for people to follow interests. For example, one person's care plans noted they enjoyed spending time with family and listening to the radio. This meant staff would know to offer to put the radio on for the person.
• People's religious and cultural needs were documented. One person's care record stated, "[Person] is unable to go to church these days due to difficulties accessing the community. [Person] prays at home."

Improving care quality in response to complaints or concerns
• People told us they knew how to make complaints and when they had done so they were happy with the outcome.
• Relatives told us previous complaints they had made had been investigated and addressed.
• Staff knew what action to take if somebody wished to make a complaint.
• The provider had a complaints policy which gave clear guidance to staff about how to handle complaints.
• We reviewed the record of complaints. No complaints had been made in the last twelve months.
• Records showed previous complaints had been dealt with appropriately and in line with the policy.

End of life care and support
• At the time of inspection, there was nobody at the end of the life or diagnosed with a terminal illness.
• The provider had an end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively.
• The policy also stated that for people who were approaching the end of their life a detailed assessment and end of life care plan would be written to ensure people's wishes could be met.
• Records showed that staff had received training in delivering end of life care and this training was up to date.
• Staff told us they had previously provided end of life care to people. One staff member told us, "It is just to make them comfortable. Whatever wish they want you give it."

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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
• People told us they felt comfortable contacting the office if they needed to.
• Relatives gave positive feedback about the leadership in the service. A relative said, "I would recommend them to anybody." Another relative told us, "[Office staff] get back to me if I ever phone up."
• Staff told us the managers in the service were approachable. One staff member said, "Absolutely. If there is something I'm unsure about I always contact Alter's managers and they support me."

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 managers understood their legal responsibility under duty of candour. One registered manager told us, "If things do go wrong we do go out and apologise. We have a timeframe when we have to respond to any incident and we always notify the authorities and the family."
• The provider notified CQC and the local authority about incidents and safeguarding concerns as required,

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered managers described how they ensured staff had their voice heard.
• A registered manager told us, "We speak to most [staff] daily or weekly. We do group supervisions. If [staff] have done something really well, we will praise them in supervision."
• Staff confirmed they were kept updated about changes in people's support needs. One staff member told us, "They [office staff] always call or text you." Another staff member said, "They sometimes call me in and tell me."
• The provider held regular staff meetings. Topics discussed included record-keeping, medicines, punctuality, communication and training.
• Staff confirmed they attended staff meetings and found these useful. One staff member told us, "I think it is a good way to say what we think [about the service] and talk about it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People confirmed they were asked to complete feedback questionnaires about the service and they received phone calls to check they were happy with the service provided.
• Relatives told us they were asked to give feedback. One relative told us, "The best thing is they listen."

Another relative said, "[Office staff] come around and they ask if everything's being done properly and if there's anywhere they can improve."
• The service kept a record of compliments. Examples of these included, "I am happy with the caring services being provided by Alters caring agency" and "To wonderful carer, always kind, hardworking. A most pleasant [staff member]."
• Staff confirmed the provider treated all staff fairly and equally.

Continuous learning and improving care
• The provider had various quality assurance systems in place to identify areas for improvement.
• Care record log books included medicine charts and financial transaction sheets. These were audited each time they were returned to the office and identified issues dealt with the relevant staff member.
• Records showed the provider had a system of carrying out regular telephone monitoring to obtain verbal feedback about the service. This system enabled any issues or concerns to be dealt with quickly.
• The provider carried out regular spot check visits to observe staff performance. These visits enabled the provider and staff to identify areas for improvement and areas of good practice.
• The provider also carried out regular home care monitoring visits to obtain feedback from people. One person, during a monitoring visit, had asked for a copy of the rota in advance and it was noted this was now happening.

Working in partnership with others
• The provider worked in partnership with other agencies to ensure people received joined-up care.
• The registered managers told us, "We work alongside social services. We liaise with GPs, pharmacies, district nurses and occupational therapists. We work with other agencies for training and we go to the providers forums."