

Alters Recruitment Limited

# Alters Recruitment Limited t/a Alters Nursing - London

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 18, 20, 23 and 26 November 2015 and was announced. The provider was given 48 hours' notice as they are a domiciliary care agency and we needed to be sure someone would be in. The service provides support to approximately 60 people living in their own homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated regulations about how the service is run.

People gave us mixed feedback about the service, some were happy while others felt that communication with the office was poor. People felt safe and the service had safeguarding policies and procedures which were understood by staff. Care files contained risk assessments, but these were not always robust and did not provide staff with the information they needed to reduce the risk of harm to people. The provider took action to address this during our inspection. Where the service supported people with their medicines this was done by trained staff, however the recording systems in place were not sufficient to ensure that people were taking their medicines as prescribed. The provider took action to address this during our inspection.

People received support from the same staff, however they told us that cover arrangements were not always made or communicated to people and their families. We have made a recommendation about staffing levels.

Staff recruitment was safe, with appropriate pre-employment checks being completed by the service. However, the service employed staff who were unable to provide two employment references and this was not addressed by the recruitment policy. We have made a recommendation about recruitment practices.

Staff received a thorough induction, on-going training and supervision and told us they felt supported in their roles.

Records showed that people consented to their care in line with legislative requirements. People and staff told us that people were supported to eat and drink enough to maintain a healthy, balanced diet and where necessary were supported to access health care professionals. However, this was not always clearly

recorded in people's care plans and records of care. We have made a recommendation about care files.

Staff developed positive relationships with the people they supported, and people described their staff as caring. The service provided staff who could meet the cultural and linguistic needs of people using the service. Staff demonstrated a good understanding of people's cultural and religious needs.

People had regular reviews of their care and were given the opportunity to provide feedback about their care at regular intervals. The service did not always respond to complaints or provide feedback to people in a way that was understood.

The quality of care records varied. Some were highly personalised while others were task focussed. The service was taking action to address the inconsistencies.

The service did not consistently demonstrate good leadership and management. Some people and staff were very positive about the registered manager, whereas others were not able to identify who they were. The quality assurance and audits completed had led to action plans, however, the plans had very long timescales which meant that change was not achieved in a timely manner. We have made a recommendation about improvement planning.

We identified one breach of the regulations during our inspection. You can see what action we have told the provider to take at the end of the report.

## 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 not always safe.

Safeguarding adults and children policies were in place and understood by staff.

Risks to individuals were not always clearly identified or addressed through care plans. The provider took action to address this during the inspection.

There were usually enough staff to ensure that people's needs were met. However, people and their relatives identified there were staff shortages at weekends.

People's medicines were not always managed safely. The provider took action to address this during the inspection.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff received induction and ongoing training. Staff received regular supervision and the service conducted spot checks on performance.

People consented to their care though this was not always clearly recorded.

People were supported to eat and drink enough to maintain a balanced diet, however, the support required was not always clearly recorded.

Where people required support to access healthcare services this was provided by the service.

**Requires Improvement** 

### Is the service caring?

The service was caring.

The service provided consistent staff who were able to build up relationships with the people they worked with.

**Good** 

Feedback systems were in place to enable people to express their views on the care delivered.

People's cultural backgrounds were respected and the service provided staff who met people's cultural and language needs.

### **Is the service responsive?**

The service was not always responsive.

Provision of personalised services was inconsistent.

People did not always feel that the service listened and responded to their changing needs and feedback.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Feedback about the registered manager was mixed with some staff not able to identify who they were.

The values of the organisation were understood and implemented by staff.

The systems in place to monitor and improve the quality of the service were not effective.

**Requires Improvement** ●

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## **Detailed findings**

### Background to this 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.

The inspection team consisted of three inspectors and an 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 had experience of being a carer for someone receiving a domiciliary care service.

Before the inspection we reviewed the information we held about the provider. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority commissioning team and local Healthwatch.

During the inspection we spoke with the registered manager, the care manager, the field care supervisor, the area manager and five support workers. We also spoke with ten people who used the service and two relatives of people who used the service. We viewed six staff files including recruitment records, supervisions and spot checks. We viewed the care files of ten people who used the service including support plans, risk assessments, medicines records, needs assessments and records of care delivered. Various records and policies including the safeguarding policy, incidents, complaints, quality assurance, recruitment policy, training records, staff meeting minutes and feedback forms were viewed.



## Our findings

People said they felt safe using the service. One person said, "I feel safe." The provider had policies regarding safeguarding adults and children which detailed how any concerns should be responded to. Although staff knew who concerns should be reported onto, the local authority contact details were not included in the policies. Records showed that staff had attended training on safeguarding adults and child protection when they worked with children. Care staff told us they would report any concerns onto the office who would then complete any follow up work required. There was a whistleblowing policy in place and staff demonstrated they understood what this was.

Records showed that people had regular staff who worked with them on a rota system. Staff were emailed their rota a week in advance giving them and the coordinator time to cover any packages where staff were unavailable. However, people told us that cover arrangements were not always made. One family member told us they had to provide support to their relative at weekends as the service had been unable to provide cover for the regular member of staff. This family member went on to tell us that changes were made to their relative's care without them being informed. They said, "They always make changes but we are not always informed." This meant there were not always enough staff to keep people safe and meet their needs. We recommend the service seeks and follows best practice guidance on staffing numbers of domiciliary care services.

Staff files showed that appropriate checks had been made to ensure that staff were suitable to work in a care setting. The service checked identity documents and conducted disclosure and barring service (DBS) checks to ensure that applicants were not barred from working with people who are vulnerable. The service had a recruitment policy which stated that two employment references should be provided. The policy did not address situations where staff may only have one or no employment references. The service was seeking personal references in these situations which ensured their staff were suitable to work in care settings. We recommend the service seeks and follows best practice guidance on recruitment policy and practice.

People's care files contained a section on risks faced by people. However these were poorly completed and did not identify measures required to mitigate risk and did not provide enough information for staff to be able to keep people safe. For example, one person was identified as being high risk in all areas of care provided and the risk management plan stated, "Please be attentive to [person's] communication" but provided no detail on the type or nature of communication that may mean the person required more support and no instructions to staff on what interventions may be required. In another care file the person was identified as being at risk of self-inflicted harm but there were no control measures on actions in the

plan. The only control measure was, "Carers to supervise [person] at all times." This was brought to the attention of the registered manager. When we returned for the second day of our inspection we were shown an updated care file which contained more robust risk assessments. However, there were risks addressed within the detail of the tasks to be completed that had not been identified in the risk assessment. For example, the risk of malnutrition was addressed in the plan but not in the risk assessment. The need for all risks identified in people's support plans to be addressed by robust risk assessments was highlighted to the registered manager who made the required amendments.

This was a breach of Regulation 12 (2)(a)(b) (Safe care and treatment) Health and social care act 2008 (Regulated Activities) Regulations 2014.

Records showed that most people were independent or supported by their families with their medicines. However, there were some people who the service supported to take their medicines. Records were not clear and care plans for these people listed the names and dosages of medicines but not the form or the time at which they should be taken. The service had implemented a medication administration and recording system for these people. This was a form where staff signed to indicate people had received their medicines. However, the records did not list the individual medicines and staff signed to say the "blister pack" had been administered. This meant it was not clear which medicines had actually been taken. This was brought to the attention of the registered manager. When we returned for the second day of our inspection medication administration records had been updated and contained detailed information on what medicines people were taking and at what time.

Staff received training on medicines administration and people who were supported to take medicines by staff confirmed the staff stayed with them until they had finished taking their medicines. Office based staff reviewed the records for medicines administration weekly and liaised with the local pharmacy if they required additional advice or support. It was noted that the handbook for staff stated that staff do not administer medicines. We recommend the provider ensures that the staff handbook is updated to reflect the practice of administering medicines.





## Our findings

Records showed that staff received a thorough induction when they joined the service. This involved being supported by senior staff and included details of policies and procedures, record keeping, raising concerns and shadowing colleagues. Staff were provided with a handbook which included policies for reference including health and safety, moving and handling, gifts, medicines, safeguarding and whistleblowing. Staff training records showed that staff completed on-going training in moving and handling, medicines, end of life care, health and safety, infection control and dementia awareness. Records showed staff were working towards completing the Care Certificate. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. Staff received regular supervision and appraisal in line with provider's policy. Staff told us they found supervision useful. One staff member said, "It's useful, it helps me with my job." During our inspection we saw that some staff were completing further qualifications with the assistance of an external college.

Staff had received training in the Mental Capacity Act (MCA) 2005. The 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. Staff demonstrated they understood that people should make their own choices and that they could not make decisions on their behalf unless specific processes had been followed.

People were supported at mealtimes to access food and drink of their choice. One person told us, "We [staff member and person] choose my meals together for the week." Staff told us they offered people choices of meals where this was part of their support plan. One member of staff said, "I give people options about what they would like to eat." Staff told us they would inform the office if they were concerned that someone was not eating or drinking enough to maintain a healthy balanced diet. Care files contained a section on diet which included details of people's preferences, however the support required was not always clear. For example, one person's file identified they liked "Cake and custard." In one part of the plan it stated, "Requires support with feeding" but on the next page it stated, "I am able to eat and drink independently." This could lead to confusion over what support is required and introduces a risk that they are not supported appropriately. We recommend that the provider updates care files to ensure they are consistent and provide staff with the information required to support people to have their needs met.

Records showed that staff reported any concerns they had about people's health to the office where staff would liaise with the relevant health professionals. Where necessary support times were changed to ensure that staff were with people at the same time as visiting health professionals. This information was recorded in the provider's electronic call log system. Staff told us that the office would ring them to inform them of any changes in people's health needs. Most people receiving a service were supported by family members to access health services and this was recorded in care plans.



## Our findings

People told us the staff were caring. One person said, "They look after me and make sure that I'm comfortable." Another person said, "She's [the carer] kind, she does everything for me." Staff told us when they starting working with a new person they would have a meeting with the office based staff who would explain the person's needs and preferences before they met. One member of staff told us, "I treat people as if it's myself, the way we treat people is how we will be treated." Staff also told us they used the information in care plans and received in handover from management to start their relationships with people and then spent time getting to know them with input from their families. Records of care delivered showed people received care from the same staff over time. This helped the development of positive on-going relationships.

Some care plans contained a good level of detail about people's preferences which would help staff build relationships with people. For example, one plan contained a detailed "About me" section with details of preferred activities including going swimming, to the library and to the park. Records of care delivered confirmed these took place. However other care plans were less detailed. For example, one plan identified that the person received a 3 hour "sitting service" once a week but did not detail any activities the person might like to complete during this time. This was brought to the attention of the registered manager who showed us updated care plans on the second day of our inspection. The updated care plans contained better detail on people's preferences and choices.

Records of people's involvement in their care planning were not always clear as records indicated the service relied on the assessments provided by the local authority rather than completing their own. This was brought to the attention of the registered manager. On the second day of our inspection we were shown an updated file which clearly indicated the person's consent to their care package. Care plans had been signed by people or their representatives to indicate their consent.

Records showed that office based staff regularly visited people in their homes to seek their feedback on their care. However, people gave us mixed feedback about their involvement in making decisions about their care, treatment and support. One person located their care plan while speaking to us and expressed surprise at its contents, telling us, "Well, they've never done that [specific care task] before!" Another person told us they had been visited by the agency after the first day of our inspection and had been asked for feedback about their service. They had requested their carer try harder to make conversation and told us that on the next visit the carer had made this change. This means the service is not consistent in listening to and involving people in their care.

Staff told us they respected people's dignity when supporting them, for example, by shutting doors and making sure they remained covered during personal care. One member of staff told us, "I am always mindful of people's privacy and dignity. I will pull the curtains and give people a choice, for example, using the bathroom or the commode." Although details of people's cultural background was not always included in their care plans, staff knew about people's cultural background and religious beliefs. Staff demonstrated they understood people's cultural needs. For example, one member of staff told us, "If they are [specific faith] I will take off my shoes, I always take socks."

The service attempted to match people with staff with a shared cultural background. For example, one person's care file showed they liked to spend time talking about their home country and staff working with them shared that background. Another file showed that by speaking in the person's mother tongue they had been able to support them to calm down when agitated. Many of the people using the service did not speak English and there was a designated member of staff in the office who spoke the main languages used by people. Although some people told us that when this staff member was not available they had difficulty communicating with other office staff, the system usually worked well.



## Our findings

People told us they received personalised care from staff who knew their needs. One person told us, "She [carer] knows my needs." Another person told us how staff encouraged them to be independent, telling us, "My carer encourages me." People also told us they had annual meetings with management to update their care plans. The level of personalisation of care plans and care records varied. This was brought to the attention of the registered manager who showed us updated versions on the second day of our inspection. These contained higher levels of personalisation, for example, detailing how the person likes their room to be aired, "with the little fan next to the window." Records showed that where the service was not sufficient to meet people's needs, for example, if a longer time was needed to provide care then the service raised this with the local authority and where additional resources were allocated these were put in place quickly.

The standard of the recording of care delivered varied. Some log books were well completed, with details of the choices made and activities completed clearly recorded. This included when new choices had been offered and how this had been received, these logs were personalised and reflected the preferences of the person they were about. This meant that other staff were able to use the information obtained by their colleagues. Another log book showed how concerns about a person's changing needs were recorded and escalated with relevant professional's referrals being made. Other records were very basic, recording minimum details of care delivered. For example, one person's care plan stated "I would like carer to take me to the park or to the barbers when I have some extra time." This was not reflected in the daily logs which said daily for six weeks, "Met [person] in the house. he is fine. I assisted him with personal care. Creamed him. Dressed up. Brush his mouth. Prepared breakfast for him. Assisted to take his medication Life [sic] him okay.". This was not a personalised approach. Staff meeting records showed that the registered manager was attempting to address the variation in quality of record keeping.

Some people told us that they had raised issues with the office, for example, the need for additional support or a change in timings, but they had not had a response. One person told us they had requested a change in time but had not heard back from the office. This was raised with registered manager who showed us the records of the conversations that had been had about this. However, as people were not always clear on what had been said, or reasons why changes had not been accommodated, the communication about responding to peoples' needs was not always effective.

The service had a complaints policy which detailed the process of making a complaint and the timescales for responding. This was included in the service user guide which is given to each person receiving a service. Staff told us they would raise any complaints made to them with office staff who would investigate. During

our inspection we passed on a complaint made by a person we spoke with. The registered manager met with the person, investigated and resolved their concern. Records showed that concerns were responded to, however, this was not always within the timescales dictated by the policy. One set of records showed that one person's relative had raised concerns on two occasions before being given the details of social services. This means the service was not always responding in line with its own policy on complaints.

Staff told us they offered people choices and asked their permission before providing support. One member of staff told us, "I have to respect what they want." Another member of staff said, "I always ask people what they would like."

The service had a policy which stated care plans should be reviewed annually and updated more often if required. Records confirmed that plans were updated in line with the policy. The registered manager had reviewed the process of updating and reviewing care files and was in the process of implementing a new system which clearly involved people in the process. We saw one review which had been completed in this way which was of a good standard and clearly reflected the person's preferences and choices in how they received their support.

Records showed that people were regularly asked to feedback on the quality of the service they received. The records showed that people were happy with the service they were receiving, for example, one noted, "[person] is happy with carers and has no problems." The service completed an annual survey to find out people's views of the service. The questionnaires had been sent to people the week before our inspection and had not yet been returned. The previous year's survey had identified that people said that they were not always told when the times of their visits would change. The service had had action plan based on the feedback from the survey which included increased staff training and producing plain English versions of policies for the service user guide. The service had completed the actions that were due for completion.



## Our findings

Feedback provided about the management of the service was mixed. One member of staff told us the registered manager was "A good leader, I can tell her anything." However, another member of staff did not know her name. People talked about the staff at the office, rather than the registered manager specifically. One member of staff told us the service, "Has come a long way, there have been a lot of changes." This was shown through the new policies and procedures that the registered manager had adopted since they have been in post. It was also shown by the new approach to care plans and reviews that the service was implementing.

The service had regular staff meetings, however, attendance numbers varied and information from these meetings was not shared with staff who could not attend. Records showed that these meetings were used to discuss timing of calls, timesheets, calls that required two staff, use of personal phones, record keeping, care planning and updating the office. Records showed that staff meetings were used to discuss care values and to encourage staff to reflect on how people receiving care might feel. They also showed that staff had provided feedback regarding care plan documentation, including constructive ideas for improving their accessibility but these had not been taken forward into an action plan. We recommend that the service seeks and follows best practice advice on managing staff meetings for dispersed teams.

The provider had a system of management checks and audits in place. However these checks had not picked up on the feedback that was received by our inspection team, which was that people felt that the communication with office staff could be improved. The registered manager explained to us that they had recently undertaken a full audit with an external consultant and were planning to implement a new system of audit checks on both care files and staff records. These systems have yet to be fully implemented.

The service had a system of home monitoring and spot checks which were used to evaluate the quality of the service being delivered. However, these were completed with a member of staff and people told us they were not given the opportunity to complete these without a staff member present and that this inhibited their ability to give all types of feedback. The service produced an annual quality assurance report, the most recent was completed in December 2014. This report looked at feedback from people who used the service and included a self-evaluation of a set of minimum standards the service felt were needed to provide good care. The report included an action plan. However, the timescales the service had set itself were very long. For example, the December 2014 report identified that care plans should be updated to promote independence by January 2016 and that staff should obtain care qualifications by March 2017. This meant that while targets have not been missed progress has been slow. There was an additional manager's audit

which had been completed in October 2015. This did not contain all the action points contained in the annual survey which means it is not clear how the service is monitoring progress with its own action plan. We recommend that the service seeks and follows best practice advice on completion of improvement plans.

Although staff did not talk to us explicitly about the values of the service, they spoke in terms of promoting people's independence and ensuring that they were treated as individuals. These are the values of the service and so were understood and implemented by staff.



## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not robust and did not identify or address all risks faced by people receiving a regulated activity. Regulation 12 (2)(a)(b)