Altonian Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 June 2018 and was announced to ensure staff we needed to speak with were available. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, who may be living with a diagnosis of dementia, people with a physical disability, people with a sensory impairment and younger adults. At the time of the inspection 40 people received the regulated activity of personal care.

At our last inspection we rated the service good overall, but requires improvement in the key area of safe, where we found one breach of the regulations. At this inspection we found the evidence continued to support the overall rating of good, the breach had been met and now the key area of safe is also judged to be good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider operated safe recruitment processes. People received continuity of care from regular staff. Systems were in place to monitor the capacity of the service to provide people's care and relevant actions had been taken to ensure people received their care safely, when there was pressure on staffing capacity.

Staff had undertaken relevant training and processes were in place to safeguard people from the risk of abuse. Risks to people had been assessed and managed to ensure their safety. Processes were in place to ensure people received their medicines safely from trained staff. People and staff were protected from the risk of acquiring an infection. Staff understood the requirement to report any concerns to the provider. Where required, investigations were completed and improvements to the service made for people.

People's needs had been assessed and their care was delivered in accordance with current legislation and guidelines. People were supported by staff to eat and drink sufficient for their needs and to ensure their health needs were met. Staff could provide end of life care to people as required. Staff were supported to provide effective care to people through the provider's induction, training and supervision processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received responsive and adaptable care that was tailored around them and their interests.

People were treated by staff in a caring manner and provided with the emotional support they required. People were encouraged to express their views and to be actively involved in decisions about how they wanted their care provided. People's privacy, dignity and independence were respected and promoted by staff.

There was an open culture and clear values which underpinned the delivery of peoples' care. There was a registered manager to run the service who understood their legal responsibilities. Processes were in place to

seek and act upon people's and staff's feedback and to monitor the quality of the service provided. Processes were in place to enable people to make a complaint and any issues raised were investigated and addressed for people. The service worked in partnership with other organisations to ensure people received high quality care.

Further information is in the detailed findings below.

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 has improved to good.

People received continuity of care from staff whose suitability for their role had been assessed.

People were safeguarded from the risk of abuse.

Processes were in place to identify and manage risks to people's safely.

People's medicines were managed and administered safely.

Processes were in place to protect people and staff from the risk of acquiring an infection.

Staff reported incidents and any required learning took place to improve the service.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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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.

This inspection took place on 25 June 2018 and was announced. We gave the service 48 hours' notice of the inspection activity to ensure staff we needed to speak with were available and to enable the service to inform people the inspection was taking place and that they may be contacted. Inspection site visit activity started on 22 June 2018 and ended on 25 June 2018. We made telephone calls to people on 22 June 2018 and visited the office location on 25 June 2018 to see the registered manager and staff and to review care records and policies and procedures.

The inspection team included two adult social care 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 by experience had experience of caring for older people.

Before the inspection, the provider 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we spoke with seven people and five relatives. We also visited and spoke with two people at home to observe how staff interacted with them during the provision of their care. We spoke with the registered manager, the finance and systems manager and five staff. Following the inspection we received positive written feedback from a commissioner of the service.

We reviewed records that included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they received safe care from regular staff. Their comments included, "Very much I feel safe. I've never had any concerns," "I trust staff," and "They understand how you approach a vulnerable person which is really important." "I get pretty near a regular staff team. They double up so if there is a new staff member they are with someone who knows the routine. Nearly 100% they are on time and they can go over." People also told us they received their medicines safely and that staff followed infection control guidance during the delivery of their care.

At our inspection of 12 and 13 September 2016, we found the provider had failed to ensure there were robust recruitment processes. Staff had not always provided a full employment history as required. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan informing us they would meet regulatory requirements by 1 November 2016. At this inspection we found this legal requirement had now been met. The registered manager told us that following the previous inspection those staff whose records lacked a full employment history were contacted and required to provide this information and explain any gaps in their employment, which records confirmed. Staff records demonstrated staff's suitability for their role had been assessed through their application form, interview, references and Disclosure and Barring Service check. Checks had also been completed upon applicant's identity and right to work. The provider operated robust recruitment processes to ensure people's safety.

People told us they received continuity of care and that they were told if staff were going to be late. The provider had an on-line system to allocate people's care calls. This enabled them to monitor staffing capacity and ensure only suitable staff with the correct training were allocated to deliver people's care. Rosters showed that two staff were booked for people's care where required. Staff's length of stay at each call was monitored to ensure people's calls were of the required duration.

The registered manager informed us that through their monitoring they had identified that they were struggling to cover four people's care calls in one area safely. Therefore, they had taken relevant action and were working with commissioners to make alternative arrangements for these people's care and to ensure their care was handed to another provider in a planned manner.

Staff told us they had undertaken safeguarding training, which records confirmed. They understood the range of possible indicators which could constitute abuse and their duty to report any concerns. Safeguarding was discussed with staff during their supervision sessions. Staff had access to relevant contact numbers, polices and assistance if required out of hours to ensure they could safeguard people. The registered manager had taken the correct actions and reported concerns alerted to them by staff to the local authority as the lead agency for safeguarding as appropriate. Relevant investigations were completed following safeguarding alerts and actions taken to keep people safe from the risk of abuse.

People received their rosters in advance and staff wore uniforms and identity badges to ensure people would know who was calling on them. Processes were in place to ensure information relating to people's

security was managed safely.

Risks to people had been assessed in relation to areas such as: moving and handling, skin integrity, bathing, eating and drinking, medicines, falls and the person's environment for example. Where a risk had been identified actions were in place to manage it for them. If a person required hoisting, then the type of hoist and sling was noted and the number of staff required to assist the person safely. All staff had undertaken moving and handling training and had their competency in this area assessed. We saw a person had specific instructions for staff about how to move them safely. Staff were required to read people's records and to understand how to manage risks to them. Staff told us any changes in risks to people were reported to the office, so that any required actions could be taken, which records confirmed. A person told us, "If there's any marks, the staff pick that up and they put it in the book." They also informed us that staff had noted a mark on their loved one's skin and called the relevant healthcare professional. Processes were in place to identify and manage risks to people safely.

Staff were required to undertake training and to have their medicines competency regularly assessed, to ensure people received their medicines safely. People's medicines needs had been assessed to determine what type of support they required from staff. A person told us they chose to self-medicate which staff respected. People's arrangements for ordering their medicines were noted. We saw that staff had assisted people as required with ensuring they had adequate supplies of their medicines. Records showed that staff had taken the correct action to report concerns they had in relation to a person's medicines to the relevant professional for their guidance. There were written instructions for staff about how people took their medicines and where to apply any topical creams. Staff were observed to administer people's medicines safely and in accordance with the written instructions on their printed medicine administration record (MAR) sheets. A person told us, "They fill in a medicine chart in the same room with me." The MAR sheets were then returned to the office each month to be checked for completeness. Processes were in place to ensure people received their medicines safely from trained staff.

Staff were required to complete infection control training and to wear the personal protective equipment provided. There were plentiful supplies of gloves and aprons in the office and staff told us the senior care staff also carried stocks for care staff to access as required. A relative told us, "When they support [loved one] with washing, they wear their aprons and gloves." We observed staff wore the appropriate equipment when they prepared people's food, to manage the risk of cross-infection. There was guidance in people's care plans for staff to instruct them on how to minimise the risk of cross-infection for people.

Staff were now able to report incidents from the field using the provider's on-line portal and understood their responsibility to report any concerns. This enabled incidents to be reported immediately to the office staff and reviewed, to ensure the correct actions were taken promptly for people's safety. Records showed that where relevant, incidents were investigated to identify any actions required, such as staff training and feedback was provided to staff on incidents raised to ensure the risk of repetition for people was minimised.

Good

Is the service effective?

Our findings

People told us they received effective care from competent staff. Their comments included, "Staff know me, and I believe they have the right skills." "They [staff] make sure [loved one] has drinks." "Staff would send for a doctor or ambulance immediately."

People received an initial assessment of their needs which included their physical, mental health and social care needs prior to commencing the service. Where applicable this took into account information provided by commissioners about the person's care needs.

The provider received regular updates on good practice from an external company, to ensure their guidance remained current and the provision of people's care reflected guidelines. For example, staff informed us that although they were provided with training and information about how to care for people with diabetes, they correctly did not undertake blood sugar monitoring as they had not been trained to undertake this procedure, staff understood the care they were able to provide.

Staff told us and records confirmed they had received an in-house induction and completed a range of required and additional training relevant to people's needs. Staff new to care were required to complete the 'Care Certificate' which is the minimum set of standards staff new to social care should achieve. Staff were also supported with their on-going professional development. Staff received regular supervisions and observations of their practice to ensure they were delivering people's care effectively.

People's eating and drinking requirements and food preferences had been assessed and reflected within their care plan. A person told us, "Staff come in and do my breakfast in the morning. I have porridge which I like." We saw staff offered people a choice of foods for lunch and ensured they were left with food and drink between care calls. Staff monitored people's intake in their daily log books and if a person was not eating or drinking, records showed appropriate action was taken.

Staff told us there was good liaison with healthcare professionals and provided examples of where actions had been taken for people to promote their health and wellbeing. Records showed staff had changed the timing of a person's care call to enable them to support the person to attend their GP appointment, they also contacted district nurses and social workers for people as required. Staff had also supported people with accessing healthcare services in an emergency to ensure they received the correct care. There was good liaison between staff to ensure people received co-ordinated care when they moved between services and relevant information about people was shared.

People were asked to sign their consent to their care where they had the capacity to do so or where a Power of Attorney (PoA) was appointed to manage the person's affairs, they were consulted. The registered manager told us there was currently no-one without a (PoA) who lacked the capacity to consent to their care. Therefore, they had not had to complete any Mental Capacity Act (MCA) 2005 assessments, however, they had access to relevant paperwork if required. Staff had undertaken MCA training and understood its application to their role. They appreciated that consent was decision specific and that people's capacity

could fluctuate. We noted that one person's records would have benefited from additional written information about their fluctuating capacity and the reasons for this, in case new staff were to provide their care, the registered manager ensured this was completed by the end of the inspection.

Good

Is the service caring?

Our findings

People told us staff were caring. A relative commented, "Most of the carers go out their way and that is what I call caring. We find the carers helpful." A person said, "We understand one another. She [care staff] always asks if there is anything else when the time is up." Another person told us, "I feel very much in control of my session. I ask them to do things, I know what I need, and I know what I want, and they respect that, and they do what I want them to do."

People reported they were treated well by staff and we observed people enjoyed positive relationships with staff. Staff were heard to laugh and joke with people as they provided their care which was not rushed. We saw from people's care notes that they ensured people were comfortable and provided with the care they needed.

A relative told us that although their loved one had limited communication, staff understood the person's personal history and used this information to try and prompt conversations with them. Staff confirmed they spent time talking to people to get to know them as individuals. Another relative told us how staff used body language, smiles and reassurance to communicate with their loved one. They told us staff were "Patient and tolerant" with their loved one whose behaviours could challenge staff. People's emotional needs were met by staff.

People had been consulted about the time their care was provided and their preferences were accommodated where possible. People's care plans instructed staff to support people to make choices about their care, for example, in relation to what they wore. A staff member told us, "We constantly ask people how they want their care." A person confirmed, "Staff ask me what I would like for my tea or whatever and they listen to me." We observed staff gave a person a range of choices for their lunch.

We saw people had been consulted about whether they wanted health care professionals to be contacted on their behalf when issues arose. Staff understood that although some people they cared for were living with dementia, they still had the capacity to make many choices. A staff member told us, "You must not assume they [people living with dementia] lack capacity and involve them in decisions about their care." People had been consulted regards decisions about their care.

People's care plans informed staff what they could do for themselves to uphold their independence. A person confirmed, "They support me to be independent." Staff supported people to be as independent as they wished.

Staff understood how to uphold people's dignity during the provision of their personal care. Staff told us spot checks were completed by senior staff to ensure staff followed good practice, in relation to upholding people's privacy and dignity. People confirmed that personal care was delivered in private.

People felt staff treated them with dignity. A person said, "They respect me and respect my property. They behave and treat my home as I imagine they would their own home." We noted in the office staff spoke

about people in a respectful manner. Staff respected people both in their homes and the office.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care. A person told us, "The care plan was developed with me from the beginning – my routine, what I wanted them to do, well documented. It was me that influenced the care plan. I signed it off and there have been no significant changes in my condition." Another person said, "I helped them put the care plan together and I signed it. I had a review not so long ago and there were no changes." People told us they felt comfortable raising complaints and that when they did raise issues these were addressed.

Although the service was generally commissioned to provide people's personal rather than social care. People reported that the service was adaptable to their needs and routine. One person told us, "They have to work round me" and another told us how the time of their visit was altered as required to ensure they were ready in time to attend a sporting activity which they enjoyed.

Staff provided examples of when people's care had been rapidly re-started following hospital admissions to ensure their care needs could be met. If people required additional calls then these could be accommodated. The service was responsive to changes in people's needs.

We observed that staff knew people well, even those who were new to the service. This was because staff had access to clear care plans which provided a profile of people's care needs in relation to: bathing, cognition, eating and drinking, grooming and dressing, medication, falls, pain, security, sensory, shopping, social contact and tissue viability.

Staff had undertaken training in dementia care to understand how to meet the needs of people living with dementia. A person's relative told us "They know [loved one's] got vascular dementia and they chat with [loved one] and try to get [loved one] to talk." Another relative, told us staff had a good understanding of their relative's behaviours and how to work with them.

People's communication needs were identified at their initial assessment and how these were managed, for example, if they needed their glasses to read.

People's care was regularly reviewed. A person told us, "The care plans are reviewed, and they are pretty good." We noted that where people had raised issues at their review these had been investigated and addressed for the person.

People were provided with a welcome pack when they commenced the service, which contained a copy of the complaints policy. Although no written complaints had been received. Staff understood their role in supporting people to raise any issues. The provider's electronic portal demonstrated that any issues brought to the provider's attention by either people or staff, had been logged, investigated and relevant action taken.

Some staff had undertaken end of life care training, to ensure that if a person required this care, then staff

with relevant training could be allocated to their calls. These staff could then work with the district nurses who would provide people's clinical care. There was a section in people's care plans, to document their advanced wishes and to say if a Do Not Attempt Cardio-pulmonary resuscitation form was in place. People could be provided with appropriate end of life care.

Good

Is the service well-led?

Our findings

The service had clear values which were understood by both the registered manager and staff. The registered manager described the purpose of the service as, "To look after people at home and deliver a high-quality service, to make sure they are safe and to be responsive to their needs" and told us that staff were introduced to the values during their recruitment and induction. The registered manager told us they asked applicants to describe the care they would wish for their relatives as part of the interview and looked-for staff who demonstrated they were caring.

There was an open culture and staff were noted to be happy to report issues through their incident reporting process, where there was evidence of frequent reporting, including of minor issues. Staff were encouraged to reflect and share their experiences in meetings to develop better ways of working with people in receipt of services and to improve the quality of care.

The service supported inclusivity and the wellbeing of staff. For example, the registered manager told us a staff member was unable to work alone, so the service had supported them by allocating them to "double-up" visits, where people required two staff. They had also sought external input to enable them to support the staff member appropriately within their role.

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and the senior staff had the skills, knowledge and experience to lead the service. The registered manager understood their responsibilities and delivered a service which met regulatory requirements. The service had good processes in place to monitor, review and evaluate the quality of care and records, and had identified that record keeping was an area of continuing improvement. They were addressing this, with for example, the introduction of their electronic portal, which had made it easier for staff to keep peoples' records up to date. They also sought people's feedback through surveys and reviews and acted upon the results.

We observed staff interactions, and saw they demonstrated a supportive attitude to one another. Staff spoke very positively about the registered manager and the senior team, one member of staff told us, "[The manager] would never ask me to do anything she wouldn't do herself" and that the finance and systems manager was, "Very knowledgeable."

The registered manager maintained their skills and role-modelled the provision of good care for staff by carrying out care calls and visiting people using the service. One person knew the registered manager by name and said, "She visited me a couple of weeks ago." Staff performance was overseen through observations of staff practice, management supervision and appraisals.

The service had developed strong links with the local community and with other organisations. The service worked with Alton Community Centre to provide a community club, and worked with the local mental health team to run the local Memory Café as some people were living with dementia or lived alone. The finance and systems manager provided free first aid training courses to the local community, to increase the number of locally trained first aiders. The registered manager was also exploring ways to involve people who used services in the recruitment of staff.

The service worked in partnership with other organisations to ensure people received high quality care. For example, the service was withdrawing from four contracts in one area, and had organised meetings to ensure a smooth handover of care to the new provider.