

Home Alternative Limited

# Home Alternative Limited

## 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:

Home Alternative Limited provides personal care and support to people who live in their own homes. The service supports older people and those living with dementia. This service was formally known as Millennium House. People who used the service all knew it and referred to the service as Home Alternative Limited.

The Care Quality Commission (CQC) only inspects the regulated activity of 'personal care' being provided to people who use the service. However, we do take into account any wider social care provided. At the time of our inspection the service was providing personal care to 37 people.

### People's experience of using this service:

The service had improved since the last inspection. People's care plans were more detailed, so staff had clear guidance on how to support people who use the service and the registered manager was submitting notifications to the CQC when required so we were aware of any incidents, so we could take action where appropriate to keep people safe.

People supported told us they felt safe with the staff that supported them. Staff understood their role and responsibility to keep people safe from harm.

People's care records contained guidance for staff about how to support people safely and minimise risks to people.

Recruitment processes were robust and thorough checks were completed before staff started working at the service. Staff supported people safely with their medicines.

There were enough staff employed to ensure people received consistent and timely care. People told us they knew which staff would be visiting them, staff arrived at their agreed times and stayed and provided support for the agreed length of time.

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 supported spoke very positively about the staff who supported them and the office team including the registered manager. People told us staff treated them with dignity and respect and were kind and caring.

Staff had received training and supervision to ensure staff had the knowledge to provide people with appropriate care.

People received personalised support from staff who knew them well. Staff had built positive relationships

with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

Staff worked closely with a range of community healthcare professionals to promote good outcomes for people. Feedback from healthcare professionals involved with the service was very positive.

The service was consistently well-led. People felt able to raise any concerns with the registered manager or provider and were confident they would be addressed. Staff felt well supported by the registered manager.

The registered manager and senior staff coordinated a wide range of quality checks and audits of the service to make sure the care and support provided was of high quality. People's feedback was regularly sought, so they could contribute to ongoing improvements within the service. This supported the continuous improvement of the service.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in the full report:

Rating at last inspection: At the last inspection the service was rated requires improvement (published 4 March 2018).

Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our prior inspection report being published. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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** ●

# Home Alternative Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector, one assistant inspector 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 using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including people living with dementia and physical disability.

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:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 4 March 2019 and ended on 5 March 2019.

On the 4 March 2019 we visited three people in their homes to ask their opinions about the care they received and look at their care records. We also attempted contact over the telephone with twelve people who used the service and successfully spoke with five people and four relatives.

On the 5 March 2019 we visited the office location to see the registered manager, and review care records and policies and procedures relating to the service. We also spoke with two senior support workers and three support workers who visited the office to speak with us.

What we did:

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.

Prior to the inspection visit we gathered information from other sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, health professionals and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Staff were confident the registered manager would take any concerns they reported seriously.
- People told us they felt very safe whilst being cared for by the support workers of Home Alternative Limited. People said, "I have the same staff visit and I trust them implicitly", "I trust the staff and feel safe. Staff do a 'big shop' for me. There are receipts and I sign to say I have the correct change", "They're very reliable and very safe" and "Yes, I feel safe, they make sure my windows are closed and doors locked. They turn my burglar alarm off too and put it on when they leave."

Assessing risk, safety monitoring and management:

- Identified risks to people's health, welfare or safety were appropriately managed to keep people safe. People's care plans contained risk assessments for people and the environment. Risk assessments were reviewed and changed when people's needs changed, for example when a person's mobility deteriorated.

Staffing and recruitment:

- There were enough staff employed to ensure people received care and support at the agreed times. People told us they consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. People said, "I have someone who is regular, so I know she's coming. Anyone new is introduced", "I have a team of four care staff they all have different personalities but I like that", "I know my carers will be coming they are never late", "I just know the staff who are coming, it is well established", "We've always had someone turn up, if they're late, they ring", "They never miss. If they're a minute or two late, it's due to traffic" and "They are busy but never rush me and they always ask if there is anything more they can do."
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. All the necessary pre-employment and identity checks were completed to ensure best practice.

Using medicines safely:

- People received their medicines as prescribed by their GP. Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked. People said, "Staff apply my prescribed creams when I need them. They are a great help."
- Medicine records checked were fully completed. When they were returned to the office at the end of each month they were checked, and any discrepancies were dealt with. Where necessary appropriate action was

taken to prevent further errors or discrepancies.

#### Preventing and controlling infection:

- Infection control measures were in place to stop the spread of infection. Staff were aware of and followed the infection control policy and procedure.
- We observed staff using personal protective equipment (PPE), such as, gloves and aprons, when we visited a person in their own home. The staff confirmed they used PPE when providing personal care to people and during meal preparation. People said, "They(staff) always wear gloves and a pinny when they're doing the food" and "Both apron and gloves are worn."
- Staff told us they had good access to PPE such as gloves and aprons.

#### Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents, to reduce the risk of them reoccurring. Staff recorded any accidents or incidents at the time they occurred. The registered manager also considered whether they were any lessons to be learned from each incident.
- Accidents and incidents were discussed at meetings attended by senior staff and during full staff meetings. This meant all staff were made aware of action they needed to take to reduce the risk of incidents reoccurring and any lessons learned were shared with the staff team. We saw the registered manager had highlighted a recent untoward incident when staff had failed to return a person's financial records to the office for the last two months for auditing purposes. In light of this measures had been put in place to reduce the risk of potential financial abuse.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People were positive about the care they received from staff at Home Alternative Limited. People told us, "The staff are very good" and "An excellent service provided by really good staff", "They're definitely good, I can't fault them" and "They all know [name of relative being supported] and read him well."
- People were supported to access healthcare services to ensure their needs were met. Staff told us if they had concerns about people's health they would let the management team know. They were confident action would be taken. People and their relatives were very positive about how the service had helped them access health services. They said, "They helped me change GPs. We (person and support worker) went there together and she helped me" and "[Name of person] has the rapid response care team that come out. They've helped us sort that."
- People's needs were assessed prior to them starting with the service and then at regular intervals. This meant care was provided to people in line with their current needs and preferences. One person said "[Named care coordinator] comes to look at my care needs with me. I think it is usually every six months."

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. A relative said, "The staff are well trained and understand the needs of the carers as well as the client being cared for." People said, "The staff who visit seem well trained and know what they are doing" and "They're very well trained and experienced people."
- Staff completed a comprehensive training programme and regularly refreshed their knowledge of different subjects. Staff said, "There is always lots of training on offer and the standard of training is very good."
- Staff received regular supervision from their line manager and annual appraisals. Staff told us they felt supported to carry out their roles effectively. Staff said, "I feel supported by the manager. I can pick up the phone any time and talk things through" and "We have supervision regularly and we are observed by a senior in people's homes as well."
- Unannounced spot checks were carried out to observe staff member's work practice. People who used the service told us this also gave them the opportunity to say what they thought about their support workers.

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

- Where appropriate staff supported people with their food and drinks. People told us, "The carers cook my breakfast, they know what I like but still ask what I want" and "Staff prepare my meal just as I like it."
- Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, staff said this was closely monitored and advice sought from relevant community healthcare professionals.

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

- People had their individual needs assessed before care started. These assessments were completed with involvement from both the person and their families where appropriate.
- We saw technology and equipment was used effectively to meet people's care and support needs. This was assessed for and then obtained in consultation with other healthcare professionals involved in the person's care. A senior support worker told us they were the agency lead responsible for 'equipment logistics' and ensured equipment and technology required by people was sourced and available.
- The registered manager told us staff worked in partnership with other healthcare professionals. This helped to ensure they captured as much information as possible to develop personalised care plans for the people they supported.

Adapting service, design, decoration to meet people's needs:

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.
- Staff ensured specialist equipment was available when needed in people's own homes to deliver safe, effective care and support.

Supporting people to live healthier lives, access healthcare services and support:

- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided by them.
- For example, we saw the community nursing service had recently updated information about medicated creams to be applied to a person. These instructions were clearly recorded in the person's support plan.
- One healthcare professional told us, "An excellent service. [Name of person] complex needs are managed incredibly successfully by the Home Alternative team."

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The registered manager said no applications had been made.
- We found the registered manager and staff were working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff confirmed they obtained people's consent before they offered any support.
- People and relatives said, "Staff always ask before they do anything", "Staff help her choose her clothes for the next day" "They always ask me what I need even though they have a sheet (care plan) with it on" and "When I started having care I was asked which carers I would like to visit me, I said I preferred female care staff and my choice has always been respected."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoken with told us the staff were caring, kind and considerate. Their comments included, "Staff are lovely they treat me very well, they are like old friends", "They're wonderful" and "They're very kind, I was very upset and had a little cry, my carer apologised for interrupting and then asked me how I needed comforting. That was thoughtful."
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves.
- People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their care plan. This process was embedded into the service. One person said, "[Named care coordinator] regularly talks to me and goes through my care choices. I am thinking about increasing my support and I am discussing this with the agency and my family, but in the end, it is my choice."

Respecting and promoting people's privacy, dignity and independence:

- People told us staff were very respectful of their privacy and dignity and promoted independence.
- People told us, "The staff who visit me are respectful and kind", "I would say staff respect me and my privacy, for example, if I get a personal phone call while they are visiting they go into the other room" and "I get them on with all the staff, they are respectful."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- During the last inspection we identified improvements were needed because some people's care plans did not include sufficient detail, so staff had clear guidance on how to support people who use the service. At this inspection we found improvements had been made.
- People's care plans were person-centred and accurately described the support they needed from staff. They were reviewed every six months or sooner if a person's needs changed. This helped to ensure they were up to date, so people would receive the correct level of support from staff. People said, "[Named care coordinator] comes every six months or so to go through it (care plan)" and "The manager has been to go through my care plan with me."
- Care plans clearly documented people's likes, dislikes and social histories. They contained specific details about the person's choices in relation to all aspects of their care. For example, people's preferences for mobility and equipment used, their dietary and cultural requirements and wishes in respect of terminal care. This helped staff provide a more personalised service to each person.
- When a person started to receive care from the service, the registered manager or care coordinator visited the person and introduced the service. They told people what they could expect and discussed the person's care. People confirmed this had happened and had a copy of their care plan and the service user guide in their home.
- People told us they were very happy with the personalised service they received from the support workers. People said, "They're good with me and help when there's unexpected changes to my care from my end", "I have the support I need when I need it" and "They change things if needed." We also saw some people and their relatives had given very positive feedback to staff and to managers via letters and emails. Comments included, "The service has been brilliant since the start and we have been using this service for 10 years" and "An excellent professional service."

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People told us they had no reason to complain however they all knew how to make a complaint should they need to. Their comments included, "There is nothing to complain about, but don't worry I know who I would speak with if I was unhappy", "I don't think I've ever needed to complain. I'd ring up [name of registered manager] if I needed to though", "I don't need to complain, they're a good firm" and "If I weren't happy, I'd have complained by now."
- At the time of this inspection the service had not received any formal complaints in the last 12 months. The registered manager kept a log of low level issues raised, and any action they had taken to resolve these.

End of life care and support:

- Staff informed us they supported some people with a life shortening illness. They informed us, should end of life support be needed, they would liaise with relevant health professionals to provide appropriate support at that time. Staff said they have good links with local GPs and community nursing services. These positive relationships were confirmed by health professionals we had contact with.
- The registered manager told us they created care plans which included people's wishes for the end of their lives where this was appropriate. They included information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the last inspection we found more detail was needed in people's care plans, which was also identified at previous inspections. This showed the registered provider did not always act on feedback from relevant persons for the purposes of continually evaluating and improving their services. We found the registered manager did not submit a notification to the CQC about a specific safeguarding incident which meant we were unaware of the incident. It is important that we are made aware of these types of incident, so we can take action where appropriate to keep people safe.
- At this inspection we found improvements had been made, the detail recorded in people's care plans had improved and the registered manager had submitted timely notifications for notifiable incidents in accordance with the regulations.
- All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.
- Staff and managers were clear about their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People who used the service and their relatives told us they felt the service was well led and they felt listened to. People and relatives said, "I think it's very well run", "It's all very well done", "They answer the phone very quickly and make big efforts to deal with a crisis", "I'd be sorry if things changed" and "It seems like a big family."
- The registered manager was open and transparent and had good communication with staff and people who used the service.
- The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service which was driven by the registered manager and provider.

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

- People spoken with all said they knew the registered manager and could contact and talk with them at any time. Their comments included, "The manager is approachable and friendly", "I went down there (to the office) for a chat and a cuppa", "They're all very approachable" and "I can ring the office any time to talk to a manager if I had any problems."
- Staff meetings took place so the registered manager and provider could share information about the

service and discuss any areas that required improvement with staff. We viewed minutes of staff meetings and saw areas for improvement with a view to improving the quality of care had been discussed.

- People and relatives said they had been asked for their views about the service. They said, "I did fill in a form with questions about how my care was" and "There's been the odd letter about my care and what I think." We saw a number of surveys had been sent out for people and their relatives to return which asked for their views of the service. We saw without exception they contained positive feedback about staff and the service. The registered manager had compiled a report with an overview of the surveys. They had also acted on some comments to make further Improvements because of the survey. These improvements included schedules of visits being provided to people with multiple calls to assist them in knowing which staff would be visiting them a what times. The registered manager said they planned to send a copy of the findings and improvements they had made following the survey to all people who used the service.

Continuous learning and improving care:

- The registered manager and senior staff monitored the quality of the service. Each month they completed a range of checks on the service. For example, they audited the medication administration records and daily logs that were returned from people's homes.
- The registered managers quality assurance system also evidenced the action taken following any audits being completed. Where audits identified something could be improved, the registered manager acted to ensure the improvements were implemented.

Working in partnership with others:

- The registered manager and service worked in partnership with other professionals. We saw some health professionals had given very positive feedback to staff and to managers. Health professionals said, "It is an extremely well managed and a very professional organisation" and "We have always found the managers and carers extremely helpful and professional. We get very positive feedback from our patients who say staff are respectful, caring and proficient."