Construction Alliance Recruitment Limited

Care-Nursing Alliance Recruitment

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection took place on 7 and 16 June 2017 and was announced. Care-Nursing Alliance Recruitment provides domiciliary care services to a range of people who live in their own home. The service often provides complex care including 24 hour care or care contracted through continuing healthcare. At the time of our inspection there were 14 people with a variety of care needs, including older people, people living with physical disabilities and children.

We last inspected on the 4 and 5 December 2014. At the December 2014 inspection the service was meeting all of the requirements of the regulations and was rated as "Good".

There was a registered manager in post. 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.

People and their relatives spoke extremely positive about the outstanding care they or their relatives received. The service often went above and beyond their contractual obligations to ensure people had a good quality of care. People were placed at the centre of their care and were supported to develop their independence, meet their individual desires and live their lives to the fullest.

People and their relatives were heavily involved in their care and spoke extremely positively about the professional relationships they had with all staff employed by the provider. The registered manager contracted healthcare professional support and guidance at the provider's cost to ensure care staff had clear and comprehensive guidance to provide high quality person centred care in accordance with people's needs. The service had strong links with healthcare professionals and all healthcare professionals spoke highly about the quality of care people received.

People were cared for by committed care staff who were supported by a dedicated management team including care co-ordinators, registered manager and provider. People's relatives were involved in providing training to care staff which enabled them to provide exceptional person centred care. Relatives spoke positively about the support they received to provide this training.

There was a strong structure of leadership within the service. Staff were supported to professionally develop and be responsible for additional duties. Staff felt valued by the service. The registered manager and provider knew the needs of staff and had systems to ensure staff had access to the training and support they needed.

Staff and other professionals spoke very highly of the registered manager and gave positive feedback about their approach to caring for people. The service was passionate about providing high quality person centred care for people. All staff understood the providers and registered managers caring values.

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. People felt safe when receiving support and care from care staff. Care staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them and staff had enough resources and time to assist people in a safe way. The provider and registered manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear and detailed guidance for care staff to follow on how to manage these risks. People were assisted with their medicines in accordance with the safe administration of medicines.

Is the service effective?

Good

The service was effective. Care staff had the skills they needed to meet people's needs. Care Staff had access to dedicated support and professional development.

People's ability to consent to their care or their representative's involvement to make decisions on their behalf were clearly recorded.

Care staff worked alongside healthcare professionals and followed any instructions provided by healthcare professionals. The registered manager contracted healthcare professionals to ensure people's needs were correctly and clearly assessed.

Is the service caring?

Outstanding

The service was exceptionally caring. People and their relatives were extremely positive about the outstanding care they or their relative received. People, their relatives and healthcare professionals told us the service frequently went the 'extra mile' to ensure people's wellbeing needs were promoted and respected.

People were supported by dedicated and caring care staff team

to develop their independence and live their life to the fullest. The service went the 'extra mile' to enable people to develop and meet their personal goals and wishes.

There was a clear positive and caring culture across the organisation. Care staff were incredibly knowledgeable about people, their needs and preferences. Care staff fully understood the reason for the support and care they provided and how it had a beneficial impact on people's lives.

Is the service responsive?

Outstanding ☆

The service was extremely responsive. People's care plans were completely personalised to their needs, preferences and aspirations. People and their relatives were involved in planning and reviewing their care. People's care plans contained comprehensive assessments and clear information for care staff to follow.

The service was person centred and flexible according to people's needs. People and their relatives were heavily involved in the planning and delivery of their care. Relatives were supported to provide training for care staff which enabled them to provide dedicated personalised care.

People and their relatives were extremely confident their comments and concerns were listened to and acted upon by the care co-ordinators, registered manager and the provider.

Is the service well-led?

Good

The service was well-led. People and relatives felt the care co-ordinators, registered manager and provider were approachable and supportive.

The registered manager and provider had systems in place which enabled them to identify concerns and monitor the quality of service being provided. Where external quality checks had been carried out the registered manager used their feedback to improve the quality of the service.

The views of people, their relatives and care staff were sought and acted upon. Care staff felt valued by the registered manager and provider and were involved in improving and developing the organisation.

Care-Nursing Alliance Recruitment

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 was 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 7 and 16 June 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

This service was last inspected on December 2014. 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 we held about the service. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioners and a healthcare professional about the service.

We spoke with two people who were using the service and four people's relatives. We also spoke with eight staff which included four care staff and two senior care staff, a care co-ordinator and the registered manager. We reviewed six people's care files, staff training and recruitment records and records relating to the general management of the service.

Good

Our findings

People and their relatives told us they felt safe when receiving support from care staff. Comments included; "Definitely safe. It gives me peace of mind"; "You're always safe (with the care staff)"; "I feel safe with staff around" and "I've got a good gang here, I wouldn't want them to change. They show concern for (relative)."

People were protected from the risk of abuse and neglect. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Care staff told us they would document concerns and report them to the care co-ordinator or registered manager. One care staff member said, "We've had plenty of safeguarding training as part of the school partnership. We've followed protocols, send the concern to the registered manager, they take it forward." Another care staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I would go to the adult helpdesk (local authority) or whistle blow to CQC if I needed to." If care staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action.

People's care plans contained detailed assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been clearly identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person was being supported by care staff in their own home because they required assistance with repositioning as they had a pressure area sore. Care staff had clear guidance on how to assist this person and we were informed that the person's pressure area sore had now nearly healed. Care staff were aware of how often to reposition the person and to promote the person's independence. One care staff member explained, "Now (person) has nearly healed completely. We're trying to encourage exercise, to do a bit more for themselves. We're explaining the benefits." The person told us, "I can't fault the carers, they're pretty good."

Where people required assistance with equipment as part of their care, such as moving and handling equipment, there were clear assessments in place on how equipment should be used and clear person centred guidance for care staff to follow. For example, one person's care plans had detailed annotated instructions for care staff to follow which had been implemented by an Occupational Therapist who had been contracted by the registered manager. Care staff also received training dedicated to each individual's needs. The registered manager informed us how they had contracted the services of healthcare professionals to ensure assessments were effective and specialised and to ensure care staff had the correct

guidance, training and support to keep people safe.

People and their relatives told us care staff visited when they expected and did not have concerns about the availability of care staff. Comments included: "I've got reliable people (care staff), I don't need to worry or look over my shoulder"; "I have somebody come in and help with my lunch, then they help with tea and bed. They are very very good indeed"; "There is always someone turning up, they've never missed me out" and "We couldn't do this without them. Always well staffed."

Care staff told us there was enough staff to meet people's needs and they were not rushed when providing people's care. Care staff we spoke with often only provided care and support to one or two clients; this was planned by the registered manager to create dedicated care teams. Comments from care staff included: "Staffing is handled really well, I feel there is good continuity for our clients"; "I think (client) has a good crew" and "We have great flexibility. When needed we can get agency nurses in if required."

The registered manager, senior care staff and care co-ordinator arranged people's care rota's to ensure people had a consistent team of care staff. People's care plans documented the amount of support people required. Where staff shortages had been identified, the registered manager and care co-ordinators used agency nurses. They ensured nurses were available as the care and support provided to people was often complex and this enabled people to be supported by care staff who had a wide skill mix to meet their needs. People and their relatives confirmed that they were made aware of which members of the care staff were coming to provide them with care and support. Where staff sickness happened, care co-ordinators ensured people and their relatives were informed of the change in staff. The service did not send care staff or agency nurses who had not provided care to a person without a prior introduction.

Records relating to the recruitment of all new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where known risks related to staff had been identified through the recruitment process. The registered manager carried out a detailed risk assessment, which was then signed off by a representative of the provider. These risk assessments documented the support staff provided people and the actions the registered manager and care co-ordinators would take to reduce any identified risks. Where necessary the provider had made relevant checks to ensure staff were legally entitled to work. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People and their relatives told us care staff assisted them with their prescribed medicines. One person told us, "They help me with my medicines; they put them in a box for me to take. They remind me if I haven't had them." People's medicine administration records were consistently completed and no concerns were raised regarding the administration of medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines. Due to some people's complex needs, this required additional training on the administration of medicines through Percutaneous Endoscopic Gastrostomy (PEG) care (a means of feeding and administering medicines directly into a person's stomach when oral intake is not safe or appropriate). Where care staff required to administer medicines this way they received training from healthcare professionals and had their competency to complete this duty assessed annually.

People's care records clearly recorded the medicines they were prescribed and how care staff should administer these medicines. These assessments provided clear step by step information on when prescribed medicines were required. Where prescribed medicines were administered care staff were aware of the side effects and potential impact this has on the wellbeing of the client. For example, one person was prescribed medicines to aid them with sleeping, which meant they were unable to alert care staff regarding their needs.

Clear risk assessments were in place to manage this.

Care staff spoke positively about the training they received to manage people's prescribed medicines. Comments included: "(healthcare professional employed by provider) comes up and does competencies" and "We've been shown properly what to do. Very comfortable."

Good

Our findings

People and their relatives were extremely positive about the care staff and felt they were skilled to meet their or their relative's needs. Comments included: "I have a small team, who are brilliant. They do know me, all very good indeed"; "The staff are more than adequately able to cope with the care"; "Everyone gets the training they need. Everyone does care competencies. All in all very good" and "The staff are well trained and know what to do." One healthcare professional told us, "The members of staff I have worked with have all been very professional and have shown how dedicated they are to providing the best possible care."

People's needs were met by care staff who had access to the training they required to meet individual people's needs. Care staff spoke positively about the training and support they received. Comments included: "Training was second to none, very thorough"; "Training here is very good" and "For what I do, my training is completely covered." Care staff were supported to undertake additional training as required, for example when people's needs changed. One care staff member said, "I've been able to complete diplomas in health and social care, I'm always supported if I feel I need extra training."

Care staff received dedicated and personalised training to meet people's needs. For example, one member of care staff told us the training and support they and their colleagues received from a healthcare professional. They told us, "(healthcare professional) did all the gastrostomy button and jejunostomy (assisted ways of providing people with food and fluids which they are unable to take orally) training. We've been shown properly what to do." Additionally where family carers were caring for people they provided specific training on how to meet their loved ones needs.

Care staff felt supported to develop professionally. One care staff member spoke positively about the support and access they had when they were promoted as a care lead. They told us, "Training and support has always been available through (registered manager). It's always been available if we want to further our career. Care Alliance are really supportive if you want to progress. They've been supporting me on the recruitment and supervision side. It's been really nice and has given me confidence."

All new care staff were supported to undertake a two week training period, regardless of their prior experience in care. The registered manager told us that care staff were being supported to complete the Care Certificate as part of their training. The Care Certificate training allowed the registered manager and provider to monitor all care staff competences against expected standards of care. The registered manager had systems set up to identify when care staff required training, supervision or an assessment of their care competencies.

People received care from care staff who were supported and had access to frequent one to one meetings with their line manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "You can ask for supervision" and "Care Alliance provide comprehensive supervisions."

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005 and confidently discussed how they applied this when working with people. 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 make particular decisions, care staff made decisions on their behalf in their best interests and as least restrictive as possible. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We try and encourage one person to do more for themselves, as much as we provide options, they have capacity to make decisions"; "I try and guide them (people), make suggestions and help them to make choices. Clients don't like vegetables, we guide them, however it's your choice" and "We support people to make a choice."

People's care plans contained clear information on their ability to make decisions and how their care should be provided to them. For example, one person's care plans state that they will choose what they wish to eat or drink and around their daily activities. The care plan also states how the person made a decision to take food and drink orally, even though there is an increased risk to their wellbeing. Care staff spoke positively about the person's needs and ability to make choices.

People told us they were in control of their care and that they never felt pressurised to do something they did not want to do. Comments from people included: "They follow my lead, they always ask and never do things without asking"; "They do exactly what I want" and "Carers support him to do the things he wants."

Where necessary, people's care assessments documented where a guardian or Lasting Power of Attorneys (LPA) (representatives who were appointed to make decisions in relation to health and wellbeing or finances and affairs) were able to make decisions on their behalf.

People spoke positively about the food and drink care staff prepared for them. One person who was assisted with their dietary needs told us, "I get offered choice and they know exactly what I like." Another person told us, "they provide the right support around meals. It works."

People's care records documented the support they needed with their nutritional requirements. For example, some people receiving care and support from the service could not receive their food orally or were at risk of aspiration or choking. Speech and Language therapists had provided guidance for one person who was at risk of choking; such as guidance around thickening the person's fluids to protect them from the risk of choking. Where people received their nutritional support through percutaneous endoscopic gastrostomy, gastrostomy button and jejunostomy care there was clear guidance provided on how care staff should assist these people. Care staff who assisted people with these needs had their competencies checked annually to ensure their skills were current. Care staff we spoke with were aware of people's dietary needs and preferences.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, community nurses and occupational therapists. Where guidance had been

received regarding people's care, this was documented as part of the person's care plans. People and their relatives spoke positively about how care staff engaged with other healthcare professionals. For example, one person's relative told us, "There is good professional relationships all around." One healthcare professional told us, "Staff have worked well with the multi-disciplinary teams to ensure that the client's and family's needs are met. Staff have followed guidance well and sought advice appropriately."

Outstanding

Our findings

People valued their relationships with the staff team and felt really cared for and that they mattered. People and their relatives spoke extremely positively about the outstanding care they received and the care staff supporting them. Comments included: "Girls treat (relative) as family"; "I will say they do treat me so well, very pleasant and polite"; "They're really good people" and "A lot of care agencies are ten a penny, Care Alliance is gold dust because they genuinely care about clients. Second to none."

People were supported by care staff who often went 'the extra mile' when providing care and support to ensure those things that were important to people and gave them a sense of well-being remained in place. For example; one person lived on a farm and received care 24 hours per day to ensure their continued mobility and pressure area care. The person worried about their farm; their livestock and the maintenance of their home. So in additional to the personal care, care staff tended to the person's livestock and turned over the tractor to ensure it was ready to be used and chopped wood daily to ensure there was continual fuel to heat the house. In doing these additional tasks the person was relaxed knowing that these aspects of their life were maintained providing them with peace of mind.

One person has paid for their own care since the death of their life partner. As the person had got older they were no longer able to do their own shopping and they liked the finer things in life and were very used to their standard of living. Their main member of care staff did all of the person's shopping including the purchase of specific wine and specialised food that they enjoyed. The member of care staff did this in their own time outside of the person's care hours to ensure the standard of the person's life and how they wish to live was not compromised in any way. The care staff also supported the person to manage their alcohol intake without imposing on their lifestyle to safely maintain their health whilst understanding and respecting their social diversity.

People were supported by staff who were exceptional at helping them to express their views, so they and others understood things from their point of view. Care Nursing Alliance recognised every person had a unique form of communication varying from verbal; limited speech; eye movement only; sign language and behavioural. They found innovative ways to make sure that people had accessible, tailored and inclusive methods of communication. Staff used a variety of tools to assist in communicating with people including Tassels; Eye Gaze; Computer Assisted; Makaton; BSL; Face Time; AEIOU Spell Boards and text assisted communication. People who found it challenging to make their views known were supported creatively to make sense of their world and be part of making decisions about their care.

Staff showed a willingness to learn what people were communicating and implemented people's rehabilitation programmes tirelessly to give them every possible opportunity to regain their communication skills. For example one person had not had the ability to mobilise or communicate independently for a considerable time. The registered manager and care staff explained that as a result of relentless stimulation; stretches and intensive care the person was supported two care staff over the last six years to communicate with their eyes; move their arm and has started to vocalise. The first day the person found their own voice was a very emotional day for everyone involved in their care. The service has made strides to introduce eye gaze for the person so they can recognise YES and NO charts and use them to communicate. The registered manager told us, "There is no more powerful way to way to empower a client than to give them every opportunity and tool to physically voice their own opinion." One relative told us ''There is a good team of care staff who are open to communication."

People's ability to communicate was promoted and developed. For example, the service supported care staff to attend and complete advanced Makaton training over six weeks. The aim of this was to set up a communication file for other members of the care team and to introduce new words each week for the care staff to learn to improve and promote communication with a child they were supporting. Additionally, the registered manager told us the service had paid for the "MyChoice" computer tablet application (a software application used on computer tablets) and monthly subscription with the aim that the child could easily point to symbols to speed up their homework and improve the effectiveness of care staff's understanding of what the child wished to communicate to them. This had significantly reduced the frustration the child had felt when communicating their needs.

Care staff, the care co-ordinators and the registered manager spoke with kindness and respect when speaking about people. All care staff clearly knew people well, including their personal histories and what was important to them. One member of care staff told us how they assisted one person with their personal care and how they respected the person's wishes and their routine. They explained, "They do it the way that they are most comfortable with. We work with that and ensure they are kept safe and comfortable." Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "We look after people; they (Care-Nursing Alliance) look after us" and "The best company that I've worked for."

We found staff were highly motivated and inspired to offer care that was kind and compassionate. Staff understood that people's relationships were important to them and were creative in overcoming any obstacles to people's independence and dignity so that they could engage with their friends with confidence. For example, staff told us about one person who had a wicked sense of humour, loved engaging in social activities and staff supported the person to their weekly outing to the pub or cinema and to meet their friends. This person had been invited to a celebration away from their home which the registered manager, care co-ordinator and care staff were now planning.

The care co-ordinator had arranged to book hotel accommodation close to the celebration to ensure the person could engage in this celebration without them feeling compromised or embarrassed. The provider of the service was approached and subsequently agreed to pay for this hotel room overnight to ensure these facilities were available and enable the person to stay at the celebration as late as they wished. This plan was shared with the person who was fully in agreement with the plan. The registered manager informed us the person was 'chuffed' that they did not have to worry about their needs or leave the celebration early as everything was in place. The registered manager told us, "There are resource limitations with all client's - we get that – this is where it is important to have an understanding that the care provider has to accept that to be creative there may be cost implications; but the look on (person's) face is so worth it – it is a very small price."

The registered manager was aware of the importance of end of life care and that they were a firm believer that care continues for the bereaved family. One person was receiving palliative care from the provider, during their assessment the person had identified that they wished to visit their local train station as they had a love of trains. The registered manager ensured this dream was realised and was able to take the person to a steam rally. The person enjoyed their day out and their wish was fulfilled. The registered manager stated after the inspection: "We have learnt over the years that every family deals with grief differently and that in order to provide compassionate end of life care we must understand the religious; spiritual and cultural beliefs of the clients we care for only then can we ensure their needs are listened to; adhered to and respected in this life and beyond."

Outstanding

Our findings

People and their relatives told us staff had outstanding skills, and had an excellent understanding of their diverse needs, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. People and their relatives spoke positively about the personalised care they received, and felt they were involved in decisions about their care and support. Comments included: "The care is all about me"; "It's all about (relative), the carers understand that" and "I think the care is really tailored to (relative), they're heavily involved and supported to meet their goals."

People received care which was extremely flexible and responsive to their individual needs and preferences. Staff had an excellent understanding of the needs and aspirations of the children they supported and found creative ways to enhance their education. For example, one child was supported by care staff with their education. The service tried several different ways to support the child to make their learning experience easier. They purchased a computer tablet and care staff worked with the school to learn the curriculum so they could better understand the child's learning needs.

Staff worked creatively with young adults to explore their physical desires in a safe and appropriate manner. The service recognised that all of the people they supported had physical needs and desires. For example, one person communicated to care staff they wished to meet their physical desires in privacy even when this could place them at increased risk. The service looked at ways to support this person in the safest way possible and agreed a plan of support which meant the person was able to fulfil their physical desires in safety, whilst having their privacy and dignity respected.

When differences arose between people's wishes to manage their care needs and health professional guidance staff advocated for people and worked creatively to find a safe and appropriate solution so that people could have autonomy over their life. For example, Care Nursing Alliance arranged a variety of assessments to assess if the best way to manage one person's needs were compatible with their wish to not receive care in line with their needs. When a new plan of care had been implemented, care staff were trained to assist the person with this new way of working. This meant for the first time the person could wear certain types of clothing they wanted to wear. Their care co-ordinator recognised the importance of this and brought some clothes for the person to enjoy.

People's care and support were planned proactively in partnership with them. Staff used individual ways of involving people and their relatives so that they feel consulted, empowered, listened to and valued. All the people using the service were given the opportunity to choose their care team and staff went to

extraordinary lengths to ensure that the staff team supporting children with complex needs will be a good match to the child and their parents. For example, if they do not take to a carer or they were not a good match they were taken off that person's rota at the person's request and offered alternative work without fear of redress or reprisals. The service believed everyone had the right to say who they are happy to welcome into their homes and that this was even more important when that person was providing personal care. The same applies to Care Co-ordinators. Each person had the right to ask for this staff member to be changed if they did not feel they were the correct person to represent their views.

When recruiting carers for a child's care team there were several stages involved in putting a team together. Each applicant was interviewed by Care Nursing Alliance and the Senior Carer on the team. The service then arranged a meet and greet with the child's parents to ensure they were happy for the applicant to fit into their family life and provide care for their relative. If they did not feel they would be a good match, then the recruitment was not carried out and the match did not proceed. If this went well the service arranged for new care staff to have between 10 and 14 paid shadow shifts alongside the most experienced care staff to support new staff to learn every aspect of the child's care before they worked with them alone. The provider paid care staff an enhanced rate to facilitate these shadow shifts as they were continually monitoring and observing potential new team members. By following this process the service was ensuring that the child's parents retained control over whom they had in their home. The parents were also part of the final decision making process to say when the carer staff were signed off to lone work and to help ensure the child received safe care to meet their complex needs.

Relatives who knew people well were treated as partners in people's care planning and were respected for their skills and knowledge about people. A variety of methods were used creatively to ensure relatives and staff worked together as a team and shared their skills to further enhance the care provided to people. Relative's involvement and the training they provided care staff meant that people received person centred care which met their needs and promoted their development. Care staff spoke confidentially about the training they received from one person's relative. They told us, "I know they were given development to provide training. It's called positioning training, however it's so much more than that." The relative spoke positively about this process and how it gave them peace of mind and reassurance that their relative's needs were being met. They told us, "I do the training day, which was endorsed by the provider, it's a real positive." They also told us, "They are open to discussions; it's a two way thing. They do a superb job and are always open to communication."

One relative told us that being employed through Care-Nursing Alliance had enabled them to develop. They felt this gave them the skills to ensure their relative received the person centred care they expected. They said, "I am doing a NVQ (national vocational qualification in health and social care) level 3 through Care-Nursing Alliance. It was really good to do." They explained how they were providing training and guidance to care staff and the positive impact this had on them, their relative and their family. They said, "All staff end up working with me. I oversee everything; every staff member has their training, care competencies and clinical needs. This is all about my son."

One person's parents had consented for detailed personalised training to be provided on their relative's needs. This training used video footage of how their relative should be assisted to protect them from the risks associated with their care. Care staff spoke positively about the training and benefit it had when assisting them to meet the person's needs. One care staff member said, "The parents are heavily involved. They are always there. It's nice to have supportive parents. The family provided training; I've incorporated clips (of person) for our training, they're happy for me to do video clips. It's been really beneficial." Care staff believed this training was incredibly helpful in enabling them to provide safe and personalised care and fully understand the person's care needs.

At Care Nursing Alliance we believe that it was imperative that each person was comfortable with the staff looking after them; that the staff are correctly training; enhance people's quality of life and the whole family were comfortable with the staff in their home. People were introduced to care staff before they were assisted with their care to ensure people were not cared for by total strangers. People and their relatives felt this was important and helped them to feel more comfortable. One person told us, "I never have someone (care for me) I don't know, always the team I know." Another person told us, "They come in and shadow (before they assist me). I'm able to say if there is someone I don't want." One person's relative told us, "They (care staff) always come in and shadow." People and their relatives were involved in all aspects of their or their relatives care. People and their relatives were involved in the recruitment of care staff which ensured they were comfortable with care staff looking after them. Once potential staff had received an initial interview with senior carers they were invited to a meet and greet with people's relatives. Potential staff were observed during the meet and greet to see if they were a good match for the person and their family. If a member of staff was successful they were supported to carry out up to 14 shadow shifts to enable them to get to know the person's needs and enable the family to retain control over whom they would have working in their home.

Where people's relatives assisted in emergencies, the registered manager ensured they were thanked. For example, one person's relative assisted with their relatives care during an emergency which caused a one off staff shortage. As way of saying thanks to the relative the registered manager provided them with a gift card. The person told us, "They sent a £50.00 voucher to (family member) for helping." For example, one person had a personalised moving and handling assessment which provided care staff with clear information on how to assist the person with their mobility whilst protecting them from the risks associated with their needs. People and where appropriate their relatives were involved in planning and assessing the care. One relative told us, "They worked extremely hard getting the care plans in place with us."

The service was flexible with adjusting care times to support people with their religious needs. For example, one person wished to go to church every month. A funding request was made for this support, which was unfortunately refused. However, the registered manager and care staff looked at the staff rotas and identified where they could be flexible with their hours to support the person with their religious needs.

People felt the service was incredibly flexible to their needs. For example, one relative told us how the support they received from Care-Nursing Alliance had recently increased, which had supported them to continue meeting their loved one's needs. They told us how the service supported this increase in a timely manner and positively discussed the benefits it had for them and their relative. They said, "They've extended the time which helps. On a nice day they take her out. That extra bit of time has really helped. I don't get too stressed out." One member of care staff spoke positively about this change and how they had identified the need for this change. They said, "We give them both a bit of support. It helps (relative) can now go and have some time for themselves which helps. It's enabling (person) to stay in their own home, where they want to be."

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "If I or (person) have to report a problem we can do it to (care co-ordinator)"; "They've upped their game, I had to kick them up the bum a bit. They do listen" and "I've got trust in (care co-ordinator) any complaints I would go straight to them."

The registered manager had a log and record of compliments and complaints they had received prior to the inspection. The registered manager told us, "We have a very low number of written complaints, partly because if the clients or carers have an issue they want to raise they do so and we strive to rectify the

problem straight away. We have a culture of when we get it wrong we apologise and learn from our mistakes. This is something people and their relatives agreed with and valued this approach." Where complaints had been raised, the registered manager had used this information to improve the service. For example, one complaint was raised regarding call time issues. This concern had been acted on, and the registered manager issued an apology and implemented a detailed action plan focused on planning a rota in advance. The concerned party was satisfied with the outcome.

Good

Our findings

People and their relatives spoke positively about the registered manager, care co-ordinator and the provider. They also told us how their views were listened to and respected. Comments included: "I do have meetings with the owner, they set things in motion, it's always for the better"; "They do a superb job" and "I know I can speak to (care co-ordinator) if office, they're great. Ten out of ten."

Care and office staff were incredibly positive about the management support they received and the approachability of the care co-ordinators, registered manager and the provider. Comments included: "They are very approachable. You can always get support"; "I can't fault the team down in Gloucestershire. For the distance it's managed well. You can get (registered manager) and (provider) 24/7" and "They're not a bad company, very supportive. They look after me".

Care staff told us they felt valued and appreciated by the registered manager and provider. Comments included: "You definitely feel valued, communication is good"; "I think we're valued. We do get emails when we're away from the office saying what we're doing right and what we can improve on" and "It's a lovely organisation. They make me welcome, I am appreciated. When I come in (to the office) I always get a hug. They've told me they value me, it is nice."

The provider and registered manager ensured care staff were supported in the face of uncertainty. For example, due to the hard work of care staff one person's care is being refunded and will no longer be organised by Care-Nursing Alliance. Care staff told us the provider was supporting them with this transition and through a Tupe (staff transfer) process. One staff member told us, "The transition is a bit uncertain. Care-Nursing Alliance have been very good. (Provider) has been really good. They have given us options and time to make questions. We had a meeting where they answered these questions with organisation taking over, we're okay now."

The registered manager and provider sought the views of people, their relatives and care staff about the service. The most recent survey showed people, their relatives and care staff were positive of the service they received. Where suggestions for improvements were identified these informed the service development plan for the service. From the November 2016 survey, improvements were suggested regarding the training programme for care staff. These improvements had been implemented by the registered manager and the provider.

Where care staff had raised concerns or suggestions, these were listened to and respected. For example, one

care staff member told us how they had raised a concern regarding how some information of concern had been communicated to staff. They told us, "I took issue and I requested a meeting. This was facilitated, issues were discussed and resolved." All care staff felt they were able to raise concerns and suggestions to the registered manager, care co-ordinators and providers.

The registered manager was supported by a provider who was present and involved in key decisions for the service. The provider worked in the same office as the registered manager and care co-ordinators. Care staff spoke positively of the support they provided.

The service had an ongoing development plan, which was informed through the outcomes of quality assurance audits and the views of stakeholders. The development plan focused on the improvements the registered manager planned to make in the next 12 months, this included a focus on recruitment checks and renewal of driving licence checks (which had been identified through the registered manager's audits) and involving more people and their families in the recruitment process of new staff. There was also a clear focus on improving the focus of palliative care. The registered manager was planning to attend a local hospice's Palliative and End of Life Forum workshops to aid driving improvements in these areas.

Care Nursing Alliance carried out annual reviews to look at the care provision. They contacted the healthcare professionals involved in people's care to ask how they have found the service. Healthcare professionals told us, "I have a good working relationship with the case manager and also the office manager. I find them always eager to receive guidance around best care for this patient. They incorporate my advice into their care plans and relay that information to their care team" and "I have found that the management have had a flexible, client led approach. NCA staff have worked well with the multi-disciplinary teams to ensure that the client's and family's needs are met. Staff have followed guidance well and sought advice appropriately. They offer of a needs led service that is individually tailored to each of the client and imaginative in meeting need. I do not have any concerns about the service. I have found them to be a flexible, learning organisation."

Care Nursing Alliance worked with healthcare professionals to inform their practices and they had an expectation that together with the management team the named healthcare professionals would take ownership and responsibility for their specialism and their guidance in drawing up the care tasks and risk assessments within people's care plans. The registered manager informed us they had developed specific competency assessments for care staff in relation to people's needs. These assessments had been shared with a Respiratory Nurse Lead from Wiltshire who in turn has used them to assess the care staff employed by Care Nursing Alliance.

The registered manager and care staff reflected on the service they provided people. All members of care staff we spoke with spoke highly about putting people at the centre of everything they do and were confident about involving them and respecting their ideas. One staff member told us, "They are very client focused which is very important."