

Alcedo Orange Limited

Alcedo Care Wigan and St Helens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alcedo Care Wigan and St Helen's is a domiciliary care service that provides support and personal care to children and adults in their own homes. Not everyone who used the service received personal care. At the time of our inspection 127 people received support with their personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

People's areas of risk was not always safely assessed or managed. Care records did not always contain the relevant information, guidance or support for staff to follow. Medical / health conditions were often recorded, however there was little or no information about the surrounding risks, management of risk or support the person may need.

Quality assurance and governance measures were in the process of being improved by the manager. We were not always assured that the current quality performance or risk management measures were always used effectively to safely monitor, manage or improve the quality and safety of care people received.

Safe recruitment measures were in place and staffing levels had improved following an extensive recruitment drive. However, we received feedback and reviewed data which indicated people had not always received support at the agreed times. The systems used to monitor the reliability of call times were not effective.

Medication administration procedures were in place. However, we were informed that the electronic system was in the process of being updated. Staff were trained, regularly had their competency levels checked and audits were being completed as a measure of monitoring compliance. We identified one concern regarding medication administration that we brought to the attention of the manager.

Infection prevention and control (IPC) measures and arrangements were in place. PPE was readily available, and staff were provided with the relevant personal protective equipment (PPE). Staff were engaged in twice routine weekly COVID-19 testing regimes.

Staff were familiar with safeguarding policies and procedures and knew how to escalate their concerns as a measure of keeping people safe. People told us they felt safe when receiving care. One person told us, "Very happy, the carers are brilliant. I feel very safe."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The majority of care records contained personalised information and staff were familiar with the people they were providing support to. However, the level of information was not always consistent across all care records we reviewed.

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

Rating at last inspection and update

This service was registered with The Care Quality Commission on 13 April 2021 and this was the first inspection at this newly registered location. The last rating for the service (at the previous registered location) was 'requires improvement' (published 23 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to safe care and treatment and good governance

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Alcedo Care Wigan and St Helens

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two 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.

Service and service type

This service is a domiciliary care agency, it provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We provided a short amount of notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 10 May 2022 and ended on 12 May 2022. We visited the office location on 10

May 2022.

What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

During the inspection

We spoke with six people over the telephone and six relatives about their experiences of the care provided. We spoke with the area manager, registered manager, recruitment manager and six members of staff.

We reviewed a range of records. This included seven people's care records, multiple medication records, two staff personnel files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

This was the first inspection for this service at the new registered location. This key question has been rated 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Measures to effectively assess, monitor and manage risk were not always in place.
- Care records contained details of people's medical and health conditions. However, there was often very little information or risk management guidance for staff to follow. For instance, there was very little guidance or support measures recorded in relation to people's medical conditions such as diabetes, acquired physical injuries or cancer treatments.
- Care records did not always contain the most up to date or relevant information that staff needed as a measure of managing risk. For instance, one person who was at risk of choking received guidance from the speech and language therapy department, however, this guidance had not been fully incorporated within the person's support plans.

Risk was not always assessed, monitored and managed to prevent avoidable harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that a review and update of all care records was in the process of taking place and all areas of risk would be effectively managed.

Staffing and recruitment

- Staffing levels had recently improved and safe recruitment measures were in place. However, the call monitoring systems that helped ensure the reliability of the service were not being effectively monitored
- Staff expressed that although staffing levels had improved, management of the rostering system needed to be strengthened.
- We received mixed feedback about the call times staff completed. For instance, "Timing of calls has been an issue in the past but that is much improved" and "My mum is really happy with every aspect of her care. Timing sometimes an issue but that's ok with us."
- Safe recruitment procedures were in place. Pre-employment checks were conducted, suitable references were sought and checks were carried out with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medication administration procedures and arrangements were in place. However, the electronic recording system was in the process of being improved as a measure of maintaining greater oversight.
- We identified one medication administration concern; we were not assured that medication administration instructions had been followed safely. This was brought to the attention of management at

the time of the inspection.

- Staff received the necessary training and routine medication competency checks were completed.
- Routine audits were conducted. These helped to monitor overall compliance and provide assurances that safe medication practices were being followed.

Preventing and controlling infection

- Safe and effective IPC measures were in place.
- The provider ensured there was constant supplies of the appropriate PPE and staff were engaged in the required COVID-19 testing regime.
- Staff told us they and people receiving care had been kept safe during the pandemic and risk of transmitting COVID-19 was mitigated as much as possible.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding measures and processes were in place; staff knew how to escalate their concerns and the importance of protecting people from harm.
- People and relatives all expressed that safe care was provided. One person told us, "I am very happy, more than satisfied. I have complex needs and these carers make me feel safe." One relative confirmed, "My mum is really happy with every aspect of her care."
- Accident, incident and safeguarding reporting procedures were in place; the necessary actions were taken as a measure of safely managing events that had taken place.

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.

This was the first inspection for this service at the new registered location. This key question has been rated 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Principles of the MCA (2005) were complied with, people were not unlawfully restricted or deprived of their liberty.
- Care records contained the relevant level of information in relation to people's mental capacity. Although we did identify one care record where the person had not provided the necessary consent. This was brought to the attention of the manager at the time of the inspection.

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

- People's needs and choices were assessed; care and support was provided in line with standards, guidance and law.
- People received care that was centred around their needs, choices and preferences. One person told us, "They [staff] are wonderful, nothing is too much trouble. They will do anything I ask and they encourage me to still do whatever I can."

Staff support: induction, training, skills and experience

- Staff received the relevant support and training opportunities. They were supported to enhance their skills and experience.
- Staff expressed that they enjoyed working for Alcedo Care, they felt valued and supported to learn and develop. Staff told us, "I love it," "There are lots of positives working here, I'm developing lots of experience" and "I love it, everyone is really supportive and flexible."
- People and relatives told us that staff were well trained and provided the care and support that was needed. One relative told us, "All the care plan tasks are fulfilled, and they will do other things as well if requested." One person said, "I am bed bound and very reliant on the carers to be effective in how they care

for me. I am pleased to say they are lovely."

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

- People nutrition and hydration support needs were assessed, and guidance was sought when necessary.
- Some people's care records lacked information and guidance for staff on how to effectively support them with specific health conditions. This was addressed with the manager on the day of the inspection.
- Staff told us they were familiar with people's nutrition and hydration support needs. People confirmed that they were supported to remain independent and make choices about the food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with a holistic level of care; they received effective and timely care by both Alcedo Care and other healthcare professionals and services.
- The provider and other external professionals worked in collaboration as a measure of improving and enhancing people's quality of life.

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.

This was the first inspection for this service at the new registered location. This key question has been rated 'good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- People told us they were well treated and their equality and diversity support needs were met. People told us, "I have two carers three times a day. They [staff] are kind and I get on with them really well" and "The carers are my friends. They are so kind and my relationship with them is 100%."
- People's support needs were assessed, and staff delivered care and support that was centred around their individual needs. One relative told us, "They are kind, very caring and he has a good relationship with them. They are friendly and chat a lot to him." One person told us, "They are very kind and caring."
- People and relatives told us that staff provided respectful and safe care. One relative told us, "One of her carers is exceptional in the way she cares for my [relative]. They are all well trained and experienced, kind and caring." One person told us, "The carers are like family and friends. They give me personal care however, they make me feel comfortable and valued."

Respecting and promoting people's privacy, dignity and independence

- Staff provided care in a respectful and dignified way and helped to promote people's independence.
- Staff were familiar with the level of care people needed but also encouraged people to make choices and remain as independent as possible. One person told us, "I used to be very independent before my illness and I still do whatever I can, within limits. I cannot praise them [staff] enough."
- Confidential and sensitive information was protected; General data protection regulations were complied with.

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

- People were encouraged to be involved in the provision of care they received. Relatives said, "He has a care plan which I have been involved with" and "Her care plan is due to be reassessed in a couple of weeks and I will be involved in that." One person told us, "They are so responsive to my needs."
- Measures were in place to capture the thoughts, views and suggestions of people receiving care and their relatives. Quality assurances surveys were circulated, quarterly care reviews were conducted as well as telephone reviews and quality monitoring visits.

Is the service responsive?

Our findings

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

This was the first inspection for this service at the new registered location. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were assessed and fully supported.
- Staff were familiar with people's communication support needs and knew the level of support that was required.
- Care records contained relevant information in relation the level of communication support people needed. For instance, care records contained information such as, 'Please speak loudly and clearly, I do have hearing aids, please ensure my hearing aids are in place and are kept in a safe place' and 'I need support with my glasses on each visit, please ensure my glasses are clean and are in good working order.'

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to make choices; staff empowered people to involve themselves in the provision of care they needed.
- Care records contained 'About me' information which enabled staff to develop a good understanding of the people they were supporting. However, the level of information was not consistent across all care records we reviewed. This was raised with the management at the time of the inspection.
- 'Care visit and task' information was tailored around each person receiving support. Staff were able to develop a greater understanding of people's needs, wants and wishes.
- We received feedback to suggest that people's needs, choices and preferences were responded to. One relative said, "They [staff] are responsive to all his care needs. I have worked as a carer all my working life and know exactly how good these carers are."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, empowered to remain as independent as possible and staff encouraged people to engage in social activities they enjoyed.
- Staff were familiar with people's daily routines, specific care tasks and outcomes that needed to be achieved.
- Staff developed a good understanding of the people they supported and what was important to them. People and relatives confirmed that staff knew them well, they provided a responsive level of care and

delivered care and support that was tailored around their wants and interests.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy in place.
- People and relatives knew how to raise their concerns and told us whenever they have had to ring the office they have always been listened and responded to. Relatives told us, "I have no complaints at all" and "I have no complaints or concerns and would recommend them."
- Staff expressed that people would feel confident raising their concerns. One staff member told us, "Any issues would be listened and responded to by seniors or managers."

End of life care and support

- End of life care was not being provided at the time of the inspection. However, staff had been provided with the necessary training, should this level of care need to be provided.

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.

This was the first inspection for this service at the new registered location. This key question has been rated 'requires improvement.' This meant the service management and leadership processes required improvement. Strengthened quality assurance measures needed to be implemented to assure the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Risk management measures, monitoring processes and quality performance arrangements were not effectively embedded.
- We identified shortfalls in relation to the management of risk and overall monitoring of call times.
- We were not always assured that all areas of risk had been assessed and monitored. There was also a lack of guidance and information available for staff to follow to minimise risk to some people.
- Call monitoring systems were not used effectively. People had not received support at the agreed times and the system did not have the ability to identify and monitor variations in call times.
- The areas of risk and quality performance we identified during the inspection had not been identified during any quality reviews the provider had conducted.

Quality monitoring and governance measures were not always effectively in place. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that new risk management and quality assurance systems were in the process of being strengthened.

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

- The provider engaged with others as a measure of establishing feedback about the quality and safety of care being provided.
- Quality assurance questionnaires were circulated on an annual basis; feedback was reviewed and responded to.
- Staff expressed that they felt supported and enjoyed working for the provider. Staff said, "I really enjoy it, I feel like I'm a valued member of staff" and "[Manager] is very good at her job and really supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture; personalised care was provided and people were supported to remain independent and to achieve good outcomes.
- The provider worked in partnership with other external healthcare professionals and services.

- Staff knew when to escalate any concerns or identify changes in the health and well-being of people they were supporting; people received a holistic level of care in a timely and consistent manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour responsibilities were understood and complied with.
- People and relatives confirmed there was an effective level of communication. We received feedback to suggest the service was well managed, organised and responded to any concerns promptly.
- The provider submitted notifiable incidents to both CQC and local authority accordingly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Measures were not always in place to ensure people were receiving safe care and treatment or risk was effectively being mitigated.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective quality assurance and governance measures were not effectively embedded. The provision of care was not always being assessed, monitored or managed.