

## Alabare Christian Care Centres

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### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This service provides care and support to people in both their own homes and in supported living settings, so that they can live as independently as possible. In the supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was the first inspection of the service since it was registered. This inspection took place on 18 and 23 January 2018. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection. At the time of our inspection seven people were receiving personal care from the service.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were managed safely and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide the care and support people needed. People told us staff generally arrived on time and they received care and support from staff they knew and got on well with. Staff said they felt there were sufficient staff to provide the care and support people needed. Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs.

Staff received a thorough induction when they started working at the service. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure.

The management team regularly assessed and monitored the quality of care provided. Feedback from people was encouraged and was used to make improvements to the service. The registered manager had a good understanding of improvements that were needed in the service and had plans in place to implement them. Staff and visiting professionals were confident in the skills of the registered manager and their ability to manage the service effectively.

## 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 who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and provided support for people to be able to make decisions.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

### Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to think about what they wanted at the end of their life.

Good 

### Is the service well-led?

The service was well-led.

There was a registered manager who promoted the values of the service, which were focused on providing person centred care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service and staff. They were used to improve the quality of the service provided.

Good 

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 23 January 2018 and was announced. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

The inspection was completed by one inspector. Before the inspection we reviewed all the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

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

During the visit we spoke with the registered manager, the care and support director, a member of the board of trustees, six people who used the service and five support workers. We looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. We received feedback from two social care professionals who have contact with the service.

## Is the service safe?

### Our findings

People said they felt safe when they received care from Alabare staff. Comments included "I feel safe with the staff in my home" and "I'm very happy with the support provided. I feel safe with the staff".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The provider had taken action to learn from incidents and safeguarding investigations. For example, after one incident, changes had been made to the safeguarding procedures and guidance provided to people using the service and staff. Although the incident was not directly related to the personal care support they were providing, senior managers made changes to their management structure. These changes made it easier for staff to identify managers' responsibilities. The management team developed a generic email address where staff could raise any concerns with an on-call team if they needed to. They also developed an employee support phone line, to support staff who had any concerns. Surveys of staff completed by the provider showed an increase in their confidence in the systems in place to protect people. This was also reflected in the feedback we received from staff.

A social care professional who had been involved in safeguarding at the service said staff had worked well with them, providing information promptly and taking action necessary to keep people safe.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to manage their health conditions, support to keep safe when accessing the community independently and support to manage medicines safely. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from the management team if needed. Staff said this system worked well and they received the support they needed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with

vulnerable people. We checked the records of two staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff generally arrived on time and they received care and support from staff they knew and got on well with. Staff said they felt there were sufficient staff to provide the care and support people needed. Relief staff employed by Alabare were used to cover sickness and leave where needed. Staff said they had sufficient time allocated to them to travel between people's visits..

People who were assisted with medicines felt confident in the support they received from staff. People's care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and they were observed by managers to ensure they were putting the training into practice. Training and supervision records we viewed confirmed this.

Staff had clear information about the prevention and control of infection. This was through the service's procedures and information in care plans that was specific to people. Staff said they had protective clothing available, such as gloves and aprons, and said these were used when needed. Spot checks were completed by members of the management team to ensure the infection control procedures were being followed in practice.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. Staff had taken part in reflective supervision following some incidents. This was used to look at what had happened and review how they could respond differently in the future. This ensured lessons were learned following incidents and reduced the risk of an incident re-occurring. The board of trustees received regular reports of incidents and actions that had been taken as a result.

## Is the service effective?

### Our findings

People told us staff understood their needs and provided the care and support they needed. Comments included, "They help me explain things to the doctor and make sure I take [the medicine] I need to" and "I'm very happy with the care provided. They help with my tablets in the morning and prompt me to have a shower; they make sure I do what I should. Everything I need is in a support plan and staff follow it".

Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about diabetes, epilepsy and breathing and the support people needed. Staff had worked with specialist nurses where necessary to develop care plans, for example an epilepsy nurse specialist.

Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. The induction included time spent shadowing experienced members of staff. This gave new staff time to meet people they would be supporting and to gain a good understanding of how to meet their needs. Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. A social care professional who provided feedback to us said the staff team had a good approach and were very willing to learn. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had received, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "We get good support. The service is set up to enable staff to provide the support people need. There is good guidance in place" and "We get good support and are able to see one of the managers whenever needed".

Where people were assisted with meal preparation, they were supported to make choices about their food and involved in preparing it. People told us staff provided good support to prepare meals. Records showed staff had supported people to plan out menus to provide a balanced diet and shop for their food.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

People were supported to access services to make adaptations to their homes where necessary. Staff had

supported one person to access home security services provided by the police, to assess the security of their home and make improvements where needed. Another person had been supported to install handrails on the outside paths of their home to make it easier and safer for them to move around. For other people who were living in supported living services, staff had helped people to work with the landlord to make changes to the building layout.

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. Care plans contained details about the support people needed to make decisions. Examples included information about the way people communicated and the way staff could offer choices to people.

People told us staff always gained their consent before providing any care or support. Comments included, "They always check I am happy with what they are going to do. I have no concerns" and "Staff listen to me. They always ask what support I want and don't do things without me". At the time of the inspection the service was not providing support to anyone who did not have capacity to consent to their care. Staff were aware of processes they would need to follow if people lacked capacity to make a decision.

## Is the service caring?

### Our findings

People told us they were treated well and staff were caring. Comments included, "I'm very happy with the care provided. Staff are always respectful. I have no concerns" and "I get on well with the staff, they are very nice". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and spoke with people in ways they could understand.

Staff communicated with people in accessible ways that took into account any sensory impairment which affected their communication. For example, staff reported how they wrote down information for a person with hearing loss. Documents were provided in an easier to read format, with symbols and pictures to aid understanding.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. The registered manager reported it was mandatory for all staff to attend this training as part of their induction, which covered the values of the organisation and how staff should apply them in practice. Sections of the training were provided by the Chief Executive Officer and the Chair of Trustees. The registered manager felt this helped to ensure staff were clear these were behaviours that were expected for staff at all times and in all areas of work. The management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

People were supported to make decisions about their care and were involved throughout. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted with them about their care plans and their preferences. There were also regular service user meetings, which were used to receive feedback about the service. People were supported to access advocacy services when they wanted assistance making big decisions in their life. For example, staff had supported one person to make decisions about their health and the medical treatment that they wanted. This had been done with support from an advocacy service and specialist information from the medical team providing the treatment.

People told us staff supported them in ways that helped them to be as independent as possible. Care plans contained information on how to support people to maintain their independence and staff demonstrated a good understanding of the support needed.

Personal information was held in a secure way in the office, with only relevant staff who needed the information to provide care to people having access to it.

## Is the service responsive?

### Our findings

People had care plans which contained detailed information about their needs. The plans included information on maintaining health, support for people to maintain or maximise their independence and people's preferences regarding their personal care. There was specific information about people's health conditions. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and changes had been made following their feedback.

People told us they had been involved in developing their care plans and were happy with what was in them. People said staff followed the plans and provided them with the care they needed, in the ways they wanted it.

People told us they were supported to keep in contact with friends and relatives and take part in activities they enjoyed. This included support to take part in voluntary work and to attend social and educational groups. The service had worked to support people to maintain their personal relationships.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the registered manager if there was anything they were not happy about. Comments included, "I would speak to [the registered manager] if there was any problem. She will always sort out any problems" and "Any problems, I would speak to [the team leader]. Staff listen to what I'm saying". There was a complaints procedure, which was provided to people when they started using the service. The procedure was provided in an easier to read format, with symbols and pictures to aid understanding. Staff discussed complaints with people at their regular care reviews. This helped to ensure people understood how they could make a complaint and assure people any complaints they made would be investigated.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. At the time of the inspection no formal complaints had been made in relation to the part of the service that provided personal care. Staff had supported one person to make a complaint to another organisation that provided some support for them. This complaint had been investigated by the other organisation and the person had received an apology from them.

Staff supported people to think about death and any wishes they may have at the end of their life. They had recorded down any wishes people had expressed, and where people had said they did not wish to discuss the subject. Staff had access to a range of resources that had been developed to help lead discussions about death and people's feelings. Staff had completed training on end of life care.

## Is the service well-led?

### Our findings

There was a registered manager in post and they were available throughout the inspection. In addition to the registered manager, the care and support director for Alabare was available to support the inspection process. The registered manager demonstrated the provider's vision and values about the way care should be provided and the service people should receive. These values were based on providing a service with a strong emphasis on person centred care that was in line with the Alabare values of care, compassion, generosity and respect.

The registered manager said these values formed the basis of their induction and training programme and were discussed in staff meetings. The management team completed reviews of the service which included observations of staff practice. These were used to ensure staff were putting their training into practice and working in ways that reflected the values.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The service is well managed. If you ask for help you get it. They listen when things aren't working and ask what could be done differently" and "The managers are very approachable and have a good understanding of what is happening in the service".

There was a system of audits and reviews, which was used to create a development plan for the service. There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The registered manager used a system of reflective practice following incidents. This was used so staff involved could analyse the event and assess whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

The board of trustees had a quality and governance committee, which scrutinised the quality of the service being provided. The trustees visited the service on a regular basis to verify the audits that were completed and ensure they were satisfied with the actions being taken as a result. The registered manager said they valued the input from the trustees, as it challenged the service to ensure it was working well. They also said it helped keep a focus on the personal care element of the work Alabare undertake.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following these procedures and ensuring confidential information was not left unattended or unsecured.

Reviews included feedback from people who use the service. Forums took place twice a year, in which people were supported to raise any issues or concerns with senior managers and provide feedback on the service they had received. Actions from these forums were included in a development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the

organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.