

Alcedo Orange Limited

Alcedo Care Wigan

Inspection report

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22 June 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alcedo Care Wigan is a domiciliary care service providing personal care. The service provides support to children, younger adults and older adults. At the time of our inspection there were 74 people using the service.

Not everyone who used the service received personal care. CQC 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 and what we found

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimize risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

People told us they were well treated and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions, for example, speaking clearly and slowly where there was a hearing impairment or matching a staff member with appropriate language skills to a person.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people met their assessed needs.

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

Rating at last inspection

This service was registered with us on 13 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alcedo Care Wigan

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the Care Quality Commission 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 gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 21 June 2022 and ended on 23 June. We visited the location's office on 21 June 2022 and made additional staff calls on 23 June. An Expert by Experience carried out phone calls to people and their relatives on 22 June

What we did before the inspection

We reviewed information we had received about the service since registering with CQC and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with nine staff members, including the registered manager, deputy manager, training lead, quality manager, a nurse, the children's services development manager and three care staff members. We spoke with three children's relatives and three people using the service. We reviewed a range of records. This included eight people's care records and medication records. We looked at staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and processes were in place to help safeguard people from the risk of abuse; any issues were logged and fully investigated.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke very positively about the care staff provided. One person said, "They are very good and yes I feel very safe; I have a key safe as I'm unable to get to the door so they [staff] make sure every door is locked before they leave and the windows are shut." A relative told us, "I feel that [my relative] is safe as they [staff] seem to have a good understanding of safeguarding and they seem well trained."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed well.
- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take.
- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
 - Staff assessed risks to people's health, safety and wellbeing.
 - We found no evidence of any serious injuries having occurred.
 - The service had a system for recording and monitoring accidents and incidents.

Staffing and recruitment

- The provider followed safe staff recruitment practices. staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were required to complete a period of induction, shadowing other staff and getting to know people before starting to work alone.
- There were enough staff employed to meet people's assessed needs.

Using medicines safely

- Staff managed people's medicines safely; an up to date policy and procedure was in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered

medicines safely. Staff described to us the process of administering medicines, the types of things that would constitute a medicine administration error, and the action they would take in response.

- Clear information about people's requirements with regard to medicines was identified in their care plans. People were happy with the support they received. One person told us, "I feel safe because they [staff] know what to do with me and they make sure and check I've taken my tablets." A second person said, "I have a lot of controlled medication which they [staff] always check with me to make sure it's the right dosage and I've never had an issue with any of the carers, always four hours apart for the medication."

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits which we saw in the office premises. Staff we spoke with understood the protocols for wearing PPE appropriately when supporting people, and when visiting the office premises.
- People and their relatives confirmed staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Additional training had been done in the donning and doffing of PPE and government updates had been communicated to staff.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider analysed data to help identify useful themes and trends to minimise risks and reoccurrences.

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

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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the management team monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction, shadowing other staff and getting to know people before starting to work alone. One staff member told us, "I completed an application form, then had an interview, did my DBS, and then did mandatory training over three days. I then did shadowing, and I felt confident at the end of this period. It was very enlightening and really good."
- Managers monitored staff training provided and maintained a staff training matrix, including when training was due for renewal. One person told us, "They [staff] all seem well trained and also they listen to how I want them to be with me each day, as some days I need more assistance and equipment than others."
- People received care and support from staff who knew them well and had the skills and training to meet their needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- Staff kept detailed records of the support provided to people each day. Staff had received training in food hygiene. One person said, "[My partner] leaves me a list of shopping that's in the fridge and cupboards and then I ask the staff to make me a meal from this, so I always have a choice."
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.

- Care plans contained advice provided by healthcare professionals, so staff were providing care which met people's health needs. One person told us, "If I was unable to contact the doctor, I'm sure they [staff] would help me but I'm able to do this myself." A second person said, "Staff look after me and do as I need, and they are very nice with me."

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

- Staff followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- People were involved in developing their care plans and had agreed with the content. Staff had completed MCA training.

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 is the first inspection for this newly registered service. 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 and their relatives told us staff treated people well and respected their equality and diversity. One person told us, "I'm very happy with the carers, and they have gone out of the way to make me comfy and they do anything and everything for me." A second person said, "They [staff] are good at listening and taking on board what I need and what I don't need and always ask me before they do anything; they go above and beyond."
- The service had an appropriate equality and diversity policy and procedure in place and staff completed training in this area. A dementia champion was in post who kept up to date with good practice and the latest legislation and shared this with relevant people.

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

- People and their relatives were fully involved in making decisions about their care and support and could access their relative's updated care information on a system called 'Pass,' which provided information, for example, on which staff member was coming to visit them. The system also allowed people and their relatives to post comments for the managers and staff to see.
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements. Easy read information leaflets were available, for example on keeping well, staying safe, fire safety and home security. A relative told us, "[My relative] is really listened to and staff always make sure they're kind; one staff went to learn Makaton so they could care better for [my relative]. I think staff have a good understanding and understand [my relative's] sensory needs, for example; staff think about appropriate places to take [my relative] which shows me they really understand [my relative] and [my relative] enjoys their company."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who knew them well. Staff were knowledgeable about how to maintain privacy and dignity when providing care. A person said, "Staff help me retain as much independence as possible; they encourage me to choose what I want to do and what meals to have and how much care I need and I never feel rushed."
- Staff described to us the ways in which they maintained a person's dignity when providing personal care. Staff supported people in maintaining their independence by encouraging them to do what they could for themselves. For example, daily living tasks and support with hobbies and interests. A relative told us, "Staff care very well and always so kind and considerate; they ask [my relative] which I think is very good." I'm here all the time and can hear and see them and they never rush [my relative] or compromise [their] dignity and they laugh with [them] and [my relative] really does like them. Staff just make sure [my relative] has everything [they] need and I think that's all anyone can ask."

Is the service responsive?

Our findings

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

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

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

- Care plans were very person-centred and contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. This included people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and their relatives were involved in care planning and reviews of care. A person told us, "I get a good service with good support and feel valued and I think the quality is good."
- People's care plans detailed their strengths and areas of independence, reflected their abilities and needs and how they wished their needs to be met.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the five steps of the accessible information standard.
- Staff identified people's communication needs as part of the initial assessment process; this included reference to sight, hearing, body language, decision making, self-awareness and memory. Staff ensured people received information which they could access and understand and provided communication support if needed.
- People's communication needs were clearly recorded in their care plans and updated in real time for staff to access via an application on their work mobile phones.
- Information was available in an easily accessible format, for example the Service User Guide and Statement of Purpose.
- Care plans were provided in alternative formats if required, for example, in a different language, large print or braille.
- The provider had an Accessible Information and Communication policy in place and staff received mandatory communication training.

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 received care which was personalised and met their needs and wishes. A relative told us, "The staff are brilliant, really kind and caring and [my relative] likes going out with the staff and loves being with them. They don't rush when they are there, and they do listen and report everything back to me."
- People and relatives were involved from the initial assessment to ensure everything was how they wanted it. A person told us, "We had a meeting with [staff name] in the office at the start and she was lovely, I could choose what days I wanted and cancel last minute, so yes I could choose my package."
- Care files contained a range of person-centred information, including detailed key background information, what was important to that person and how best to support them.
- People and relatives we spoke with, told us they always felt listened to and could contact the office without any problems at any time. A person said, "I get along with everyone and there's a couple of carers I really like. If I wasn't happy, I would speak with the carers and the office if it needed it." A relative told us, "Staff have been consistent so I'm happy with that, and we've had the same carer and they've really taken [my relative's] needs into account so overall we're really happy."

Improving care quality in response to complaints or concerns

- The provider had robust systems and policies in place to reflect on complaints and concerns. The provider had rarely received complaints but on occasions when they had, the management team had responded professionally and in a timely manner.
- People and their relatives knew who to contact when they had concerns. The provider ensured people and their relatives were aware of how to raise a concern and who with at the point they started providing support. A person said, "I do know how to complain, as I needed to with the other company, but I've never had an issue with these, but feel if I needed to complain, then it would be resolved."
- Staff had a good understanding of how to manage complaints when they occurred. Staff we spoke with explained how complaints were reflected on and used to inform improvements to people's care.

End of life care and support

- People were involved in developing advanced care plans which identified how they wanted to be supported at the end of their life and any subsequent arrangements they wished to be carried out. Where possible, people had created end of life plans themselves with a copy present in their care plan.
- Staff worked closely with other relevant professionals such as doctors and district nursing teams to support people's choices when they reached this stage of life. Staff received training in bereavement support.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted openness and honesty in all its policies and procedures. Staff had close contact with people's relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Managers reflected on past performance issues and used this to improve the services provided.
- Staff said the registered manager was approachable and available should they need to raise any concerns.
- Staff spoke positively about managers. One staff said, "I think the registered manager is absolutely brilliant, she is there for me all the time and I am very happy. All managers listen and value what I do, and it gives me so much pleasure helping people to lead a better life. We have regular supervisions."
- People's care plans were comprehensive, which helped ensure people, with support, could reach their identified goals, achieve a better quality of life, and maintain their independence.

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

- Staff understood the importance of their roles and responsibilities and their performance was monitored. The provider recognised and valued the hard work and commitment of staff, for example awards were given to carer of the month and carer of the year.
- The provider ran campaigns to highlight why staff got into care work and to highlight and show recognition of their hobbies outside of work. A clear line of management and staff responsibilities was in place. A
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged everyone involved with the service to express their views on a day to day basis about how it was operated. Each person was supported by familiar and regular staff who ensured as far as they were able, that the person's views were considered.
- The staff team worked continuously to improve and develop the quality of the service provided to each person. A relative told us, "The office ring to ask if everything is ok. I had a lady about two or three months after starting with them who range me to ask if everything's ok and to ask if I would do a questionnaire survey to see if anything needed improvement."
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the culture of the organisation and what was expected from them.
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.
- The registered manager worked seamlessly with and was well supported by deputy managers who had day-to-day operational responsibility for certain locations. A recruitment manager, care coordinators, field care supervisors and care ambassadors supported management to ensure quality was maintained and outcomes for people continued to be measured and evidenced. The registered manager was supported by Alcedo care directors.

Continuous learning and improving care

- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- Managers checked staff performance regularly; the provider recognised and valued the hard work and commitment of staff. Staff supervision sessions addressed any shortfalls with regard to staff performance.
- The registered manager and staff were proud to have been rated as the highest rated care group in the UK for the second year running on [homecare.co.uk](https://www.homecare.co.uk); the rating was awarded from reviews posted by people using the service.