

Alliance Living Care Ltd

Alliance Living Care - Bristol

Inspection report

The Park
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Bristol
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27 January 2020
28 January 2020

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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: Alliance Living Care is registered to provide personal care. At the time of the inspection 14 people were receiving care from the service.

Not everyone who used the service received personal care. 13 people were receiving domestic support. 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:

People were happy with their care. People were supported by staff who received training in safeguarding adults and who had checks prior to starting their employment. People received their medicines safely and when required. Risk assessments confirmed people's support needs and any identified risks including the home environment. Staff demonstrated a good understanding of infection control procedures and how to use personal protective equipment safely.

Staff received training and supervision, and all were happy with the support and training provided. Staff supported people with any changes to their health and when required support to attend a medical review. People's care plans contained important information relating to their mental capacity.

Staff had a good understanding of equality and diversity and people's care plans reflected their individual wishes. People were given choice and encouraged to undertake daily tasks where able to promote their independence. Staff knew people well and people were supported by staff who they were familiar with. People's views were sought so that improvements could be made to the care they received. Staff attended team meetings, and all felt happy working for the provider. Quality assurance systems were in place that monitored any areas for improvement. The registered manager and senior managers reviewed these regularly.

Rating at last inspection: This is the first inspection. At this inspection we found the rating for the service was Good.

Why we inspected: This was a planned inspection based on the registration for the service.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

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.

Alliance Living Care - Bristol

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 one inspector.

Service and service type:

Alliance Living Care is a domiciliary care service that provides personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provide

Notice of inspection:

The inspection was announced we gave the service 96 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 27 January 2020 and ended on 28 January 2020. We visited two people in their homes on these dates and gained views from one relative. We also visited the office location on the 27 and the 28 January 2020.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. Before this inspection we did not ask the provider to send us information in the provider information return (PIR) prior to our inspection. A PIR gives us key information about the service, what the service does well and improvements they plan to make.

During the inspection

To understand people's experiences we visited two people and a relative in their own homes. Following the inspection, we gained views from three other relatives. We also spoke with five members of staff, including the registered manager, one care co-ordinator and the contracts manager. We reviewed three people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

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 for the service. At this inspection we found the service was Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt happy and safe with the care they received. One relative told us, "They are A1, and all are dedicated to their job, [Name of staff] is brilliant".
- Staff received training in safeguarding adults and had a good knowledge of the different types of abuse and who they would raise a concern with. For example, one member of staff told us, "Safeguarding is about keeping people safe from abuse and neglect. The types of abuse are physical, mental, sexual, financial. I would go to the police, manager as well as the care director and the Care Quality Commission".
- Safeguarding referrals were made when required.

Assessing risk, safety monitoring and management

- People's care plans had current and up to date risk assessments that identified risks relating to any equipment, mobility and the home environment. For example, care plans contained risks relating to people's pets as well as an emergency information such as the mains water and gas supply.
- People's care plans had detailed information relating to their next of kin, GP, medical history, medication and in the event of an incident who the person's emergency contacts were.
- Staff supported people who had emergency pendant in place to make sure they were wearing them, and they were regularly tested.
- The safety of staff was important to the service. Staff were provided with an alarm that would summon help should they get into difficulty. One member of staff felt although they hadn't needed to use it. It was a good way to keep them safe. Staff wore identification badges and a uniform so that people could identify them easily.

Learning lessons when things go wrong

- Incidents and accidents were logged and reviewed by the registered manager. These were reviewed by the care director, contracts manager and business compliance manager at managers meetings.

Staffing and recruitment

- People were supported by familiar staff that attended their calls in a timely manner. All people we spoke with were happy with their care. One person told us, "I get regular support from [Name of carer]. I also get sent a rota". They showed us their rota which confirmed what visits they had planned for the coming week, who was allocated and the planned time of the call.
- Staff had checks completed prior to working within the service. This included, identification, references and a Disclosure and Barring Service check (DBS). All checks had been completed prior to the member of

staff starting their employment. The service had additional systems in place such as risk assessments which could be undertaken should they be required.

Using medicines safely

- People received their medicines safely and when required.
- Care plans confirmed where topical creams required applying and how often.
- Records confirmed medicines received as required.
- Care plans contained a list of current medicines should this be required.
- Staff washed their hands and if required used gloves whilst administering medicines.
- Staff received training to ensure they had the knowledge and skills to administer medicines to people safely.

Preventing and controlling infection

- Staff received training in infection control.
- During the inspection staff demonstrated good hand hygiene. They washed their hands and dried them on paper towels. They used and disposed of (PPE) appropriately. Staff carried aprons and gloves within their rucksack should they be needed.

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 the service. At this inspection we found the service was Good.

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

Staff support: induction, training, skills and experience

- Staff received supervision which also covered an appraisal of their work and any goals they wished to obtain. All staff felt well supported. One member of staff told us, "Always get support, you can email or call and they'll always get back to you. I had a supervision last week and we have observations and spot checks every three to six months".
- Staff were able to demonstrate a good understanding of training undertaken. Training included, first aid, moving and handling, safeguarding, mental capacity, dementia and equality and diversity. One member of staff told us, "The training is very good". When asked what their equality and diversity training covered. They told us, "Equality and diversity is about treating people as individuals, regardless of their race, sexuality, disability, age, gender and religion".

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

- People's care plans confirmed what support the person required with their nutrition and hydration. Including important information relating to their dietary requirements such as diabetes care. Support plans also confirmed arrangements where the person preferred an alternative from home cooked food or a microwave meal. For example, where the person on a certain day of the week preferred to have a member of staff pick them up some fish and chips.
- Staff gave people choice and where people were able to prepare part of their meal, the service encouraged people to do this. Staff ensured people had access to condiments such as salt and pepper to season their meal. This meant people were supported with their nutrition and hydration in line with their individual wishes.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's ability to consent to care was recorded in their care plans.
- Where people had an identified power of attorney (POA) authorised this was recorded within their care plan including what the authorisation related to.
- Where people had been identified as lacking capacity mental capacity, assessments were in place including any best interest decisions and who had been involved.

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

- People's needs were assessed so that any individual support relating to their eye sight or hearing was identified. Staff could then support people with their hearing aid or glasses. People's care plans confirmed this information.
- Care plans prompted conversations with people about any individual need such as their culture, diversity and social needs. Along with their sexuality, religion or any wishes relating to a specific gender of care staff they wished to have support them. Any wishes expressed were recorded and respected in line with the person's individual choices.
- Staff enabled people to make choices relating to their care and treatment and staff demonstrated a positive culture that enabled people to make choices about their care. One member of staff told us, "We always give people choice, such as what to wear, the breakfast they'd like and if they'd like to wash themselves".

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 by staff with medical appointments when required or if people presented with a change to their health and well-being. One person told us, "I can do this myself, but I know they would help if needed". One person was supported by staff to attend hospital appointments. This was in consultation with the person and their planned hospital visit so that they were supported to attend the appointment and have any help or support they needed during the visit.
- GP and pharmacy details were recorded in people's care plans this was so staff had access to important information should the need arise.

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 the service. At this inspection we found the service was 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 were happy with their care and all felt supported by staff who were kind and caring. One person told us, "I can't fault any of them, they are all very good". One relative told us, "Their very very good and caring". Another relative told us, "Excellent very caring".
- Staff had a good knowledge of equality and diversity and had received training. One member of staff told us, "Protecting people and treating them as individuals regardless of their race, sexuality, disability, age, gender and religion". Care plans confirmed important information relating to people's religion, and any individual needs.

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

- People made decisions about their care and felt able to express their views. During the inspection we observed staff asking people what they wanted to eat and drink and if they wanted any other support before they left.
- Staff confirmed how they supported people to make choices about their care and support. For example, one member of staff told us, "I ask people what they would like for lunch. On a morning call I give them a choice of what to wear or have for breakfast".
- Staff promoted people's independence. Staff were able to demonstrate how they prompted independence. One member of staff told us, "I prompt independence by encouraging people to do what they can themselves". They gave an example of people being encouraged to wash themselves. The member of staff would then support them with areas they couldn't reach. Another member of staff told us, "We make sure everything is there for people. We do what they want us to do".

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's dignity and choice. One member of staff told us, "We always ask someone if they would like us to stay [In the bathroom] or wait outside". They went on to explain that by giving someone a towel enables people to stay covered up, keeping them warm and respecting their dignity. Another member of staff went on to explain, "We don't talk about people or disclose information about other people. This meant staff respected people's privacy and supported people depending on the person's wishes that day."

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 the service. At this inspection we found the service was 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

- People's care plans contained important information relating to their individual needs and preferences. For example, care plans confirmed people's cultural, social and diverse needs. This included if people had a specific faith.
- Care plans included what support the person required and how they liked this undertaken. For example, one care plan confirmed 'Carers to get tooth brush ready daily'.
- Care plans confirmed people's medical histories along with any emergency contacts including the person's GP and any other health or social care professionals name and contact details.
- People's care plans were reviewed every six months this was an opportunity for people to discuss any changes relating to their care or any issues or concerns.

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.

- Care plans confirmed important information relating to people's individual communication needs. This included if people wore glasses or if they had any other sensory requirements such as needed to wear hearing aids.

Improving care quality in response to complaints or concerns

- All people and their relatives were happy with the care and felt able to raise any issues or concerns with the office staff. One relative told us, "Their absolutely fantastic, no complaints at all".
- The provider had a complaints policy in place. One complaint had been received in the last 12 months. There was a record of the complaint including the outcome. Complaints were monitored by the quality manager as well as senior managers.
- Various compliments had been received by the service. One compliment from a relative confirmed, 'Thank-you all for the care and help given'. Another compliment included, 'Thank-you so much for all that you did for mum. You have all been very kind and patient, thank-you again'.

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 the service. At this inspection we found the service was Good.

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

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

- The service had a registered manager, a care co-ordinator, senior care staff and a team of carers. The provider also had senior managers who monitored the quality of the service as well as liaised with the registered manager about the performance of the service.
- Notifications were made when required. This is when certain changes, events and incidents that affect the service or the people who use the service takes place.
- The registered manager monitored the quality of the service through effective audits and regular checks. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
- The registered manager and their staff team prompted a positive culture within the service.
- Staff felt the service was a nice place to work. One member of staff told us, "I'm happy, and I feel supported. I love this job because every day is different". Another member of staff told us, "If I have a problem I just ask".
- People's views were sought through yearly questionnaires. Everyone we spoke with praised the staff and were happy with the care they received.

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

- People's care plans contained a service guide which contained important information relating to how to complain, numbers to call in an emergency and the aims of the service.
- The registered manager attended senior managers meetings so that the performance and quality of the service could be discussed and monitored. This included any actions required to improve the service.
- The registered manager liaised with health care professionals when required so that a multi-disciplinary approach was undertaken.
- Staff meetings were an opportunity to discuss any changes to people's care needs. Staff felt supported and able to raise concerns if they arose.

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 registered manager and provider worked together to support people in a transparent way.

- Systems in place monitored accidents, incidents and safeguarding concerns. These were managed in an open and honest way. This supported the duty of candour standards.

Working in partnership with others

- The registered manager worked in partnership with health care professionals, local authorities and social work teams when required.

Continuous learning and improving care

- The registered manager monitored feedback received so that improvements could be made. Records confirmed actions taken when problems and issues arose.
- The registered manager worked closely with other registered managers employed by the provider. This was so learning and practice could be shared.