

Alora Care Service Ltd

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Inspection report

Cumberland House
80 Scrubs Lane
London
NW10 6RF

Tel: 02038426319
Website: www.aloracare.co.uk

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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

Alora Care Agency is a domiciliary care agency. The service provides personal care to older people and people with physical disabilities living in their own homes. At the time of our inspection there were four people using the service.

People's experience of using this service and what we found

People told us they were treated with kindness and respect by their care workers. One person told us "I'm really happy with the service I am getting".

People received care from care workers who spoke their preferred language and understood their cultural needs. People told us they were involved in planning their care and felt listened to. People using the service gave us examples of how care workers had responded to changes in their needs and provided additional support as required. The service assessed people's care needs to ensure people received personalised care. People spoke of receiving punctual care from consistent staff that they had come to know well.

People were safeguarded from abuse and poor treatment. The service assessed risks to people's wellbeing and ensured that people were protected from avoidable harm. There were enough staff to meet people's needs and care workers were recruited safely to ensure they were suitable for their roles.

Care workers had the right skills and training to support people with regular supervision and observations by the registered manager. The provider made sure that people had the right support to eat and drink and understood people's health conditions and how these may impact on their care needs.

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.

Managers engaged positively with people who used the service, regularly contacting and visiting people to check the quality of their care. People told us they could always contact a manager and were confident in raising concerns. The registered manager carried out regular audits to make sure that care was delivered safely and effectively. Care workers felt well supported by managers and felt that concerns would be taken seriously and addressed.

The service assessed people's communication needs and the support people required to communicate, but did not always provide information in accessible formats. We have made a recommendation about how the provider meets the Accessible Information Standard.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 24 May 2021 and this was 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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we held about the service, including previous correspondence with the provider. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 26 July and ended on 29th July 2022.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We reviewed records of care and support for four people who used the service. We looked at records of recruitment, training and supervision for three staff members. We also reviewed records relating to the management of the service such as policies, incidents and staff meetings.

We spoke to the registered manager and made telephone calls to three care workers and three people who used the service.

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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were suitable systems to safeguard people from the risk of abuse. The provider had a safeguarding policy which set out people's responsibilities to respond to abuse. Care workers had up to date training in safeguarding adults and described the actions they would take if they suspected abuse. Staff told us they were confident raising concerns with their managers. A staff member told us "If I have that kind of thing, straight away I'm going to contact the office and [the registered manager] is going to contact the right people."

Assessing risk, safety monitoring and management

- The provider identified when people were at risk. This included identifying risks from falls and making transfers. The provider carried out an assessment of people's homes to ensure that these were safe.
- People were protected from identified risks by appropriate risk management plans. For example, where people were at risk from falling staff followed suitable plans for supporting people to move safely. The provider assessed the equipment people used such as frames and wheelchairs and ensured staff understood how to use these.
- Care workers received training in addressing risks to people. Staff were required to attend training in key areas such as moving and handling, health and safety and fire safety.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People told us they received care from the same staff who arrived on time. Comments from people included "[My care worker] is always on time and stays for the time period" and "They come when they are supposed to."
- The provider followed safer recruitment measures to ensure staff were suitable for their roles. This included obtaining a full work history, references from previous employment and proof of people's identification and their right to work in the UK. Staff had checks with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider was not providing support with medicines. However, the service ensured they understood what medicines people took and what support was needed as part of their initial assessment. The provider checked who was responsible for ensuring that people received their medicines. Staff received training in managing medicines and we saw an example of a competency assessment the provider would use if care workers were administering medicines. .

- There were suitable policies and procedures to enable the provider to support people with medicines safely. The provider showed us an example of an appropriate medicines administration recording (MAR) chart that they would use if they were administering or prompting medicines. There were also processes for auditing these charts to ensure that medicines were given safely and for reviewing any errors which may occur in future.

Preventing and controlling infection

- There were suitable processes for controlling infection. Care workers told us they had access to personal protective equipment (PPE) such as masks and gloves and understood the importance of wearing these on each visit.
- Staff were regularly tested for COVID-19 using rapid testing. The provider kept records of staff tests and ensured these were being carried out as part of a regular infection control audit.
- The provider's infection control policy had not been updated to reflect changes to guidance and legislation. For example, it made reference to weekly testing and restrictions on social movement which were no longer current.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when incidents or accidents had occurred. There was a process for reviewing incidents, establishing the root cause and putting measures in place to prevent a recurrence.

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 of this newly registered service. We have rated this key question 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

- The service carried out detailed assessments of people's needs and choices for their care. This involved assessing people's needs across a range of daily living skills and identifying people's desired outcomes for their care. The provider recorded appropriate information on people's dietary needs relating to their cultural and health needs and how they preferred to receive their care.
- The service delivered care in line with best practice through developing tools and policies which were aligned to legislation and guidance. Policies and procedures referenced regulations and laws that the provider followed.

Staff support, training, skills and experience

- There was appropriate training and support for care workers. Comments from staff included, "They gave us shadowing, they gave us every training we need" and "I have had the training and I feel confident."
- Staff received a suitable induction when they started with the service. This included receiving training in key areas and the opportunity to shadow more experienced staff. The provider had assessed mandatory training for care workers and had suitable systems to ensure that care workers stayed in date with their training. Care workers had the opportunity to access recognised qualifications with the support of the provider.
- The service supervised staff to ensure they had the right skills. This included carrying out spot checks and observations of staff competency. There were also systems ready for assessing staff competency for high risk tasks such as hoisting that the service were not currently providing. Care workers had regular supervision with their line managers, which was used to assess staff knowledge in key areas and identify training needs.

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

- People had the right support to eat and drink enough to maintain a balanced diet. Comments included, "I say this is what I want and I point out what needs to be made for me" and "I request if I want something and [my care worker] follows instructions very well."
- The provider assessed people's dietary needs and ensured that support with drinking formed part of people's care plans where appropriate. Plans were detailed about people's dietary restrictions for cultural and health reasons but sometimes were not detailed about people's particular preferences for food.
- Care workers recorded when they had provided food and drink but did not always detail exactly what people had had. This meant if the agency was providing support to people with limited communication it may be harder to check people were receiving balanced diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked effectively with other people involved in providing care. This included ensuring they understood what support people received from their families and other agencies and making sure plans were clear on people's responsibilities.
- The service understood people's healthcare needs. Assessments were detailed on people's medical histories and how their health conditions could affect their care needs. There was suitable information on which health professionals were involved in people's care and how they could be contacted if necessary.

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.

- People had consented to their care. People we spoke with told us they understood what was in their care plans. One person told us, "When the care plan was put in place they had my input and I'm able to make changes as needed". People had signed their own care plans to indicate their consent and understanding.
- The service showed how they would assess people's capacity to make specific decisions if they had cause to doubt this in future. The provider's systems were developed in line with MCA and demonstrated how they would make decisions in people's best interests if necessary.

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 of this newly registered service. We have rated this key question 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; Supporting people to express their views and be involved in making decisions about their care

- People were well treated and supported. People with spoke with told us they were treated with kindness and respect. Comments included, "They are kind and helpful and are doing their best to make it easy for me" and "[My care worker] listens to me and she's very respectful...she really does an amazing job."
- People's received care which respected their equality and diversity. The service identified people's religious and cultural needs and identified how best to support people in line with these. This included people's dietary needs and identifying people's preferred gender of their care workers.
- People received care from people who spoke their language and had a choice about this. The service identified people's preferred language and matched them with care workers who spoke their language. A care worker told us, "It's easier to understand me, you have clients who speak your language. One person told us, "They asked me if I wanted someone with [my first language] but I said no, I need to speak in English."
- People were listened and involved in making decisions about their care. Comments included "[I told them] what is to be done at what point, and I am able to make changes as needed" and "They listen to me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care workers told us how they made sure that they treated people with dignity whilst providing care. A care worker told us, "You make sure people are comfortable, you have to ask people and look after their dignity." Managers carried out spot checks and made observations of how people had communicated with and treated people.
- Care plans were written in a way which promoted people's independence. For each care visit plans indicated which tasks people could do for themselves and how care workers could ensure people's independence was respected.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care was planned to meet people's needs. Care plans described the support people required on each visit to ensure people's identified needs were met. People told us that they were involved in planning their care and that they received the right support. Comments included, "[my care worker] knows what I want and always asks" and "[My care worker] does what she is supposed to."
- People received responsive care. People's visit times were adjusted based on their needs, for example people received visits at different times if they attended church or personal appointments. People told us they could change their times if needed. Comments included, "If I have something like a hospital appointment [they] will do it" and "they can shift the day." People told us that care workers helped them with extra tasks as needed. Comments included "[My care worker] will do some extra, she helps me with other things I need, really she goes above and beyond" and "Sometimes if [my care worker] doesn't finish or if I need more things she stays a bit longer and that's very kind."
- Care workers documented how they had met people's needs on each visit. This included ensuring they had described the tasks they had carried out for people. Managers checked these logs to make sure that people's needs were met. Daily notes did not always describe people's wellbeing and how this may change, which could mean it would be more difficult to see early warning signs of changes in people's health or care 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 service was not fully meeting the AIS. The provider assessed people communication needs and identified when people may need support to communicate. This included identifying when people may need support to translate or read documents. The service used this information to match people with care workers who spoke their preferred language. However, the service did not routinely identify when people may need documents provided in alternative formats.

We recommend the provider take advice from a reputable source in meeting the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The service responded appropriately to complaints and concerns. People we spoke with were confident

contacting the manager to raise concerns and felt these were addressed promptly. Comments included, "Once or twice in our journey I wasn't happy about something and she did sort it out."

- The provider had a suitable process for investigating and responding to complaints. This outlined how investigations should be carried out, a timescale for responding promptly and explaining how complaints could be escalated to external bodies if necessary.

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 of this newly registered service. We have rated this key question 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged positively with people who used the service. Comments from people included, "She checks up, they call and make sure everything is OK" and "[The registered manager] visits me and she's very respectful. She always keeps in contact."
- The registered manager understood how to engage with people considering their equality characteristics. For example, the service understood people's cultural needs and how these would affect how care was delivered, including providing staff who spoke people's preferred languages and when people required care staff of a particular gender. A person told us, "It's been great having them on board, and it's been great working with them."
- Care workers told us they felt well supported by managers. Staff we spoke with told us that they could always reach a manager for support and advice. Comments included "[My manager] is very good", "she answers the phone so quickly, when you call you can always get hold of her" and "They give me support whenever I need it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had suitable systems of checks and audit to ensure the quality of the service remained high. This included speaking with people regularly to check they were happy with the service and carrying out regular audits of logs to ensure that people's care needs were met. The manager carried out regular spot checks on staff to assess the quality of the care they delivered and highlighted some areas where staff needed to develop their practice, for example ensuring they had checked the care plan for changes on each visit. A care worker told us, "She always gives feedback [after a check]."
- The provider used supervisions and team meetings to ensure that staff understood their responsibilities. Staff meetings were used to discuss the service's policies and outline expectations, for example around setting professional boundaries and complying with infection control procedures.
- The provider understood their responsibilities to be open and honest when things had gone wrong. The provider's policies such as incidents and complaints outlined their duty of candour.

Continuous learning and improving care; Working in partnership with others

- The service sought people's views on care to enable continuous improvement. The registered manager

had arranged for a survey of people's experiences of using the service so that areas for development could be identified. People's care needs were reviewed, with changes and findings discussed with the staff team. Staff received yearly appraisals to support them to improve their performance and identify additional learning which could help care workers develop their practice.

- The service worked in partnership with people and their families to deliver care. Care plans and assessment identified each party's responsibility to meet people's needs, including who was responsible for shopping, meal preparation and medicines management and what information needed to be communicated with people and their families.