Alesco Care Services Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 6 April 2017 and was unannounced. It continued on the 10 April 2017 and was announced as we were visiting people in their own homes. The service was registered with the Care Quality Commission in February 2016 and this was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care to older people living in their own homes in the community. At the time of our inspection there were seven people receiving a service from the agency.

The registered manager was not available during our inspection. The service had manager responsible for the day to day running of the service and they were in the process of applying to become the registered manager. 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 2008 and associated Regulations about how the service is run.

The organisations management arrangements required improvement. They had not been overseeing the management of the service or monitoring the quality of service delivery. Statutory notifications had not always been made to CQC which is a legal requirement.

People, their families, staff and external health and social care professionals spoke positively about the care agency and manager. Staff understood their roles and responsibilities and felt supported and listened too by the manager. Audits and quality assurance systems enabled people, their families and staff to feedback their views and ideas about the service. Information gathered was used to provide learning to staff and ensure positive care experiences for people.

People told us they felt safe. Staff understood how to recognise potential abuse and their role in reporting concerns. Risks to people had been assessed and staff understood the actions needed to minimise identified risks. People were supported by enough staff who had been recruited safely and received training and supervision that enabled them to carry out their roles effectively. Medicines were administered safely and as prescribed.

People were supported within the principles of the Mental Capacity Act. Staff supported people's ability and choices about their day to day life's and understood the need for obtaining consent.

People and their families described the staff as caring, gentle, kind, patient and fun. Staff spoke affectionately about people and had a good knowledge of their interests and things in their lives that were important to them. People's individual communication needs were understood by staff which had a positive impact on people's wellbeing and ensured they were involved in decisions about their day to day lives. People felt staff respected their privacy, dignity and right to be independent.

People had been involved in their care and support plans and staff understood their role in supporting people with their care needs. Information included details of people's eating and drinking needs and choices. Reviews took place regularly with people and reflected their changing needs. When appropriate people were supported with access to healthcare services. A complaints procedure was in place and people and their families felt if they had any concerns they would be listened too and appropriate actions would be taken.

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 were supported by staff that had received safeguarding training and understood how to recognise signs of abuse and the actions needed if they suspected abuse.

People were involved in decisions about the risks they lived with and actions put into place to minimise risk without affecting the person's freedoms and choices.

People were supported by enough staff to meet their needs and who had been recruited safely.

People's medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had the appropriate skills and training to carry out their roles effectively.

Staff received regular supervision and had opportunities for personal development.

The principles of the mental capacity act were being followed enabling people to maintain control over their lives.

Staff understood peoples eating and drinking requirements and took the appropriate actions when risks had been identified.

People had access to healthcare in a timely way.

Is the service caring?

Good

The service was caring.

People, their relatives and professionals described the staff as caring, kind and patient.

Staff they had a good understanding of peoples interests and the people and events important to them.

People had their views and wishes listened too and respected.

People had their dignity and privacy respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in their care and support plans which were reviewed regularly and understood by the staff team.

People were supported to maintain links with their local communities.

People were aware of the complaints process and felt if they used it they would be listened to and actions taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

The organisations management arrangments required improvement. They had not been overseeing the service quality or meeting their legal requirement to send statutory notifications to CQC.

People, their families, staff and external professionals spoke positively about the care agency manager. Staff shared the management's views and beliefs in providing holistic care which respected and supported people's differences.

Audits and quality assurance systems were robust enough to identify any areas for improvement and had led to positive outcomes in peoples care and welfare.

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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.

The inspection took place on the 6 April 2017 and was unannounced. It continued on the 10 April 2017 when it was announced. The inspection was carried out by a single inspector. The registered manager was unavailable during the inspection. We spoke with group manager who the directors had nominated to oversee the service.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners and the local safeguarding team to get information on their experience of the service. We had not asked the provider to complete a Provider Information Return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We obtained this information during the course of our inspection.

During our inspection we spoke with three people who used the service and four relatives. We spoke with the manager and four care workers. We reviewed four people's care files and discussed them with relatives and care workers to check their accuracy. We looked at three staff files, care records and medication records, management audits, and the complaints log. After the inspection we spoke with the person the organisation had appointed to oversee the service.

Good

Is the service safe?

Our findings

Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. We spoke with a care worker who said "If I had concerns I would speak to the boss (manager), or safeguarding direct at social services. (Manager) is really on the ball though, any concerns are reported straight to safeguarding". Another told us "We have access to the numbers for social services and CQC should we need to report any safeguarding concerns outside of the office". People and their families told us they felt the care was safe. One person said "I feel safe with (staff), I couldn't ask for anything better".

Assessments had been completed that identified risks people lived with. When a risk had been identified actions had been put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. Risks had been assessed for home safety, moving and handling, social isolation and eating and drinking. One person had an eating pattern that left them at risk of malnutrition. Food and fluid charts had been introduced to monitor what they were eating and drinking, and provided information which enabled the risk to be monitored and reviewed. Contact had been made with the district nurse to make arrangements for the person to be regularly weighed. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. We spoke with a care worker who told us "We have a new customer, I haven't been yet but they have a limited diet. We had a staff meeting and information was shared with us". Risk assessments were regularly reviewed with people. We spoke with one person who had experienced deterioration in their mobility. The manager had worked with the person and their family in organising equipment and adaptations to their home which meant there was a reduced risk of injury and the person's choices and freedoms had increased. People and their families told us that staff understood the risks people lived with. One relative told us "staff had noticed a small break on my (relatives) sacrum. They got it looked at and it's healing now. Also they got a cushion on the chair. Everything was recorded on a body map".

Accidents and incidents were recorded and reviewed by the manager. Records showed us that when actions had been identified they happened in a timely manner. Actions included reporting incidents to safeguarding, involving other professionals such as commissioners and GP's, changes to care plans and additional supervision or training for staff.

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults. The manager had enough of their own staff to meet people's assessed care and support needs. One person told us "Staff are absolutely reliable. They always telephone if late but that doesn't happen very often". During our inspection a care worker had been delayed due to an emergency with a person they were supporting. This had been reported through to the office and the duty senior care worker arrived within ten minutes. A care worker commented "At the moment we're a little over staffed but not a bad thing as we get to go on courses". We saw that processes were in place to manage unsafe practice and when they had been followed had been effective.

People were administered their medicines safely. Records showed us that medicines were administered in line with the person's prescription. We read in one care workers supervision record that they had been unsure what the different medicines had been prescribed for and wanted to know more. In response an information sheet on each medicine had been produced and we saw it in people's files. It contained information on the medicine, what it had been prescribed for and any possible side effects. Records showed us that any near misses or errors had been reported immediately to the manager and acted upon appropriately. Some people had prescribed creams. Body maps had been completed which indicated were creams needed to be applied and how often. One person told us "(Staff) help me with my cream. I told them were it needed to go but they always double check in the book".

Good

Is the service effective?

Our findings

People received care and support from staff who had the appropriate skills and training. A family member commented "We really feel the girls (staff) are well trained. They're always on courses". When appropriate new starters induction included the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. We spoke with a care worker who explained their induction. "I have felt very supported. I got something wrong early on and have been supported with weekly supervisions; it has made the difference". Induction had been effective in identifying additional training or support staff may need. In one case this had led to additional training in report writing. The manager told us "I feel it has led to improvements".

Training had taken place that was specific to people. The manager told us, "We support people with a dementia. We contacted our trainers and asked for training. Staff attended a dementia awareness course. It covered the physical changes to the brain and what that means in relation to people's behaviour. All about individual people with individual problems". A care worker explained how the course had changed their practice. "The training was quite good. We looked at scenarios – it put you in the person's shoes. You could understand what was going through a person's mind who is suffering from dementia".

Staff told us they felt supported. Records showed us this included monthly 1-1 supervisions and spot checks to people's homes to observe and discuss practice. Supervisions included themed topics linked to CQC quality standards. In February the topics discussed were staffing levels and managing risks whilst respecting people's rights to freedom and choice. Annual appraisals had been planned and enabled discussion on professional development. We spoke to staff who had been given opportunities to take health and social care diplomas. One care worker told us "We can discuss training we would like. We are supporting a person who is a diabetic and I would like to know more about diabetes".

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.

We found the service was working within the principles of the MCA. We read on people's care files a care agreement that people had signed consenting to care. Staff understood the need to seek people's consent before providing care. Files contained capacity assessments which had been completed by health or social care professionals such as the GP, district nurse or social worker. A care worker explained "When we talk to people and we get to know them and they gain their confidence with you they are more likely to make choices. They know what they want, we often just need to encourage and prompt". We spoke with one person who told us "I definitely feel in control of the care I receive. They're bossy but in a really good way. We have a joke with them". This meant that people received care that was designed to meet their needs and staff supported people's ability and choices about their day to day care.

Information had been gathered about people's eating and drinking likes and dislikes and the times they choose to have their meals. One person had a poor appetite and staff told us the actions they needed to take to support them at mealtimes. "We offer choice, small meals, and choices from the person's food likes list. We always record what has been eaten and drunk".

People were supported to access healthcare in an appropriate and timely way. A family member told us "They were concerned (relative) was getting a urine infection. They telephoned me and asked if I was happy for them to telephone the GP. They go above and beyond and are very careful. So quick to get that sorted; I was really impressed".

Good

Is the service caring?

Our findings

People and their families described the staff as caring, kind and patient. One person said, "Staff give me plenty of time I don't feel rushed". We spoke with a relative who told us "There are half a dozen girls and I can't put one above the other. They are good, gentle and treat (name) with respect. They listen to what she has to say and she has perked up no end". A relative explained how staff had supported their loved one when they needed to go away for a few weeks. They said, "Staff said don't worry we will go around so that somebody is with (name). There was someone there as I actually left. That really helped us both". We read a compliment that said "All the girls were so kind and thoughtful and treated (name) with respect and gentleness. (Name) could be difficult sometimes but your girls kept their patience and always greeted (name) with a big smile".

Staff spoke positively and with affection about the people they were supporting. We observed interactions between people, their families and care workers that were relaxed, friendly and good humoured. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. One care worker explained ,"We found out that (name) likes old photos and loves cats so we go on to YouTube looking at cat videos and (name) loves that". We observed people sharing conversations with staff about family visiting, the latest antics of the grandchildren and their Easter plans.

People's individual communication needs were understood by staff and approached respectfully and with patience. Staff told us about one person. "(Name) can repeat themselves five or six times. I always act as if it was the first time. They don't like to be rushed; they like to take their time". This demonstrated an understanding of how the person's mental health impacted on their communication skills and wellbeing".

People told us they felt involved in decisions about their day to day lives. We observed staff asking people how they would like to be supported, offering choices and spending time listening to what people told them. People told us they had been able to make decisions about which staff supported them. One person explained how initially they hadn't felt confident about one new care worker supporting them in the shower. They explained they had raised this with the office who understood and arranged a different member of staff. They went on to say the care worker had now gained more training and experience and they were now confident with their support.

People told us staff respected their dignity, privacy and independence. A care worker told us "(Name) used to like to be called by their full titlebut with time has asked us to call them by their Christian name". We spoke with one person who was discussing personal care support they told us "If I'm sitting having personal care staff put a towel across my lap to cover me up. They always close the bathroom door". Another person said "The girls respect my dignity; I find them very caring". We spoke with a relative who said, "Staff are respectful of (name) home and the cat. The cat's (name) a lifeline". We spoke with one person who explained how staff had supported them regain some independence. They told us, "A few weeks ago I ended up in bed for a couple of weeks. The care assistant encouraged me to get out. I was nervous but they encouraged me and helped me".

Good

Is the service responsive?

Our findings

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. One relative told us, "(Manager) visited initially and really put (relative) at ease. The next week (manager) came and introduced (care worker) who would be visiting (relative). (Manager) took notes about (relatives) routine, likes, how to look after pets. They do everything I ask. It was like taking over from me. Such piece of mind". We spoke with a care worker who told us, "Everybody has a care plan and we get enough time with people. We do have time to read them".

We read daily records that had been completed by care workers. They contained details of how people had been supported and reflected what had been written in their care plans. Records included details of conversations that had taken place and reflected people providing consent to care and making choices about their day to day lives.

Care and support plans were reviewed quarterly with people. One person told us, "They review my plan frequently and the new girls refer to it before they help me". A relative explained, "We have a three monthly review and discuss care, visit times etc". Monthly management reviews of care and support plans also took place. They included checking daily notes, medicine records, body maps and shopping and food arrangments.

People's changing needs were recognised and acted upon. A relative told us "Staff understand what has changed and know how to respond to the change. They will have ideas such as speaking to an occupational therapist about different equipment". A care worker explained "If we feel there has been a change in care needs such as mobility we telephone (manager). The (manager) would come out and have a look and review and for example telephone the occupational therapist". Another care worker told us how they are kept informed of changes to peoples care and support needs. "We have a text messaging service which lets us know of any changes. It works really well. For out of hours we have an on-call phone which puts you through to (manager) or (senior carer)".

People were aware of the complaints process and told us they felt if they made a complaint they would be listened too. We saw a copy of the complaints procedure in people's homes. One relative told us "Before (current manager) we had a few issues. (Current manager) has pulled things together fantastically. She listens to what you have to say, she sits and talks it through, however long it takes". Another told us "Initially we didn't know what time (care workers) were coming; we seemed to be filling in. We discussed it with the manager and now it's all been sorted out". This demonstrated that people were listened too and actions had been taken to improve quality outcomes for them.

Requires Improvement

Is the service well-led?

Our findings

The organisations management arrangements at the time of our inspection required improvement. When we carried out our inspection there had been recent significant changes to the management structure of the overall business. The registered manager was not available at the time of our inspection. A manager was in post for the day to day running of the service.

We found that the organisation had not been overseeing the management of the service, monitoring quality or providing professional guidance and support to the manager. We spoke with the group manager. They told us "I agree it's true there has been no previous organisational oversight of Alesco. Our plan is to put something in place for supervision and oversight. Plan is to discuss with (manager) next week the way forward".

Statutory notifications had not always been made to CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. This meant that CQC had not received information to support the monitoring of the service. We read a safeguarding record reporting an incident where a person had been identified as at increased risk of harm. The person had been supported by one carer with moving and transferring although the risk assessment stated two staff members were needed. This had increased the risk of harm to the person. The incident however had been investigated and actioned by the manager. We discussed this with the manager who told us they would familiarise themselves with CQC notification requirements.

People, their families, staff and social care professionals spoke positively about the service and the manager. One relative said "Alesco are fantastic". Another told us "You couldn't ask for a kinder person (manager). I feel they wouldn't stand any nonsense. We get the real personal touch". We spoke with one person who said "We have used other agencies but this is the best".

We observed friendly, relaxed but professional relationships between care workers and the manager. Staff spoke openly to the manager about their work and were encouraged to discuss their ideas and concerns. Staff had a clear understanding of their roles, responsibilities and level of decision making. One care worker told us "We know exactly what we have to do and any problems you can get hold of (manager). She is always there. A very good supportive manager".

Audits and quality assurance processes were in place that were effective in monitoring service delivery and driving quality standards. Regular audits included care and support files, supervision, recruitment and training.

Quality assurance surveys with people, their families and staff took place six monthly. We read that one person had raised a concern that care workers were arriving too early. This was not in line with the company policy which stated care workers would arrive no earlier or later than 10 minutes either side of the

agreed time. The manager had actioned this by writing to staff and getting them to read and sign they understood the policy. This demonstrated that information collected was used to support staff performance and improve the quality of service people received.