Alliance Living Care Ltd

Alliance Living Care - Tamar Court

Inspection report

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22 May 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook this comprehensive inspection on the 21 and 22 May 2018 it was announced.

This was the service's first inspection since it registered in March 2017.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

At the time of the inspection 42 people were receiving care and support in their own flats at Tamar Court. Not everyone living at Tamar Court receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. 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.

People did not always have records in place that confirmed they had received their medicines as required and safely. Where people needed topical creams applied body maps were not in place.

People were supported by staff who had suitable checks in place prior to supporting people. Staff received supervision, training and an annual appraisal and new staff received a 12 week induction to ensure they were confident and competent in their new role.

People had care plans and support plans that confirmed how they wished to be supported and risk assessments confirmed people's individual risks and how these were being managed.

People were supported by staff who offered choice however the principles of the Mental Capacity Act 2005 were not being followed. This is because one of the principles of the MCA is that people should be presumed to have capacity.

People were supported with their nutrition and hydration however people's views on the quality and type of food was variable. Feedback had been sought and plans were in place to make improvements to people's meal time experience.

People were supported by staff who were kind and caring and who promoted people's independence.

People were also supported their medical appointments if required.

The service used some technology to assist and support people. This included a loop system and an electronic computer system that could talk to people and take commands such as turning off the lights.

People's care plans contained important information such as likes and dislikes. Various activities were available for people and the building had communal space where people could spend time with visitors and friends.

The service had quality assurance systems in place that identified shortfalls found during this inspection. The service aimed to improve people's care experiences by receiving feedback and making improvements to people's comments.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

People's medication records did not always confirm the person had received their medicines as prescribed and topical creams did not have body maps or clear instructions for staff on where to apply creams.

People and staff felt improvements were needed to the staffing within the service.

People were supported by staff who received checks prior to working with vulnerable adults.

Is the service effective?

Good

The service was Effective.

People were supported by staff who received training, supervision and an annual appraisal.

People were supported by staff when required to have their nutritional needs meet.

People's choices were respected although the principles of the Mental Capacity Act were not always being followed for people who had capacity.

Is the service caring?

Good

The service was Caring.

People were supported by staff who were kind and caring and who demonstrated privacy and respect.

People could spend time in the communal areas of the building or come and go accessing the community as they wished.

Is the service responsive?

Good

The service was Responsive.

Most people's care plan contained important information relating to their likes, dislikes and routines.

People and relatives felt the service was responsive to concerns or problems and all felt able to raise concerns with staff and the management.

Most people felt they had access to activities throughout the day and people could come and go using the communal and outside areas surround the building and local community.

Is the service well-led?

Good

The service was Well-led.

The service had quality assurance systems in place that identified shortfalls found during the inspection.

People, relatives and staff all felt the management of the service was approachable and accessible.

People had their views sought with questionnaires and meetings. Where feedback was provided the service aimed to make improvements.

Alliance Living Care - Tamar Court

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 was carried out by two adult social care inspectors and an expert by experience. An expert by experience made telephone calls to people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 48 hours' notice of the inspection to ensure the registered manager would be there.

Inspection site visit activity started on 21 May and ended on 22 May 2018. We visited the office location on both of these dates to see the registered manager and office staff; and to review care records and policies and procedures.

We spoke with the registered manager, and office manager and five care staff. We visited two people in their own homes and made calls to 12 people. We also spoke with nine relatives.

We looked at five people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send

us.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe as the recording of medicine administration was not always sufficiently detailed. For example, Medicines Administration Records (MARs) did not always record if prescribed medicines had been administered. One MARs record had no record of the person being administered their medicines, there was no record of why the medicines had not been administered, for example, 'If they were either not required' or 'refused'. We raised this with the registered manager who confirmed the person had been in hospital. However the person's MARs chart had other missing signatures where medicines prescribed had not been signed as administered.

Some people required staff to administer creams and lotions. Records of where the cream and lotion should be applied were not being recorded on a body map. For example, one person required a body map that confirmed where their two creams needed to be applied. The person also required staff to support them with administering the correct dose of insulin. They had no diabetic support plan that confirmed what support staff should provide with their insulin and what actions staff should take if they became unwell. We discussed the inconsistency of recording of prescribed medicines with the registered manager. They were aware improvements were required. Some action was taken during the inspection however records still required further improvement to confirm people had received their medicines safely or as prescribed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were supported by a regular staff team although at the time of the inspection the service was recruiting more staff. The registered manager confirmed the staff team was going through a difficult time due to some staff leaving. During the inspection people were supported by enough staff to meet their needs although people and staff's feedback about their being enough staff was variable. For example, people told us, "There doesn't appear to always be enough staff". Another person said, "I think they are being let down by Alliance management, as the carers are being over stretched which is not a criticism of the manager, or the staff". One relative
told us, "I feel there are enough staff in the day, though there may not be enough at night to cope if my [Name] had an emergency. One member of staff told us, "Sometimes it is stressful because staff left but the other carers are very helpful. It does feel the care is not rushed but it means we are late for the next person. We always make sure people are safe before we go to the next call. All calls that people were due were allocated to staff. This meant there were no care calls that were unallocated. Staff confirmed they were undertaking extra shifts whilst the service recruited additional staff. The registered manager confirmed they could also support with care if required.

People's care plans had information that identified risks and gave staff guidelines on how to support people. Care staff were able to describe people's risks and what actions they took to support people. People's risk assessments identified if the person, needed support from staff with their mobility. Their risk assessment confirmed what support they required including any equipment to be used.

People felt safe. They told us, "Yes, the service is safe and the carers are second to none, in terms of the way they treat people". Another person told us, "Yes, I feel the service is very safe". One relative told us, "Yes, I think [Name] is safe and secure which is important to me". Another
relative said, "I feel the service is safe".

Staff were able to demonstrate a clear understanding of abuse and what they would do if they suspected this. One member of staff told us, The types of abuse are, "Financial abuse, sexual, neglect, physical. If I see it I would report to police, social worker and police. Here I would speak to[Name of manager]. Another member of staff confirmed, "It is about making sure they are safe and well. Abuse is, financial, verbal, physical and emotional. I have not witnessed abuse here but I would go to [line manager] or police or social services".

People were supported by staff who had checks undertaken prior to starting their employment. For example, checks including verification of identification, references and disclosure and barring service (DBS) checks. A DBS check confirms if the individual has any past record that might make them unsuitable to work with vulnerable people.

The registered manager recorded incidents and accidents so that these could be reviewed for any trends. Where incidents had occurred the service recorded any actions taken to prevent a similar incident happening again.

People were supported by staff who demonstrated a good understanding of infection control. Staff used personal protective equipment such as gloves and aprons and confirmed they washed their hands before leaving people's flats.

Good

Is the service effective?

Our findings

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. Capacity should always be assumed

The principles of the MCA were not always being applied as people were being assumed to lack capacity to make decisions. During the inspection we found people had mental capacity assessments in place when they had capacity, which were not necessary. For example, mental capacity assessments had been undertaken for people relating to their finances, care and medication. The person's outcome of their mental capacity assessment confirmed, the person had capacity. During the inspection the registered manager and care staff demonstrated a good understanding of the principles of the Act. For example staff confirmed people should be assumed to have capacity and that you must gain their consent to assist them. Staff gave examples of how they gained consent. One member of staff told us, "We always make sure that the person is happy for us to support them with anything we do".

Where people lacked capacity this was recorded in their mental capacity assessment along with any best interest decision. Where people had a best interest representative this was recorded in their care plan including any power of attorney information.

People were supported by staff who had regular supervision and appraisals. Staff felt supported. One member of staff told us, "I feel supported". Another member of staff when asked about supervision told us, "It is regular". Supervisions discussed topics such as conduct, training and development needs.

Staff received training to enable them to support people competently. Staff had received training in, moving and handling, infection control, first aid, medication and safeguarding training. Staff received additional training so that they were able to support people with their individual needs. For example, one member of staff told us they had received additional training in dementia. They told us how beneficial this had been to understanding how to support people. They said, "I didn't know anything about dementia. It gave me an understanding. I learnt about personality, mood changes and how it affects their lives."

Staff received a 12 week induction that enabled them to feel confident in their role. For example, staff undertook training and shadowed experienced staff within this time. One member of staff told us, "The induction had manual handling, fire training, whistle blowing, safeguarding and health and safety". Another member of staff confirmed, "On induction I had six weeks of training. I did moving and handling, fire safety, dementia."

Some people were supported by staff with the preparation of food and drinks. Where people had individual specific needs relating to their nutrition and hydration this was recorded in the person's care plan. Staff

knew people well and were able to confirm what support people required with their nutrition and hydration.

People also had access to cooked meals on site. These were available at lunchtime. People we spoke with gave us mixed views on their meal experience. For example some people felt the quality and portion sizes at times were not to their satisfaction. One person told us, "Sometimes the food is variable. Sometimes the quality of the food is quite variable, and the portions aren't consistent – one day you can have a big portion, other times you get a small portion". Another person told us, "The food isn't too nice, I prefer foreign food though there isn't much available". Lunches were provided as part of living at the service. The service had sought people's views on the quality of the food. Where people had raised comments and suggestions the chef confirmed they had introduced additional choices and were looking to trial curry's and a cooked breakfast once a week.
This meant the service was keen to improve people's dining experience.

People and their relatives said appointments were made to health care professionals when required. One relative told us, "[Name] is supported to attend GP appointments in the community with ease". Another relative said, "[Name] has access to opticians and dental appointments which she is supported to access". Records confirmed when people had attended a medical appointment including the outcome.

Good

Is the service caring?

Our findings

People felt treated with respect, compassion and kindness. They told us, "They are caring, they are not just your carers they become your friends". Another person said, "I love it here, I have no regrets of coming to live here, they always look out for you". Another person said, "I will be the first to defend the girls with my life, they are caring and can't do enough for you, I can't fault them".

Staff spoke to people in a caring and reassuring way. We observed one member of staff hold the hand of a person who was tearful and upset. Staff demonstrated a compassionate and kind approach to people. One person during the inspection said to a member of staff, "It is good to see you, I have missed you."

People had their dignity and privacy respected. During the inspection we observed carers knocking on people's doors and waiting for permission before they entered people flats. One person told us that, "When I have a shower they always cover me with a towel to preserve my dignity".

People were supported by staff who were familiar with their individual support needs. Staff felt well-informed about the people they supported. One member of staff told us, "We work with the same people, you get to know them really well and they get to trust you". The member of staff went on to explain that they had formed a good understanding of the person's support needs. They said, "[They] would not let anyone provide care for [Them] except [their spouse]. But because we went there regularly, we know what [they] like to eat, what [they] like to do, and [they] know us."

The service had received various positive compliments from people and their relatives. Some of the comments from relatives included, "I am happy mum has settled. I don't have to worry and can be at ease as I know she is being looked after". Another comment included, "All the girls are friendly and do a good job and always go out of their way to make sure [loved one] always had his call times early in the morning to make sure he was up and ready for hospital treatment". One Christmas card read, "I would like to express my thanks for her care and compassion she shows me during my care calls. She always goes the extra mile."

People had their individual needs respected. For example, the service had a special loop system which improved people's hearing if they used a hearing aid. Staff used a pictorial flip chart to enable people a choice of activities and meal options or to explain what they were doing. The registered manager confirmed they were part of a virtual technology pilot scheme run by the local authority. This meant they were trialling a voice activated computer system that provided information to people when they asked a question. The activities coordinator gave an example of how this prevented social isolation. They told us, "One [person] has been anxious when left alone in their flat. Now they talk to [Name]. Some people who can't walk anymore but can command [Name] to switch on the lights, do their shopping over the phone or speak to people on the other side of the building". The registered manager was hoping more people would use this technology to reduce social isolation and promote independence.

People were encouraged to maintain their independence. During the inspection we observed people spending time in the communal areas of the building, going out into the gardens or the local community.

People were encouraged and supported if required to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received positive outcomes from the support and care they received. For example, one social care professional said because of the good care and support provided to one person they had made improvements to their health and were now settled in their home. They felt the staff had worked with them to make their flat homely. They had put on weight and were now eating well. Staff had supported the person into the community which they hadn't done for many years. The person said, "Staff came with me, that reassured me. I asked that they wore their day to day clothes so that it felt like I was out with my friend and not a carer. I had the most fantastic time in a long time."

People had person centred care plans that included people's likes, dislikes and how they wished to receive their care. Care plans also contained a 'about me' document that confirmed how the person preferred to be addressed, their family information and a typical day. One person's care plan required updating following some recent changes to their mobility, anxiety, behaviour and pain reliving patches. We raised this with the registered manager who was aware of these changes. They confirmed some of these changes had just occurred and that they were in the process of updating staff and the person's care plan. People and relatives we spoke with felt the service was responsive when things changed. One person told us, "Yes, I am involved. I decide what I want and when". One relative told us, "I have been involved in my [Name] care plan. If there are any changes I am involved in the care plan review". Another relative told us, "They have been really good. They are very responsive. For example, my [Name] washing machine broke, though the service allowed my [Name] to use the washing machine in their laundry facilities."

People's end of life wishes were not being explored at the time of the inspection People's care plans did not include details about people's end of life wishes. No one at the time of the inspection was receiving end of life support. During the inspection the nominated individual and registered manager confirmed they were in the process of implementing a change to the service's care plans. They confirmed the new care plans would include people's end of life wishes.

People felt able to raise complaints to the staff or registered manager. People told us, "Yes, the staff are very approachable and I feel comfortable approaching them with any concerns". Another person told us, "If I am unhappy with anything I would let them know though I don't think this
would be the case". One relative confirmed a complaint had been resolved to their satisfaction. They told us, "I had to complain about [Name] as they were sat in the dark without a TV on causing distress. I raised my complaint, and changes to [Name] care were made to make sure this didn't happen again". The service had a complaints procedure in place.

The service had received various written positive feedback from relatives and health professionals. Comments from a health care professional included, '[Name] settled into Tamar Court. Not managed a shower in years managed a shower first time the other day. Also putting on weight and eating well'. Another compliment included, 'All the staff at Tamar Court were ever so caring and that she had never come across such caring carers.'

People were mostly happy with the access and variety of activities available to them. One person told us, "If I wanted to go out to an activity I feel this would be supported and I could go out if I wanted to". Another person told us, "There are quite a few activities, Tuesday morning we have coffee morning and there seems to be plenty to do". One person felt there were not enough activities. They told us, "I don't think there are enough activities at the moment, there need to be some more I think. I do like the coffee morning, I really enjoy going to this. I don't really enjoy playing games very often, I am not really into this". One relative said, "[Name] really enjoys
karaoke, staff support to engage with this. All staff are aware of [Name] preference for music. This is used to help keep [Name] calm and happy". Another relative said, "I feel there are a lot of different types of activities individuals can get involved with and it is tailored to people's needs' so
people don't get bored". During the inspection we observed people spending time socially with each other in the communal areas. There was a number of lounge/sitting areas in the building where people could spend time with each other or visitors. On the second day of the inspection we
observed people being able to access a pop up shop where people could purchase a new handbag or jewellery.

People were supported to manage their health conditions. One member of staff confirmed how they had support one person to attend a recent medical appointment. This was recorded in their care records. People were supported by a range of health professionals, including the occupational therapist, GP, district nurses and chiropodist.

Good

Is the service well-led?

Our findings

The service had a quality assurance system in place. Audits monitored the quality of the service including infection control, medicines management, care plans and health and safety. The service manager shared with us their action plan for the service. This highlighted shortfalls within the service and actions required, such as improvements to care plans, risk assessments, medication charts and training staff with the new paperwork. Recruitment of staff was confirmed as on going. The action plan had a start date and end date including the percentages achieved.

The service was managed by a registered manager. They were managed by a service manager who was also the nominated individual. The registered manager had a team of care staff including a senior carer and an office manager.

People, relatives and staff spoke positively about the management of the service and that it was a nice place. One person told us, "[Name] is very approachable and helps to create a nice environment". One relative told us, "I feel the managers take their role seriously. There is always someone available to help and support". Another relative told us, "[Name] is very approachable, she has an open door policy and I have approached her to discuss [Name's] care and received some good support". Staff felt it was a nice place to work and that there was good team work. One member of staff told us, "Nice happy atmosphere with staff as well as team."

The provider had values within the organization. These were 'AAGAME' - Agame, Ambitious for all, Genuine, Awake to challenge, Make the difference, Effective. Staff and the management reflected the values of the organization. The service manager confirmed they had a plan for the future which involved working with schools, making changes to care plans, and getting the foundations right including recruiting the right staff to the vacancies.

People's views were regularly sought through resident meetings and feedback questionnaires. For example, people had been asked about their care experience. Feedback was mostly positive. With most people feeling care staff stayed for their allocated time, that staff had a good attitude and appearance that the quality of the service was good and care staff did was expected of them. Comments included, 'We find staff go well over what is expected of them to make our lives comfortable'. Another comment was, 'My husband and I have found all the carers very pleasant, kind and helpful. Just one big happy family.'

The service had a regular newsletter. This confirmed the activities planned, information on the building, useful numbers and plans for the future.

Staff attended team meetings. These were an opportunity to discuss changes to people's care needs, problems, incidents and accidents and any other current topic. Staff signed an attendance sheet to confirm they had attended. Records confirmed the registered manager had at the last staff meeting discussed problems with filling in Medication charts and problems with laundry.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The Provider Information Return (PIR) had been completed and returned within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured effective recording systems for medicines. Regulation 17(2)(c)