Alliance Living Care Ltd

Alliance Living Care - Portishead

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an inspection of Alliance Living Care - Portishead on 19 October 2017. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service registered to provide a regulated activity with the Care Quality Commission in September 2015. This was the service's first inspection since registering and had not been previously rated.

Alliance Living Care - Portishead provides personal care and support to older people in their own homes in the North Somerset and Bristol area. At the time of our inspection there were 107 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. 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 service was not consistently safe as medicines records were not always sufficiently detailed. Audits were not fully effective in monitoring and improving the quality of the service provided. Not all areas of care and support were included and the audits in place were not detailed.

The service had safe staff recruitment procedures in place. People spoke highly of the staff at the service. Risk assessments were in place to keep people safe. Staff were knowledgeable about identifying and reporting and safeguarding concerns.

Staff were supported and developed in their role by an induction to the service, supervision and regular training. People's health needs were met. Staff supported people as directed in meeting people's nutritional and hydration requirements.

People spoke positively about the kind and caring staff at the service. Care and support was delivered to people as they preferred. Care and support was received as scheduled and people were informed of any changes.

Care plans were person centred. Care plans were reviewed regularly, with people and changes made as necessary. New care plans being introduced identified areas where people's capacity to consent to care and treatment may need assessing. Staff had training in the Mental Capacity Act 2005 and could apply their knowledge within their roles.

People and staff felt comfortable in raising any issues of concerns and these were listened to and responses given. Different systems were in place to effectively communicate and gain feedback from people and staff through meetings, surveys and newsletters.

The provider ensured information was effectively communicated to people and staff through newsletters,

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 this 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 consistently safe.

People's medicines were not always managed safely.

People told us care was delivered safely and as scheduled.

Staff knew how to identify and report safeguarding concerns.

Risks to people and the environment were identified and assessed.

Is the service effective?

Good

The service was effective.

Staff were confident in their knowledge and understanding of the Mental Capacity Act 2005.

Staff received an induction, regular supervision and training to support them in their role.

People's health needs were supported.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and treated them with respect.

Staff supported people in a way that upheld their privacy and dignity.

Staff knew people's preferences.

Is the service responsive?

Good

The service was responsive.

People and relatives felt comfortable in raising complaints and concerns.

Care plans were person centred.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were not fully effective in monitoring and improving the quality of the service provided.

Staff were supported and valued.

Feedback was sought from people about the care and support they received from the service.

Regular meetings and systems were in place to communicate and share information with staff.

Alliance Living Care - Portishead

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 one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

During our inspection we went to the Alliance Living Care - Portishead office. We spoke with the registered manager, two senior managers and three staff members. After the inspection visit we undertook phone calls to 22 people and relatives who received care and support from the service. We also spoke to a further three staff members.

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.

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. We looked at medicines administration records (MARs) and care plans for three people and found that people's medicines allergy status was not recorded. This meant that staff were not always made aware if a person had a medicines allergy or not. The time medicines were given was written as, 'AM, TT and BT' on the MAR. This referred to morning, teatime and bedtime. There was no key to indicate what these abbreviations meant, although staff understood them. It is good practice to record the time a medicine is given to ensure that a suitable gap can be left between doses. Some people were prescribed medicines to be taken when required. There was no guidance in place for staff to indicate when these medicines may be needed. However, the MARs we reviewed showed as required medicines were being regularly offered to people and recorded when administered. Some people used creams and lotions. It was not always clearly documented where these should be applied on the body. For example, in one care plan we reviewed the person was prescribed three creams. Their care plan summary section gave some guidance on where the application of two of the creams should be, but not the third cream. Guidance for staff indicated the level of support people required in applying their creams and lotions. There was not a effective system in place to ensure staff were administering people's current requirements of medicines. Staff administered what was recorded on the MAR, without being able to check this was up to date and correct from another source. Storage instructions for people's medicines were documented in their care plan. A clear procedure was in place for staff to follow should a medicine error occur. We observed that this had been used when appropriate and actions taken were recorded.

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

People told us they safe and comfortable with the care and support they received from the service. One person said, "I have three regular staff who come to see me, who I trust 100%."

Risks to people were identified and managed. This included assessments in areas such as pressure care, nutrition and personal care. Guidance for staff to minimise risks to people were documented. We did highlight that one person's preventative measures in regards to falls had been omitted from their care plan. We were informed that this was a computer error as all other care records we reviewed had this section completed. The registered manager addressed this immediately.

The provider had a business contingency plan in place to address unpredicted disruption to the service. However, this did not always give the direction at the service level of how to manage in circumstances such as adverse weather or staff sickness that may affect the provider's ability to resume a usual service to people. People were categorised into different levels of risks in regards to their support needs. For one geographical area this had been developed into a strategic plan of how care would be delivered depending on people's risk level, giving guidance and information that staff could follow. The registered manager said this would be extended to the other geographical area the service covered. However, one person commented how well the service had dealt with a recent major road closure in the local area.

People said they had not experienced any missed support and people said staff were usually punctual. People told us they had some occasions when staff had been later than the scheduled time, but they would be contacted by the office to explain why this was. One person aid, "They are all good at their jobs. I look forward to seeing them." People indicated that there had been a period of time when staffing numbers were lower but said this had now improved. One staff member said, "There is enough staff, I haven't heard of any missed calls." Clear protocols for staff were in place should the person not answer their scheduled call. Staff said they were supported by an out of hours on call system should they require any support of guidance.

Environmental risk assessments were also completed to ensure that the care and support could be delivered safely. This highlighted areas such as access, lighting and fire safety systems. New versions of people's care plans contained information about when people's equipment had been serviced and maintained. The registered manager sent us details after the inspection that showed this had also been included in people's review form so equipment could be regularly monitored that it was safe for the intended purpose.

The provider had safe recruitment processes in place. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A checklist' was in place to ensure that all steps of the recruitment were fully completed, this was dated when actions had been completed.

The provider had policies in place for safeguarding vulnerable adults. A flowchart was in place which guided staff through the process. One staff member said, "I know how to spot and report abuse, I have done my safeguarding adults training." The provider reported safeguarding concerns to the appropriate authorities when necessary. We reviewed that internal discipline procedures had been used in response to safeguarding concerns raised. Safeguarding incidents were logged and outcomes and actions taken in response recorded. For example, an internal policy was refreshed with staff at a meeting and care plans were changed to ensure Do Not Attempt CPR (DNACPR) management plans were clearly visible.

The provider had an accident and incident procedure to follow in case a situation occurred. Staff we spoke with knew what to do and how to report such incidences. Details were kept of any accidents and incidents and the actions taken.

Staff said they were given all the equipment and documentation they required to conduct care and support safely and to keep themselves safe within their role. We viewed the bag and contents that staff were supplied with. This contained equipment such as reporting forms, personal protective equipment, a torch, a personal alarm and quick guidance tools. For example the Mental Capacity Act (MCA) 2005 and the staff sickness procedure.

Good

Is the service effective?

Our findings

The service was effective. 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.

People told us they consulted about their care and support and consent was obtained. One person said, "They [staff[repeatedly check that I am comfortable with what they are doing." Staff had received training in the MCA and could give example of how they applied these principles in their role. One staff member said, "I talk through the care being given. I ask people's consent. We encourage people to make their own decisions."

Current care plans in place did not always identify people's capacity around different areas of their care. The registered manager showed us the new care plan format that was currently being implemented for all people using the service. We reviewed a completed copy. The new care plan document assessed people's capacity where necessary around specific areas of people's care and support.

Staff told us they had regular supervision. Supervision is where staff members meet one to one with their line manager to discuss their development and performance. A staff member told us they benefited from their supervisions as they received positive and constructive feedback about their performance. "It lets me know what I have achieved." Another staff member said, "I seem to have a lot of supervisions, every 3 months. I think they like to keep an eye on staff!" The overview of staff supervisions was not readily available. However, the registered manager showed us an up to date list at the end of the inspection. Regular spot checks were completed to ensure staff were competent in their role. This involved checking that staff were following the care plan correctly, their knowledge of the training they had received and the way care and support was delivered to people. A relative said, "All the carers they employ seem to be quite experienced. Certainly all the ones we've seen have been very competent. They are very good at reassuring my relative."

Staff received an induction when they before they started work. This was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. One staff member said, "I have just finished my Care Certificate."
Staff spoke positively about the induction they received. One staff member said, "The induction was very informative." Staff confirmed they had shadowed colleagues before lone working. One staff member said, "I worked with different staff members and got a good insight." However, one staff member said, "I did meet some clients before starting work but not all of them." We reviewed records that showed that staff members were assessed at regular intervals after their initial induction to ensure they were meeting the service's standards or if any further learning needs were identified.

Staff received regular training in areas such as food hygiene, health and safety and safeguarding adults. Training specific to people's needs such as diabetes and visual impairment was also available. One staff

member said, "We have lots of training to keep up to date. Such as manual handling and first aid." Another staff member said, "The training is pretty good. There is other training on offer for me to do if I want. Such as end of life care and dementia training. This helps my development."

People told us their health needs were met and that when support had been needed this had been provided. One person told us that when they had been feeling unwell a staff member had ensured that medical assistance had been sought and waited with them until a relative arrived. Another person said told us how the service had been supportive of recent health appointments. "They are very good about fitting in around all the appointments I have been having recently. One time I had to be at the hospital early in the morning, so a staff member came earlier to make sure I was ready in time and wasn't worrying."

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care plan. People and relatives told us that staff ensured people had enough food and drink and this was accessible. One person said, "A carer noticed when I was feeling a bit down and was a bit off my food. She sat with me and made sure I ate something before she left." A relative said, "They [staff] are very good at making sure he [relative] has everything he needs and is comfortable when they leave."

Good

Is the service caring?

Our findings

The feedback we received from people was that staff were helpful and caring. People and relatives told us that staff were kind. One person said, "They [staff[are truly excellent." A relative said, "My relative really like all the carers. I sometimes listen to them chatting away to her whilst they are getting her ready."

People told us that staff were positive, compassionate and treated people with respect. One person said, "She [care staff] always comes with a smile and brightens my day. I like to have her in the house."

The service had received 33 compliments since January 2017. The compliments we reviewed spoke highly of staff members and how the service had responded to different situations and personal circumstances. One compliment read, "The staff are wonderful. Staff pay attention to such detail." Another compliment said, "The carers are doing a fantastic job. They work really hard." There were many compliments about individual staff members, the care they had given, the high standards of care delivered and the good relationships staff had with people.

People and relatives told us that staff upheld their privacy and dignity. Relatives gave us examples of how staff ensured that personal care was given in a dignified manner and that care was given how people preferred. One staff member said, "I keep people's dignity by closing the curtains and putting towels around people. I make sure of this every time." Another staff member said, "I make sure people have personal space and I am there when needed."

Staff told us that they saw people regularly and this ensured they got to know people's needs and preferences well. One staff member said, "I have kept the same clients. I only cover one area, continuity is important." One person said, "She [Staff member] always asks if there is anything else I need and its as if nothing is too much trouble. I think the world of her."

Staff members said they respected people's choices. One staff member told us how if people do not wish to receive particular elements of care this is respected. The staff member said they will ensure this is what the person wants and record it in their care records. One person said, "I asked if they [care staff] would ring the doorbell and wait for me to come to the door, rather than let themselves in with the key. I know it's a bit of a wait for them sometimes. All the carers said they were quite happy to wait as long as it takes!"

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us the service and staff were responsive to their support requirements. One relative said, "The visit times have all been arranged to suit my relative and to fit in with the family."

People had received a copy of the complaints procedure. People told us they would feel comfortable to raise a concern or complaint if needed and were confident they would be listened to. The service had received 14 complaints since January 2017. All complaints had been investigated and responded to. A log was kept of the nature of each complaint and a brief outcome. However, there was not always sufficient detail to clearly document all actions the service had taken or if the complainant was satisfied with the outcome of the complaint. For example, how concerns had been addressed with staff members. The registered manager said they would address this by ensuring the complaints log contained full details.

Care plans were person centred. People had been involved in producing their care plan, which reflected their preferences and choices. This enabled people to receive care and support at times and in the way they wished. For example, one care record we reviewed said, 'I like to have my meals at set times.' People's routines were described. Specific guidance was given to staff to ensure care was given how people preferred. For example, one care record we reviewed said, 'I like a drink of water on the bedside cabinet.' Whilst another care record said detailed how care and support was arranged around a person's particular social activity they attended.

Care plans provided information that was important to people. This included family members, relationships, employment and hobbies. This enabled staff to build positive relationships with people. For example, one care record we reviewed said, 'My hobbies were painting and I have my paintings around the house.' Another care record detailed a person previous employment, areas they had lived and their religious needs.

People's preferred methods of communication were described in their care plan. This gave guidance on how to effectively communicate with people. For example one care record we reviewed said, 'Lower yourself to my level, speak clearly, listen to what I am saying.'

Care plans were regularly reviewed. People were involved in this process. One person told us how following a change in their health needs their care plan had been revised efficiently and promptly. Where people wished for other family members or other relevant people to be included in this process they were. One relative said, "The [the service] talk to us and consult us on a regular basis."

People told us that care was not rushed or hurried. People said that staff always checked they were comfortable and had everything they needed before leaving. People said they felt comfortable raising with the service if they would prefer a different carer and that this would be responded to.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. The systems in place to monitor and review the quality of the service were not effective. A monthly audit was conducted by the registered manager which reviewed areas such as complaints, safeguarding concerns, supervision and health and safety issues. The audit gave limited details of these areas. Improvement actions were not documented. In addition, other areas of the service were not audited. For example, medicines documentation, care records or missed calls. This meant that areas that may require action to be taken were not always being identified. For example, the areas identified at this inspection in regards to medicines documentation. MAR were brought to the office and checked by a senior staff member on a monthly basis. However, there was no clear audit system of medicine administration.

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

Staff and people spoke positively about the provider and told us there had been many changes. This had improved the service and it was now more stable. One staff member said, "An absolutely great company to work for." Staff said they felt valued by the provider. One staff member said, "They are looking to develop you, to promote and train staff." Staff spoke positively about a recent event, 'Festival of the Future' held by the provider. They said it gave good insight into the organisation and made them feel part of the wider organisation.

People told us the service was well run. One person said, "It's a very good well-run service." Because of Alliance Living I can stay in my own home where I want to be."

Staff said they felt supported by the registered managers and team leaders. One staff member said, "I feel supported and listened too." Another staff member said, "I am well supported." One staff member said, "The registered manager and team leaders are pretty good. They all make time to speak to staff."

Staff said they worked well as a team and this meant they provided good care for people. One staff member said, "The team works well, I have no issues or complaints." Another staff member said, "My colleagues are supportive." Staff had access to an employee assistance programme. This was facilitated by the provider and gave confidential external support to staff members to support their well-being.

Staff told us the service had good systems in place to ensure that communication was effective. Staff were informed of changes to people's care and support needs. One staff member said, "We receive communications from the office when people's needs change." This could be in the form of emails, phone calls or text messages. The provider had an intranet system where staff were kept up to date with organisational changes and updates.

Regular staff meetings were held. We reviewed recent minutes and saw that areas such as people's care and support needs who were new to the service, staffing and safeguarding. The meetings were also used as a learning opportunity and at one meeting in September 2017 staff reviewed and tested their knowledge

around confidentiality and manual handling. One staff member said, "We have regular team meetings. It keeps us on top of everything. Suggestions are welcomed at meetings." One staff member said, "We have had lots of meetings. I see the other staff." Another staff member said, "If anyone had an idea in a meeting it would listened to and acted upon."

A survey had been conducted in May 2017 to gain feedback from people about the service they received. Responses from the survey had been collated and analysed in order to identify if any areas needing change or improvement. The results were positive. 100% of people said, 'staff were kind, compassionate and respected their dignity.' 100% of people said they felt safe. Comments gathered from the survey includes, 'Generally all the care staff are on the ball so things run very smoothly' and 'We have always found the carers respectful of our wishes and they will always help if needed.' The findings of the survey and actions being taken was communicated to people.

The provider had established a 'Care academy,' which was linked to a local college. The provider was involved in an employee programme to introduce and train potential new staff members to the health and social care sector. The provider had a variety of newsletters for staff and people. This kept people and staff informed about the organisation, its ethos, recognised and celebrated achievements and successes and promoted those employed or receiving a service to feedback their experiences and be involved in developing the service further.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and 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 robust recording systems for medicines. The provider did not operate effective systems to monitor and improve the quality of the service provided.