

Alliance Living Care Ltd

Alliance Living Care - Weston-Super-Mare & Worle

Inspection report

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25 January 2019

28 January 2019

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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

We undertook an inspection of Alliance Living Care – Weston Super-Mare on the 25, 28 January and finished on the 1 February 2019. An Expert by experience made phone calls to people on the 25 January 2019.

The inspection was announced, which meant that the manager knew we would be visiting. This was to ensure someone would be available to support the inspection.

The service registered to provide a regulated activity with the Care Quality Commission in June 2014. The service was rated requires improvement at the last inspection. In Safe, effective and Well-led it was rated requires improvement. At this inspection we found the service had improved to a rating of Good in all domains and overall.

Alliance Living Care – Weston Super Mare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. Not everyone using Alliance Living care – Weston Super Mare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example help with tasks related to personal hygiene and eating. At the time of our inspection 239 people were 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.

At our last inspection we found records relating to how people received their medicines needed improving as well as audits. At this inspection we found improvements had been made to the recording of medicines and audits.

People received their medicines safely and records relating to the recording of tablets had improved.

People received their visits from staff who they were familiar with and who they described as kind and caring. People felt safe and care plans contained environmental risk assessments.

Staff had checks undertaken prior to starting work. Staff received training and supervision and all felt able to raise any concerns should they need to. New staff received an induction and people were supported by staff who received additional training to ensure they were competent and skilled in their roles.

People were supported by staff who were kind and caring and who were able to demonstrate examples of privacy and respect. Staff had a good understanding of equality and diversity and how they promoted people's independence and choice.

People felt able to complain should they need to however all people and relatives were happy and had no

reason to complain.

Staff were familiar with people's needs and care plans were reviewed and personalised.

The provider had audits that identified shortfalls and the performance of the service was monitored by the nominated individual.

People's views were sought so improvements could be made. Staff felt the service was a nice place to work with a good staff team.

The provider was submitting notifications when required and displaying their rating.

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.

Risk assessments relating to medicines and pressure sores were in place.

People received their medicines when required and records confirmed medicines and creams were administered.

People were happy with their care and felt they received support from regular staff.

People were supported by staff who had checks prior to starting their employment.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and an annual appraisal.

Care plans confirmed if people had capacity or if there was lasting power of attorney in place.

People had support from staff if required with their meals.

Is the service caring?

Good ●

The service remained good in Caring.

Is the service responsive?

Good ●

The service remained Responsive.

Is the service well-led?

Good ●

The service was Well-led.

The providers quality assurance system identified shortfalls and improvements required.

People's views were sought and staff felt it was a nice place to work.

The provider was submitting notifications when required.

Alliance Living Care - Weston-Super-Mare & Worle

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 adult social care inspector and an expert by experience who 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. The Expert by experience was a family carer of someone who used this type of service.

We gave the service 48 hours' notice of the inspection visit. This was to ensure there was a manager available to support the inspection.

Inspection site visit activity started on the 25 January 2019. We visited the office location on the 25 and 28 of January 2019. The registered manager was unavailable at the time of the inspection but a covering manager and the nominated individual were available on both dates.

We spoke with the manager, the nominated individual, one care co-ordinator, one senior and senior carer and six care staff. We visited two people in their own homes and made calls to fifteen people and gained views from eleven. Following the inspection, we contacted seven relatives however we were able to gain views from four. Following the inspection, we contacted five health care professionals but were unable to gain views from any.

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

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. Prior to this inspection we asked for 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 were provided with a copy of this on the inspection.

Is the service safe?

Our findings

At the last inspection we found records relating to the recording of medicine administration was not always sufficiently detailed. We also found records relating to where creams should be applied were not always recorded on a body map. At this inspection we found improvements had been made.

For example, body maps confirmed where people's creams should be applied including how often. We also found people's medication administration records (MARs) charts confirmed who had administered medicines and when. However, we found one chart had a missing entry. On raising it with the member of staff they confirmed they had failed to sign the chart the night before and rectified the record immediately. All people were happy with the support they received from staff with their medicines. People told us, "I have my tablets in a dosset box, they just have to remind me to take them". Another person told us, "I can take my tablets myself". Another person told us, "I have to have cream applied, the carers do this for me, I can't quite manage myself". Where people were administering their own medicines, they had a risk assessment in place and their care plan confirmed they were independent. MARs charts confirmed if the person had an allergy.

People's care plans contained risk assessments relating to medicines and pressure ulcers. However, people who require support from staff with their moving and handling had no risk assessments in place that gave staff clear guidelines on how they should support the person with their mobility and transfers. Staff had a good knowledge of how to support people with their equipment and they had received practical training to ensure they were competent. This is important as by giving staff clear instructions on what equipment to use and how, ensures that staff following techniques that are safe.

We recommend the provider reviews the Health and Safety executive guidelines in relation to risks when moving and handling.

The provider had safe recruitment processes in place. Staff files confirmed photographic identification, references, 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.

People felt safe. One person told us, "I feel safe with the staff". Another person said, "I feel really safe around the carers here". Staff were able to demonstrate a good understanding of abuse and who to report abuse too. Staff told us, "Safeguarding is protecting people from harm, self-harm, physical, emotional, financial and sexual. I would go to a team leader, the manager or nominated individual, care connect, the police, or CQC." The provider monitored safeguarding concerns including actions taken. Where concerns had been raised investigations were undertaken and actions taken to ensure learning occurred. All incidents and accidents were logged, including actions taken these were also monitored for learning opportunities.

Staff were supplied with a bag that held contents such as paperwork and personal protective equipment. Staff wore uniform and a personal identification badge which was also an alarm. The alarm was to provide staff with additional security whilst working alone. During the inspection we observed staff wear person

protective equipment whilst supporting people with person care, administering medicines and food preparation.

People were supported by enough staff. All were happy with their care and all felt that the care they received was from regular staff who knew them well. People told us, "I have used this company for years, I get very regular carers, I know them all really well". Another person told us, "I get the same carer most of the time, we have developed a rapport". Another person said, "I generally see the same staff all of the time".

Is the service effective?

Our findings

The service was effective.

People were supported by staff who had received training to ensure they had the skills and competence in their role. For example, staff had received training in moving and handling, medication, safeguarding, mental capacity and infection control. The service identified staff who required an update in their training and the training co-ordinator was in the process of ensuring all staff received their training updates.. During the inspection training was being undertaken with a monthly rolling induction plan in place so that new staff could receive an induction and existing staff could receive their refreshed training.

Staff received an induction 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. Records confirmed new staff received induction training in; professional boundaries, infection control, catheter and stoma, health and safety, safeguarding, mental capacity, medication, dementia, moving and handling theory and practical.

Staff had received additional training so that they could support people with their individual needs. Bespoke training included, dementia, end of life, catheter care, stoma care, person centered care/reablement. This meant staff received training to ensure they had the skills and competence to support people with their individual needs.

We checked whether the service was working within the principles of the MCA. No one at the time of the inspection lacked capacity. People's care plan's contained a check list where the member of staff went through the principles of the Act. Records confirmed outcomes. Where people had a individual who had lasting power of attorney this was recorded in people's care plans.

People received support from staff who received regular supervision and an annual appraisal. Supervisions were a mixture of direct observations and one to one meetings. Staff felt well supported and able to raise any concerns in-between supervisions. Staff told us, "They are there all the time. I can always pop in the office if I need to". Another member of staff told us, "If there are any problems I can always get hold of [senior's name and manager's name].

Staff supported people with medical appointments should they require assistance. People's care plans contained important information such as the person's GP and any other health care professionals involved. One person told us, "I arrange my own GP appointments myself, but they (the carers) come with me".

Staff provided assistance to people with their food and drinks. If people required this assistance it was detailed in their care plan along with any specific dietary requirements. If people were supported by family this was recorded confirming what meal and support they provided. We observed staff offering people choice relating to their meals and drinks and all staff wore personal protective equipment whilst assisting with people's meals. All people were happy with their support with their meals. People told us, "They make

sure I have a hot drink to hand every time they come. The carers are required to make me a sandwich for lunch, I choose what type I want". Another person told us, "My carers never leave without putting the kettle on and making me a tea or coffee, whatever I want".

Is the service caring?

Our findings

The service remained Good in Caring.

People and relatives described their carers as kind and caring and all were happy with the service they received. People told us, "The staff are all very kind and caring". Another person told us, "I have a lovely wonderful bunch of carers, nothing is ever too much trouble for them, even if this just involves sitting down having a chat over a cuppa and letting me get things of my chest if I am having a really bad day". One relative told us, "Amazing carer, she is very good". Another relative told us, "They are lovely. My experience with the staff is good and positive".

People felt staff treated them with dignity and respect. One person told us, "When I am being helped to wash and get dressed, they always make sure the door is locked so nobody can just walk in, they always make sure that all of the curtains are drawn so nobody passing by can see in", Another person told us, "They respect that this is my home, they always ask can I go in here, shall I put this here etc?, no problems".

Staff were able to give good examples of how they support people. For example, one member of staff told us, "I make sure doors are shut, along with blinds and curtains on windows. I also make sure people are covered with a towel round them". Another member of staff told us, "Always made sure if a female care is required that is who goes. Make sure bathroom doors are closed, making sure the person is covered, curtains and blinds are closed".

The service had received various compliments about the care people had experienced. Compliments were positive and reflected people's experience of being supported by staff who were kind and caring from a service people were happy with. Comments included, '[Name] is a top carer. Very helpful, polite and calming attitude'. Another compliment included, 'How the carer had gone above and beyond in the snow'.

People had developed positive relationships with people they supported. One person when asked if they got on with their carers they told us, "Oh yes". Another person told us, "I get regular carers, I get on well with all of them. They are very kind and would do anything I ask them to do".

People were given choice by staff. Staff gave examples of how they supported people with daily choices such as what to wear, what support they would like and what they would like to eat and drink. One member of staff told us, "We promote people to make choices". Another member of staff told us, "We ask if they would like hot or cold food, and what they would like to wear". People told us, "When the carers arrive they always ask, what do you want me to do today, or shall I help you with that?". Another person said, "I have a set care plan, but they always check if I want their help in other areas, I get a choice in everything". This meant people were supported and encouraged to make their own choices about the daily support they received.

People were supported by staff who could demonstrate a good understanding of equality and diversity. For example, staff told us, "It is about treating people with respect regardless of their gender, age, disability,

religion, culture". Another member of staff told us, "Everyone is different and not to discriminate it's about treating everyone as equal regardless of their gender, race, sexuality, religion, belief, culture, disability and age".

Is the service responsive?

Our findings

People's care plans were personalised and had important information such as their life histories, medical conditions and their likes and dislikes. People were happy with the support they received and there were regular reviews every six months. Care plans confirmed the date of the last assessment and when the next planned one was due. One person told us, "I have a care plan most definitely I have regular assessments to make sure that all the information is correct and that all my needs are being met". Another person told us, "I have a care plan, it is kept in the folder, it is reviewed and updated on a regular basis".

People all felt able to raise a complaint should they need to. All people we spoke with were happy and felt able to raise any complaints should they have any. People told us, "I have never needed to complain. But I did not like one of the carers that came around, so I rang the office and I don't see that person very much now, but it was not a complaint really". Another person told us, "I have never complained about anything, no need too, everything is fine". Another person said, "I have my folder here, there is a complaints procedure inside, but I have never complained never felt the need to do so". Where the service had received complaints, these were logged including actions taken to improve people's care experience.

People were given choice and were supported to receive support from staff that respected their individual wishes. For example, people were able to express their wishes regarding the gender of the member of staff that was to support them. People's care plan confirms this important information and staff also told us that people could choose the gender of their carer.

No-one at the time of the inspection was receiving end of life care.

Is the service well-led?

Our findings

The provider had quality assurance systems in place that identified shortfalls. For example, audits were in place for incidents and accidents and safeguarding.

The provider also had a manager's monthly audit. This monitored the quality and performance of the service. For example, it reviewed support hours provided to customers, new staff starting, notifiable events, including falls, medication errors, complaints and compliments. The report also confirmed care plans undertaken and actions required along with who was responsible for actioning them. The nominated individual confirmed they were currently monitoring the performance of the service due to certain areas requiring improvement. Improvements had been identified to safeguarding incidents and training. The managers' report identified staff training required including how many staff required the specific training. The nominated individual was currently visiting the service daily to ensure the improvements were implemented.

People and staff all felt the service had a good culture and that it was friendly and a nice place to work. One member of staff told us, "I enjoy working here". Another member of staff told us, "I am very happy working at Alliance. The training is good and any problems I can confidently discuss them with the manager."

The provider worked in partnership with the local college. This was an opportunity for new staff to be identified through the 'Care Academy programme'. Anyone could then apply on the providers website. The manager felt this was a positive way to have an ongoing recruitment and selection process and find new staff.

Care staff had regular team meetings. These were an opportunity to discuss changes to people's needs and routines, risk assessments, procedures for calling in sick, and training. All staff felt well supported and that it was a good opportunity to catch up with work colleagues that they would otherwise not see.

The provider sought people's feedback through annual questionnaires. People said that 99% of staff were kind and caring and 97% were treated with dignity and respect. 83% felt that receiving the support from staff improved their quality of life and 87% would recommend the service to family and friends and 58% knew who would be visiting them and when. People's feedback had identified areas of improvements this meant the provider was seeking feedback so improvements could be made to areas where people's experience was less than satisfactory.

The registered manager and covering 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 was displaying its rating on the providers website.