

Alyson House RCH Ltd

Alyson Homecare

Inspection report

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13 June 2023
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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

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Alyson Homecare is a domiciliary care agency providing the regulated activity of personal care. The service provides support to people who have a learning disability and who are autistic. At the time of our inspection there was 1 person using the service.

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

Right Support:

Staff supported people to have the maximum possible choice, control, and independence over their own lives.

People were supported to take part in activities within their local community.

Staff supported people with their medicines.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's support plans reflected their range of needs.

Right Culture:

People received good quality care and support.

Staff knew and understood people well and were responsive to their care and support needs.

Management and staff put people's needs and wishes at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us in April 2022, and this was the service's first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alyson Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2023 and ended on 24 August 2023. We visited the location's office on 13 June 2023.

What we did before the inspection

We reviewed information received about the service since the last inspection. We sought feedback from the

Local Authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative about their experience of the care and support provided for their family member. We spoke with 3 members of staff, the registered provider and manager. We reviewed a range of records. This included 1 person's care records and their medicine administration records. We looked at 3 staff files in relation to recruitment, staff training, induction, and supervision records. A variety of information was also viewed relating to the management of the service, including the service's quality assurance arrangements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Suitable arrangements were in place to safeguard people from abuse. A relative spoken with told us they felt their family member was safe.
- No safeguarding concerns were or had been raised with the Care Quality Commission relating to the safety of the person using the service.
- The registered provider and manager were aware of their role and responsibilities to safeguard people from harm and abuse. Staff spoken with understood what to do to make sure people were protected from harm or abuse and staff had completed appropriate safeguarding training. A member of staff told us, "I would report any concerns to the manager and if they didn't listen I'd contact the Care Quality Commission and the Local Authority."

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were assessed and managed to enable them to live in their own home safely.
- The risks identified for the person receiving a service were specific and individualised, and included how the risks posed were to be mitigated and reduced to ensure theirs and others safety. Additional risks were also recorded relating to the person's home environment and relating to their ability to evacuate their home in the event of a fire emergency.
- Staff were aware of these risks and how to help keep the person safe whilst reducing any restrictions on their freedom. Staff demonstrated a good understanding and knowledge of the risks posed if the person became anxious and distressed and the steps to be taken to keep them and others safe.
- Where people required assistance with their medicines, an assessment was completed detailing the specific support required to be taken by staff.
- Medicine practices ensured people received their medication as they should.
- Staff had received appropriate medicines training and had their competency assessed to ensure they were skilled to undertake this task safely.

Staffing and recruitment

- Suitable arrangements were in place to ensure the right staff were employed at the service. This included checks of their identity, qualifications, previous employment history and criminal record check.
- There were enough staff available to provide care and support as detailed within the person's support plan. The person was supported by a core group of staff to ensure continuity of care, and to enable a culture of trust and understanding to be established.

Preventing and controlling infection

- People were protected from the risk of infection.

- Staff were provided with appropriate infection, prevention and control training and supplied with suitable Personal Protective Equipment [PPE]. Staff confirmed there were always adequate supplies of PPE available to protect them and others from the risk of infection.
- Staff understood their responsibilities relating to food safety and had received relevant food hygiene training.

Learning lessons when things go wrong

- The registered provider and manager told us any feedback or improvements needed were shared with staff using formal staff supervision and team meeting arrangements.
- Staff demonstrated an understanding of their responsibilities to raise concerns and report incidents to the registered manager to ensure lessons were learned and improvements made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the service being commenced. This was to ensure people's needs could be met. As part of this process the registered provider and manager had liaised with the person's family and with their day centre to ensure they had all relevant information to inform the care plan and to provide appropriate care and support.
- The registered provider and manager developed a 4-week transition plan to enable the person using the service to successfully move from their previous placement to the new service with minimal disruption and distress.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills, and experience

- Staff were provided with sufficient training to enable them to carry out their roles and responsibilities.
- Staff received an induction comprising of training in key areas appropriate to the needs of the person they supported. Staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Supervisions were completed to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. However, there were no formal supervision arrangements in place for the registered manager, but the registered provider confirmed they spoke with them each day and visited the domiciliary care service office twice weekly.

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

- Records demonstrated effective arrangements were in place to ensure people were supported to have their nutritional and hydration needs met.
- The person using the service had their nutrition and hydration needs recorded and was supported as required with the provision of meals, snacks, and drinks to ensure their needs were met. The person's weight was monitored at regular intervals to ensure their nutritional health and wellbeing was maintained.
- Staff had received training in the safe handling of food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. Staff told us if they were concerned about a person's health and wellbeing, the concerns were relayed to the provider and registered manager for escalation and action.
- Staff worked well with other organisations to ensure they delivered joined-up care and support. For example, following an incident in September 2022, the service worked with the Local Authority and hospital to establish the circumstances and to ensure appropriate healthcare interventions were provided. The service also liaised with the person's GP surgery and pharmacy to ensure they always had enough medicines.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew how to support people to make day to day choices. Daily care records recorded how staff made sure the person using the service was involved as much as possible in decisions about their care so that their human and legal rights were upheld.
- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for the person using the service.
- The person's capacity to make decisions had been recorded. An independent advocate was involved on an 'ad-hoc' basis to speak on behalf of the person using the service and to act in their best interest. Additionally, the Court of Protection was appointed to assist with welfare and financial decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us they were happy with the care and support provided for their family member. They told us, [Name of person using the service] can be very difficult, they [Alyson Homecare] have not given up on them. I feel their care needs are met by staff."
- The relative told us they believed their family member had a positive relationship with staff.

Supporting people to express their views and be involved in making decisions about their care

- A relative told us they had been involved in decisions about their family member's care and support.
- Relative's, staff, and professionals had been given the opportunity to provide feedback about the service through a satisfaction survey.

Respecting and promoting people's privacy, dignity, and independence

- Records showed the person was supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths. For example, eating and drinking independently and undertaking some aspects of their personal care with minimal support from staff.
- A relative told us their family member was treated in a respectful and dignified manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care that was responsive to their needs.
- The person using the service had a support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff.
- Information relating to the person's life history was recorded. This is valuable as it gives staff a real sense of the person being supported.
- The registered provider and manager confirmed no one using the service was assessed as being at the end of their life. The registered manager told us, where people required end of life care and support in the future, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and this was recorded within their care plan, so staff knew the preferred way to communicate with the person.
- Information demonstrated the person using the service used their own specific sign language, Makaton, prompt cards and objects of reference to help aid effective communication with staff. Makaton is a unique language programme that uses symbols, signs, and speeches to enable the person to communicate. An object of reference is any object used to represent an item, activity, place, or person alongside the spoken word.
- Staff were aware of the person's routines of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to maintain a positive relationship with family members. Family members were able to visit the person in their own home. The person was also able to have overnight and weekend visits with their family member.
- The registered provider ensured following the service being commissioned that the person was supported and enabled to attend formal day care provision, Monday to Friday.

- Information recorded demonstrated staff supported the person with a variety of in-house activities to suit their preferences and day to day mood.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service.
- Since being operational from August 2022, 2 concerns had been raised with the service. Each complaint had been logged and investigated and responded to in an open and transparent way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the provider and registered manager drive improvement, including the monitoring of trends and lessons learned.
- The provider demonstrated effective oversight of the service, stating they had access to the service's electronic care planning system. This kept them informed as to what was happening at the service. Additionally, the provider confirmed they spoke with the registered manager each day and visited the domiciliary care service office at least twice weekly.
- Relatives were complimentary regarding the service provided for their family member and told us in their opinion the service was well managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- Staff were positive about working at the service and told us they were supported by both the provider and registered manager. Comments included, "Alyson Homecare is well managed as far as I can see. The manager is really organised, I can go to them if I have any issues or concerns", "I find the manager very helpful and I know I can go to them for advice" and, "I am really enjoying working at Alyson Homecare. The manager listens to you and there is good support."
- Staff spoken with were not aware of the 'Right support, right care and right culture' terminology which should underpin their day to day working practices. However, we were not concerned that this impacted on the care and support people received. The registered provider told us they would provide staff with all necessary information to ensure they were aware of this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As already stated within this report, relatives, staff, and professionals had been given the opportunity to

provide feedback about the service through a satisfaction survey.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- The registered provider and manager confirmed there was an instant messaging group set up for staff to ensure they received both general and key information updates. This was confirmed as accurate by staff.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, local day care provision, healthcare professionals and services to support care provision.