

Alston Lodge Community Care Limited

# Alston Lodge Community Care Limited

## Inspection report

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18 September 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

### About the service

Alston Lodge Community Care Limited provides personal care to people over the age of 18 years old within their own homes. At the time of the inspection the service was providing support with personal care to 39 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt they received care in a safe, caring way from staff who knew them well, respected their privacy and dignity and supported them to remain independent. People told us, "I always feel safe when the carer comes, no concerns on that" and "Am I safe? Oh yes, no one is ever rude or harsh."

The provider had safeguarding systems to protect people and staff were aware of what to do and had received training on it. There were effective systems for assessing and managing risk, including when giving medicines, to help make sure people and staff were kept safe from foreseeable risks. There was a thorough recruitment process and sufficient numbers of skilled staff working with people and they received training, supervision and support so they could care for people effectively. People told us staff were reliable and acted quickly to get professional help if they needed it or if they were feeling unwell.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health.

People's social needs were considered as part of the overall service and staff assessed and regularly reviewed people's physical and mental health and any social needs. They had updated care plans when changes happened. Care plans had been developed with the involvement of the person, and where appropriate, their families and representatives. The care team had a good working relationship with other agencies, the local GPs, the nurse practitioner and the community nursing service. Care staff worked under their guidance and instruction to care for people living at home and at the end of their lives.

People and their relatives were aware of how to raise concerns or complaints and there were systems for their management. The service had systems to assess quality and people told us they were asked for their views about the support they received. The nominated individual and registered manager demonstrated daily involvement in the service. They understood their duty of candour and the requirement to notify us of any significant incidents at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 2 October 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Alston Lodge Community Care Limited

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

#### Service and service type

Alston Lodge Community Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to make sure, that the appropriate people would be available to speak with us and consent obtained for visits and telephone contact.

Inspection activity started on 17 September 2019 and ended on 18 September 2019. We visited the office location on 17 September 2019.

#### What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as safeguarding. We looked at issues raised in complaints and how the service had responded to them.

We also checked the information in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited two people, with their consent, who used the service in their home. We spoke with 14 people by telephone who used the service and four relatives about their experience of the care provided. We spoke with four members of care staff, the registered manager, who was present throughout the inspection and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records and records relevant to the running and quality monitoring of the service. We looked at seven care records in detail and a selection of records including, medication administration, quality monitoring records, complaints and the training and recruitment records for staff.

# 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 for 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

- The registered manager had systems and processes in place to protect people from the risk of abuse. They were aware of their role and responsibility when recording and reporting safeguarding incidents.
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received safeguarding training relevant to their roles. Staff were confident the registered manager would act quickly if they reported any concerns.
- The feedback we received was positive and people told us they felt safe receiving the service. We were told, "Yes I feel safe with the care given by the girls", "I have always felt safe when the carer comes, no concerns" and "I am very safe with them [staff], I never ever felt unsafe."
- Relatives were also positive about the service. They told us they were happy with the care provided and had no concern on safety issues for their loved ones. One commented "Yes [relative] gets safe care, they [staff] don't rush them, they take their time and have a chat with him."

Assessing risk, safety monitoring and management

- The registered manager made sure individual risks were assessed and managed to keep people safe.
- Staff completed assessments for each person that identified their individual needs, preferences and any foreseeable risks. The district nursing service assessed for and provided equipment such as bedrails and we noted their safe use was not risk assessed. We discussed this with the registered manager who confirmed this would be added to their assessments to promote their safe use.
- The assessments of risk in place included people's medicines, falls, mobility, equipment in use, fire safety and the environment people lived in that might affect their safety and that of the staff who visited. Staff regularly reviewed people's care and support plans and updated them when people's needs or preferences changed

Staffing and recruitment

- There were sufficient care workers to flexibly cover the needs of people who used the service.
- People were positive about the staff and told us they were "reliable" and "trustworthy". However, we were also told, "Sometimes they [staff] have to leave in a hurry as there are lots of traffic works taking place in the area and they have no extra time to get to the next person." People commented, "Some days they [staff] run a little late, they don't have the time if they get stuck in traffic. It's not a problem for me, they will call if they are going to be late but it's hard on them."
- The registered manager was aware some staff were having problems with road works on their calls. We saw calls to people did not overlap and traffic problems were being monitored. Some staff were kept to specific areas to reduce their travel at the worst times. The provider was due to send out their quality

assurance surveys and this would help them review feedback and follow up any problems. The registered manager confirmed they would discuss the issue at staff supervision to see what else they could do to support them.

- The provider had policies and procedures in place to support safe recruitment. The registered manager had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.

#### Using medicines safely

- People received the support they needed to take their medicines safely. The staff were trained in how to handle medicines safely.
- Risk assessments had been completed with people for the safe management of their medicines. This was done on initial assessments at the beginning of their care package and updated as needed, at review, or when a change occurred.
- People told us they received the support they needed and wanted to take their medicines.

#### Preventing and controlling infection

- The provider had policies and procedural guidance for staff to protect people from the risk of infection.
- The staff were trained in preventing infection and in food hygiene.
- People confirmed staff used personal protective equipment, such as disposable gloves and aprons when providing personal care to reduce the risk of infection.

#### Learning lessons when things go wrong

- The registered manager was committed to the continuous improvement of the service and reviewed all accidents and incidents to ensure appropriate actions were taken.



# 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

- Staff assessed people's physical, mental health and social needs and provided support in line with their individual preferences, recognised standards and evidence-based guidance.
- The registered manager made sure people's needs were assessed prior to them using the service. This was to help be sure they could meet their needs. People's care and support needs were being regularly reviewed to make sure outcomes were being met and any changes incorporated into the care plan.
- The registered manager supported staff and carried out spot checks to ensure they delivered effective support to the person in line with current legislation and best practice guidance.

Staff support: induction, training, skills and experience

- Staff had undertaken training relevant to their roles and the support they provided to people.
- Staff confirmed they received appropriate induction, probation, training, supervision and support from the senior staff and that they could contact the office for advice and support at any time.
- We received only positive feedback from people and relatives about the staff skills and service provision. They made it clear they felt the service was "very effective" in helping them achieve a good life. We were told, "They [staff] know what they are doing and are good at it" and "They seem to be well trained and know what needs doing."

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

- The service supported people to have a balanced diet. Staff assessed people's nutritional and hydration needs and any risks of choking. Staff had received training on nutrition, swallowing problems and on diabetic diets.
- Where people were identified as being at risk of poor nutrition and dehydration staff monitored their diet and sought professional input and advice.
- The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health.

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

- The service provided consistent and timely care and treatment. People told us staff did not miss calls and acted quickly if they needed any help or were feeling unwell.
- People spoke positively about the support and care the staff provided in helping them stay well. We were told, "They know me pretty well by now and if something wasn't right with me they would help me."

- The registered manager and staff were aware of the processes they should follow if a person required referral or support from any health care professionals and how to get help in an emergency.
- The registered manager and staff worked well with external agencies to support them in meeting people's needs. For example, specialist community support teams, GPs, community nurses, dieticians and physiotherapists. Support plans included how to support people with their health care needs. This included information of past and current health conditions.

#### 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 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 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.

- The provider had systems in place to assess capacity and then act in the person's best interests.
- Staff had received MCA training and understood the principles. Staff assumed people had the capacity to decide, unless they had been assessed otherwise.
- People confirmed staff asked their permission for the care and support given at each visit.

# 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

- People received good care, were treated as individuals and their diverse needs respected. Their positive comments confirmed this. Comments included, "I am very satisfied with them, they all are kind, like a friend" and "My carer is wonderful so kind and caring." A relative told us, "My dad is very well looked after by the carer, they make him a brew and talk with him."
- On the visits to people in their homes we saw that staff knew them well and displayed positive, warm and familiar relationships with the people they were supporting.
- Consideration had been given to the Equality Act 2010 and people were protected against any discrimination. The registered manager ensured equality and diversity training was completed by staff and that procedural guidance was available to support them.

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

- People were being supported to express their views to staff and make decisions about their care. Care records included information about people's choices and the decisions they had made about the support they received. People confirmed they were involved in daily decisions about their care and comments included, "They [staff] are very kind and will always listen to what I want and what I have say" and "Of course they ask my permission first."
- People told us they felt they were listened to by staff and staff considered their likes and dislikes and respected their choices. Relatives told us they were kept updated about significant events affecting their relatives.
- People using the service were often supported to express their views by their families or representatives, but advocacy services were available if needed or in an emergency. Advocacy services help people to access information, explore choices and promote their rights.

Respecting and promoting people's privacy, and independence

- Staff promoted people's individual dignity and privacy and supported to maintain their independence wherever possible. Care plans clearly identified what a person was able to do for themselves and what they needed help with.
- Comments we received were all positive and included, "I have never felt uncomfortable receiving personal care from any of the carers", "Yes they [staff] show respect and treat me with dignity" and "Carers are very respectful and they support me in my bath with dignity."

# 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

- The registered manager ensured people received care that was responsive and person-centred to meet their needs. People told us that staff considered their likes and dislikes and respected their choices.
- People told us they received care and support from regular staff who knew them and their routines well. People's comments were positive about their involvement in planning and agreeing their care and support. These included, "Yes I have a support plan and had review discussions", I had a review discussion yesterday" and "The girls write daily in the book. I don't read it."
- Care plans had been developed from initial assessments with the involvement of the person and/or their family members, where appropriate, before the service started. Guidance from external professionals had also been incorporated into the support plans.

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

- Care plans were person centred and made clear people's personal preferences, routines and how staff could best support them to live the life they wanted.
- People and family members, confirmed they had been given the opportunity to share information about their life history, important relationships, likes, dislikes and what support they wanted to pursue any interests. Staff also used this information to get to know people better and engage them in meaningful conversations.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and people and their relatives were aware of process. The information could be provided in different formats if needed to meet different needs, such as in larger print.
- None of the people we spoke with had made a complaint but told us they knew how to do it. People told us they felt they could contact the office at any time and felt comfortable doing so. We were told, "I have not done so, I have nothing to complain about. I would talk with [registered manager] if I did" and "I can make a complaint yes, but don't need to as nothing is wrong."
- No complaints had been received since the service was registered but they did have a system for logging, investigating and responding if needed. People told us there was good communication with their carers and the office and any issues were easily discussed and dealt with before becoming a formal complaint.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments to support people's specific communication needs and the guidance on meeting them was clearly stated in care plans. For example, a person living with a visual impairment was supported to visit the library to select talking books or staff could go for them if preferred. Information was available in different formats, such as large print, to suit people's needs.
- Staff communicated well between themselves to help ensure people's needs were met and used mobile phone systems to keep each other informed.
- The provider had introduced questions regarding the Accessible Information Standard during the recruitment process with potential employees. Any staff with a need relating to disability, impairment or sensory loss could be identified to receive the right support.

#### End of life care and support

- No one using the service at the time of the inspection was receiving end of life care from the staff. Any expressed preferences or information was recorded in care planning information and any decisions relating to 'do not attempt cardio pulmonary resuscitation'.
- The registered manager and senior care staff had attended workshops on end of life care, advanced care planning and communication. This helped them understand and support people in a sensitive way and be a resource to care staff when needed. The provider had policies for staff and were aware of the relevant good practice and NICE guidance on supporting people at this difficult time.
- The care team had a good working relationship with local GPs, the nurse practitioner and the community nursing service and worked under their guidance and instruction to care for people living at home.

# 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

- The provider worked to develop the service for the benefit of people and staff. The client care call monitoring system was using dated technology and the provider was researching a replacement. This was to enable more effective monitoring of the service being delivered and improve it.
- The registered manager and provider kept up to date with current priorities to promote people's health and wellbeing. Both had undertaken ongoing training beneficial to the management and operation of the service.
- There was an emphasis on continuous improvement and staff development. The senior care staff were about to undertake courses in leadership and management to help their development.

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

- There was a clear organisation structure in place with lines of accountability and staff were aware of their roles and responsibilities.
- The registered manager and staff understood the importance of reporting accidents and incidents and any changes in people's health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service.
- The provider had a contingency plan in place to support the staff and service provision should a foreseeable emergency arise.

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

- There was evidence quality was monitored using staff observations, spot checks, surveys and staff supervision. Feedback was also sought from healthcare professionals involved with people's care and treatment. This helped inform service development.
- Records confirmed team meetings were being undertaken regularly. Staff told us they felt they worked for "a good service" and felt supported. The provider acknowledged the work of care staff through an employee of the month initiative which recognised excellence in the care and support given to clients.
- The registered manager used quality assurance systems to promote safety, quality and improvement and identify themes and take preventative actions and learn lessons. The registered manager understood the requirements of their registration and had notified CQC of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and their views were considered. We received positive comments about the way the service was run. People commented "I think it's a brilliant service" and "Basically, I think it's a good organisation, I wouldn't employ them if they weren't."

People we spoke with told us the service worked well for them. Some of the people we spoke with told us they had been involved in surveys to obtain their opinions or for suggestions for improvements. We were told, "Yes I did complete a questionnaire, I had to tick yes and no to questions" and "Yes I have filled in a form."

- There were effective links with the local community and joint working with other organisations to promote positive outcomes for people. For example, the provider had established relationships with the volunteer Mountain Rescue Service. The rescue service had used their vehicles to transport staff to vulnerable clients during heavy snowfall in winter. The registered manager and provider attended regular meetings at Lancashire County Council to meet with other agencies. This gave them the opportunity to share best practice.