

Construction Alliance Recruitment Limited

Care-Nursing Alliance

Recruitment

Inspection report

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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

Care-Nursing Alliance Recruitment is a domiciliary care service that provides personal care and support to people living in their own homes. This includes people who require 24-hour care and support. The service provided support to people living in Gloucestershire. The service was known as accomplish by people, their representatives and staff. The provider took over the service in 2018. The manager was in the process of reviewing the registration for the services, however ensured that people and their relatives knew the name the service was registered with to CQC. In the last 12 months the manager had worked to combine the service with another service operated by the provider. This is to ensure systems and processes were in line with the providers systems. The service supported one person at the time of the inspection.

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 were safe when receiving support from staff. Staff understood people's risks and had the support and knowledge they required to keep people safe. People received the support they needed with their prescribed medicines. Staff followed infection control practices and ensured people's premises were suitable.

Staff received appropriate training which supported them to carry out their role. Staff received the support, training and encouragement they required to develop professionally and meet people's needs. Staff told us the management were approachable and responsive to their requests. Staff supported people with their food and drink and were aware of their risks.

People's relatives told us staff were kind and compassionate. 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. Staff understood people's needs and what was important for them.

The manager acted on incidents or concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The manager and provider monitored the delivery of care and support people received. Quality assurance systems were operated to monitor and improve the quality of the service being delivered. The service worked with healthcare professionals to ensure people's needs were maintained and they received safe and effective care in their own homes.

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

Rating at last inspection

The last rating for this service was Outstanding (published 16 September 2017). At this inspection, we found the service was now Good.

Why we inspected

This was a planned inspection based on the previous rating of "Outstanding".

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.

Care-Nursing Alliance Recruitment

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own properties. At the time of the inspection only one person was receiving support with a regulated activity.

The service did not have a manager registered with the Care Quality Commission. There was a manager in place who was in the process of applying. This manager was registered at another service operated by the provider and was merging the two services. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 11 March 2020 and ended on 26 March 2020. We visited the office location on 11 March 2020 and spoke with staff and relatives on 12 March 2020, 24 March and 26 March 2020.

What we did before the inspection

The provider had completed a provider information return prior to our 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 took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received from the provider about events which had involved people who used the service.

During the inspection

We spoke a care manager, the manager and a representative of the provider. We reviewed a range of records. This included One person's care and medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person's relative. We spoke with three members of care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their relatives were safe with staff. One relative told us, "In terms of the care, the permanent staff are great, they exhibit concern and care."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they knew how to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. The provider and manager appropriately reported and worked alongside safeguarding authorities.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to the individual and staff. There were guidelines for staff on how to support people who required assistance with their distressed behaviours. One member of staff told us, "We have had the training support to manage."
- People's care plans were detailed and followed guidance from healthcare professionals. This included actions staff should take as well as documenting potential triggers which may cause people to become distressed.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Using medicines safely

- Staff were trained to handle medicines in a safe way. The manager and provider completed a competency assessment of staff to evidence they had maintained their knowledge and skills.
- Medicines were administered and disposed of safely. One person had prescribed 'recovery' medicines for use in the event the person had a seizure. Staff had a clear protocol to follow to ensure the person's safety, including when to seek further healthcare support.

Staffing and recruitment

- There were enough staff deployed to ensure people received the care they required to maintain their needs. One person received support 24 hours a day from a dedicated team of staff.
- Staff told us there were enough staff to meet the person's needs and the staff team was consistent which had a positive impact for the person. Comments included: "We have a good team now, [person] is settled and we're having less incidents" and "There is always the correct staff. We all know [person's] needs."

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons. Staff discussed the actions they were taking to protect people from infection. One member of staff said, "We have no problem with infection control. We have a disinfectant kit in response to Coronavirus. We're getting equipment for when we support [person] to go shopping."
- Staff were knowledgeable in infection control practices and had received training in infection control.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. The manager used these as opportunities to learn and support staff, including reviewing staff training and the arrangements of people's care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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

- The manager, provider and care manager assessed people's needs before they started receiving support from the service to ensure they could meet their needs. People and their representatives were involved in the assessment and at the centre of decisions about their support needs. A copy of people's care plan was kept in the person's home and a duplicate copy kept in the office.
- The service used nationally recognised assessments as part of their care planning system, which promoted effective care and support for people.

Staff support: induction, training, skills and experience

- Staff had the training, skills and support they needed to meet people's needs. One relative told us: "They do seem to go the extra mile."
- Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes. Staff also told us they were supported to develop professionally. One member of staff told us, "I have the training I need. If we need specialist training, they get us this. We had specialist training about one person's specific conditions." Staff had access to a training programme which reflected the needs of people they supported.
- Staff told us the care manager and manager were supportive and approachable. A care manager and the manager told us they were in frequent contact with staff either by telephone or in person. Staff told us they received regular one to one meetings to discuss work related issues and their own needs.

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

- Some people received support with their food and drink as part of their care package. One person was supported with the preparation of all their meals. Staff understood how to support the person with making a choice of what they would like to eat.
- Staff were aware of people's dietary needs. One person was at risk of choking, as they could eat at a quick pace. Staff had sought the advice of Speech and Language Therapists and had clear actions to maintain the health and wellbeing of the person.

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

- Staff worked closely with relatives and where relevant, other agencies to monitor people's wellbeing. The service worked as part of multi-disciplinary teams where required to ensure people's support was being provided effectively. At the time of our inspection, the service were working with healthcare professionals to look at a change of accommodation for one person and to discuss the person's ongoing care.

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

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff had a good understanding of the Mental Capacity Act and understood the importance of supporting people with a choice and respecting their choices. One member of staff told us, "If you show [person] and option and give him time, he can communicate what he wants."
- The provider and manager ensured that where people lacked the capacity to make a specific decision, decisions were made in their best interest. The service had worked with healthcare professionals and people's families to ensure this support was provided legally and in the person's best interest.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question had deteriorated to 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 were supported by staff who were caring and compassionate. One person's relative told us, "They stay with him in hospital. They always come to help."
- Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

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

- Staff explained how they supported people to express their views. One member of staff told us, "They get to know us, and we know when they say something, what it means, if that means going for a drive or sitting down with [person]."
- People's care plans reflected people's needs and the support they needed to be involved in basic decision making. This included how staff could support them and key phrases the person said or responded to.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and promoted by care staff. Staff explained how they promoted and maintained the person's dignity. This included going to hospital with them when required and ensuring their wellbeing after they had had a seizure.
- People were encouraged to retain and promote their independence. Staff had clear guidance on how to support one person to be engaged with their personal care and in daily household tasks, such as doing the laundry and helping put shopping away. Staff discussed how they supported this person, including prompting them to be involved and encouraging them to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has deteriorated to 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

- People received personalised care from a consistent staff team who knew them well, including their individual needs, risks and preferences. The management and staff discussed people's preferences and needs confidently and clearly understood their needs. Clear guidance was provided to support staff to adapt to people's needs.
- An assessment of people's needs was carried out before a service was provided to them. The service worked in partnership with people's relatives and other healthcare professionals. One person had detailed support from healthcare professionals around positive behaviour support and how staff should assist the person, including being aware of triggers which could cause the person to become distressed.
- Staff were given the support they needed to meet people's changing needs. One member of staff explained how they had been a mentor to new staff working for one person. They explained the importance of this, which enabled staff to identify any changes in the person's wellbeing.
- Staff supported one person with activities and events. Staff told us how the person enjoyed jigsaw puzzles, using a tablet device and going for drives. Staff explained how they were encouraging the person to do more in the community to help promote their wellbeing.

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.

- People's communication needs were assessed and recorded. For example, the way staff needed to communicate with people and the support they required. One person's care plan stated how staff were to support the person, including using closed questions and small sentences. The person's care plan contained a list of the phrases and what they meant, including how staff should support the person.

Improving care quality in response to complaints or concerns

- The manager kept a record of complaints, concerns and compliments. In the last 12 months the manager had not received any complaints in relation to the service. One relative told us they were aware of how to make a complaint.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 wasn't a registered manager in post. There was a manager who was in the process of applying to CQC to become the registered manager. The manager was registered for another service which worked from the same office. Over the last year the manager was merging the two services, to work under the same good governance systems. Prior to the manager being in post a new provider 'Accomplish' had bought the service.
- Staff were supported by the manager, a management team and provider and understood their individual roles in supporting people. Comments included: "My manager [care manager] is one of the best managers I've ever had" and "They are incredibly supportive. They listen and ensure we have everything we need."
- The provider and manager had a clear overview of the training needs of all staff. Each care manager were able to check the training their staff had completed and ensured that training staff received reflected the needs of people they supported.
- The manager and care manager were fully aware of their legal responsibility to notify CQC of notifiable events. They understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Continuous learning and improving care

- The manager and care managers had systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included audits in relation to people's daily care records, people's care assessments, medicine administration records and where staff supported people with their daily expenses. Any actions identified through audits were added to an action plan.
- The provider operated a computer system which enabled care managers and the manager to review incidents, accidents and near misses to improve the quality of service people received. When a record had been assigned on this system it gives a list of actions for staff to follow, including ensuring the principles of the duty of candour has been followed. The manager and provider signed off records to ensure appropriate action had been taken.
- The provider employed their own quality assurance officers who carried out their own quality checks of the service. The last check occurred in November 2019 and some actions were identified. Following the audit, the manager and provider made some suggestions to these internal audit processes to make them more effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The views of staff, people and their relatives were sought in relation to the service. The service carried out monthly meetings with the people they supported. This enabled them to seek the views of people. Where concerns or actions were discussed and action plan which was followed up and addressed at future meetings. Additionally, the provider had carried out a questionnaire of people's views, which they were in the process of collating. The views received were positive.
- Care staff were provided with clear information about people's needs, the providers expectations and any changes, through meetings and memos. Each care manager carried out monthly meetings for their teams. The manager had ensured action was taken to give staff the information they needed, this had included setting up shift rosters 10 weeks in most places to ensure staff could plan effectively.
- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how training and support had been tailored to the needs of people they supported. The manager and provider supported staff to reflect on people's care and events to help improve the quality of care and support people received.

Working in partnership with others

- The service worked with healthcare professionals and service commissioners. The service had worked with the commissioner through an action plan following concerns raised in December 2018. The manager explained the actions they had taken to work with the local authority to ensure people received effective care. The manager had kept the local authority aware of changes to the service.