

Page Alliance Healthcare Limited

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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

Page Alliance Healthcare Limited is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people and younger adults. At the time of inspection, the service was providing personal care to five people.

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

Overall, medicines were managed safely. Action was taken at the time of the inspection to improve medicines records. People's relatives were very positive about the service and the care and support their family members received. They said the care and support provided was safe. Risks associated with care and the environment were recorded and monitored. There were enough staff to meet people's needs in a consistent and flexible way. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care was sought and recorded; staff understood people's rights to make their own decisions. Staff received appropriate training and support to enable them to carry out their roles effectively and safely. New staff received an induction and shadowed the management team as part of this. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans overall, contained information for staff to support people according to their needs. Some care plans needed strengthening to ensure they contained more detail about people's care. Action was taken to address this at the inspection. People told us staff were caring, treated them well and respected their privacy and dignity. Staff were described as very kind and patient. Care plans showed people had been involved in their care planning and in regular reviews. Staff promoted people's independence and knew people's needs well.

The provider had a system in place for responding to people's concerns and complaints. People's relatives told us they felt confident to raise any concerns. Staff were aware of people's rights to make complaints. Procedures were in place to learn from incidents and actions taken to improve the service were recorded. People were treated with compassion. People who required palliative care were supported by staff with experience of this to ensure personalised end of life care.

People thought the service was well led. The registered manager and nominated individual were clear about their vision for the service, and ensured they shared this with the staff team. There was an honest and open culture; regular discussions with people, relatives and staff took place. Compliments and surveys showed people were happy with the service they received. Quality assurance systems were effective and identified

where the service needed to improve. The registered manager and nominated individual were responsive to any issues raised during the inspection and demonstrated a passion and enthusiasm for driving improvements in the service.

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

Rating at last inspection This service was registered with us on 26 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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 undertaken by two inspectors.

Service and service type

This service 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 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 registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2019 and ended on 10 October 2019. We visited the office location on 8 and 10 October 2019.

What we did before inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our

inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four relatives of people who used the service. We did not speak with people who used the service as they were not able to communicate their views or did not wish to speak with us. We also spoke with one member of staff, the registered manager and the nominated individual, both of whom provide care and support to people as part of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care records, policies and procedures, records relating to the management of the service, including recruitment records, training records and quality audits.

After the inspection

We continued to seek clarification from the registered manager and nominated individual to validate evidence found. We looked at key documents and quality assurance records.

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.

Using medicines safely

- People received the support they needed with their medicines. However, the records of people's required medicines support were not always accurate. The nominated individual and registered manager made immediate improvements to the records to reflect this.
- Staff knew how to ensure people received their 'as required' medicines when they needed them. Some records did not show full instructions when these medicines were creams. The nominated individual and registered manager updated the records at the time of the inspection.
- Staff described good practice in medication administration and support. They had been trained to administer medicines safely and their competency was checked. However, this was not always recorded. The nominated individual and registered manager confirmed this would be added to the staff training record in future.
- Records included individual medication profiles which gave details of medicines, allergies and how the person wished to be supported with their medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for people's care and support. This included moving and handling, falls and skin integrity risks. One person's risk management plan for falls had some inconsistent information in. This was corrected this at the time of the inspection.
- Risk assessments associated with the environment in which staff would provide support were completed.
- Staff had a good knowledge of people's risks. They were trained to meet each person's needs and to understand the risks involved.
- Policies were in place to ensure accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. There had not been any accidents or incidents since the service had registered.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. People were supported in a consistent way, with small teams of staff. Staff said this enabled them to get to know people well. Relatives told us how beneficial this was to their family member's care. One said, "They get to know us, and we get to know them, it's perfect."
- Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. However, records were not made of how gaps in employment were followed up. The nominated individual told us they did this verbally with people and would ensure a record was made in the future.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff understood different types of abuse and how to report concerns to protect people from harm.
- People's relatives told us they or their family member felt safe and they had confidence in the service. Comments included; "My [family member] is very safe; they are so efficient, caring and reliable" and "They are so nice and friendly, I feel they really care for {family member}."

Preventing and controlling infection

- Staff received training in how best to support people to minimise the risk of infection.
- Staff had enough personal protective equipment (PPE) to reduce the risk of cross infection.

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.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs. The service had an induction for all new staff to follow, and this included shadow shifts and training courses. We noted several training courses were all completed in one day. The nominated individual had recognised this was an area where improvements could be made and was in the process of setting up more comprehensive training for the future. They said, "I want to build in time for discussion and reflection."
- Staff told us they felt confident and the training they received had prepared them well for their role. One member of staff said, "I really enjoyed the training and then I did a lot of shadowing with [names of registered manager and nominated individual]."
- Staff said they felt supported, and they could ask for help if needed. They received regular one-to-one supervision meetings. These provided an opportunity for the management team to meet with staff, discuss training needs and offer support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 registered manager and nominated individual had a good understanding of the MCA. Staff had received training and told us they knew the key principles.
- People had given consent for their care to be delivered. If they did not have capacity to do this, best interest decision making processes had been used and this was recorded.
- People were supported to make their own decisions and encouraged to make their own choices. A relative said, "They do all that is needed but always ask and explain every time."
- People had their needs assessed before they started with the service. The assessment formed the basis of

their care plan.

- Care was managed and delivered within lawful guidance and standards.

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

- None of the people we spoke with needed any support to meet their nutritional needs. However, the registered manager said they could provide this support if needed and had done so in the past. They spoke of providing support to prevent choking and keeping records of people's nutritional intake when there had been concerns about weight loss or risks of dehydration.

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

- The registered manager and nominated individual told us they worked closely with other agencies to manage people's health needs. This included, district nurses, GPs and palliative care teams. A member of staff said, "We work with all the health people to make sure people are comfortable and pain free."
- Staff monitored people's health and told us they would report any concerns, such as decline in health or well-being. Records also demonstrated this.

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

- Without exception, people's relatives told us staff were kind and caring. One relative said, "We are very happy; so kind, patient, no rushing and have never let us down." Another relative said, "They are so well trained; you couldn't ask for a better service. It's brilliant."
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010. Staff received training in equality and diversity and people's cultural needs were identified at initial assessment.
- The provider gained feedback on the service through surveys and reviews. These showed how people had valued the caring support they received. People's comments included; 'Staff are efficient, friendly and most of all, so caring' and 'My carers are always very friendly, competent and caring. They go out of their way to help me resolve any problems I may have.'

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

- People's relatives told us they felt included in how their family member's care and support was planned and delivered. One relative said, "We feel fully involved in everything; from care plans to being able to assist in providing the care. It's all about teamwork."
- Staff described how they assisted people to make decisions by always giving people time to express themselves. A member of staff said, "There is no rushing of people, that is very important."
- Staff and the management team had a very good awareness of people's individual needs and preferences. It was clear they had developed positive relationships with people. They spoke with genuine warmth and fondness about the people they supported. A relative told us; "They understand my [family member's] exact requirements. Another relative said "[Name of family member] loves them."
- The registered manager and nominated individual knew how to access information about advocacy services if needed. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff made sure their family member's privacy and dignity was maintained whilst receiving care. One relative said, "They are spot on in that department. They keep [name of family member] covered while carrying out personal care. Everything is done with such dignity."
- People were cared for in line with their preferences. One person's care plan noted the need to be very gentle when applying creams as the person did not like the coldness of the cream.
- Staff told us how they felt it was important to protect people's dignity and promote independence for people's self-esteem and well-being.

- Care records were written in a respectful way. The registered manager told us how they promoted this by asking staff, at each visit to people, to consider what they had contributed to a person's day by providing care and spending time with people.

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

- Overall, care plans were personalised and showed the service responded promptly to changes in people's care needs. Some care records had vague terms such as 'full support' to describe the care people needed. This did not fully explain or guide staff on people's needs. The registered manager and nominated individual addressed this during the inspection.
- Staff and the management team understood people's daily routines and preferences and rotas were planned to accommodate these. The service offered people choice and tried to be as flexible as possible to meet people's needs.
- There was a computerised system for staff to report any changes in people's needs as they occurred. This meant all staff could be immediately made aware of any changes.
- Relatives told us staff had time for their family members and were never rushed. One relative said, "They take their time, have lots of patience and yet are so efficient."

End of life care and support

- The service provided support for people who chose to remain at home for palliative care. In these instances, the service worked well with health professionals and families. A relative told us, "The last couple of weeks have been so difficult but they helped so much."
- The registered manager and nominated individual were experienced in providing end of life care. Other staff were currently trained by them and there were plans in place to develop a training course that the provider would deliver.
- Staff spoke with compassion about the end of life care they provided. One member of staff said, "Empathy is very important when you are caring for people at this vulnerable time of their life."

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.

- Care plans included information about people's individual communication needs and how these should be met.
- The provider had a policy in place to ensure practice was in line with the AIS.

Improving care quality in response to complaints or concerns

- People's relatives felt able to raise concerns. They had confidence any concerns would be addressed

promptly. One relative said, "I know for a fact I could speak to either [name of registered manager] [name of nominated individual] about any concerns we may have. We do not have any though."

- Information about how to complain was contained in the service user guide. Relatives told us they had this information in the files at their family member's homes. One relative said, "There is plenty of information in the file, everything you need for everything you could think of."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We received extremely positive feedback from relatives and staff about the registered manager and nominated individual. Comments included; "They are vibrant, enthusiastic, hardworking and have such good hearts", "I cannot fault them; we have come to look upon them as friends and "They are such good people; I would highly recommend them."
- The registered manager was aware of their legal duty to send notifications to external agencies such as the local authority safeguarding team and CQC if needed.
- Staff were clear about their roles and said communication within the service was excellent.
- Various quality checks were made to ensure people were receiving the service they wanted, and their needs were being met. The registered manager and nominated individual had put an action plan in place and were addressing the issues raised from their findings. This included similar issues to those we found with medicines records and care plans.
- The registered manager and nominated individual positively encouraged feedback and acted on it to continuously improve the service. For example, minor lateness of calls had been raised and was addressed with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff spoke with pride about working for the service. One member of staff said, "The managers have very high standards and I like that. It means people get good quality care and that is what they deserve."
- Staff said the registered manager and nominated individual were very approachable and led by example. One member of staff told us; "Nothing is too much trouble for them, they will come out to support you at four o' clock in the morning if that is what you need."
- The registered manager and nominated individual demonstrated an open and transparent approach. Meeting records showed they encouraged this with the staff team.
- Staff were encouraged and supported to provide care and support in line with the company values which included integrity, passion for caring, team spirit and connecting with people. Feedback from people who used the service also showed people were provided with care that reflected these shared values. One person had commented, 'You took care of my [name of family member] to a very high standard indeed. You have always gone above and beyond on every visit.'
- Where any errors or mistakes were identified these were discussed appropriately and any learning shared.

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

- Regular feedback was sought from people, relatives and staff. Staff had opportunity to attend meetings and said they felt valued and listened to.
- Service reviews were carried out at regular intervals to check people were happy with the service and their needs were met. Without exception, positive feedback had been given; with no suggestions for improvement. People were highly satisfied with the service. Comments included; 'Thank you for all your tender help and care. I think your work was exemplary in every way' and 'I don't think you could do a better job, everything is just right.'
- The service worked in partnership with health and social care professionals who were involved in people's care.