

ALICELYN HEALTHCARE LTD

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Alicelyn Healthcare Ltd is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 10 people.

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

The service was predominantly well run, and people who used the service were very happy with the care and support they received. The provider's audit systems were quite basic, which meant not all aspects of service delivery were robustly monitored. We have made a recommendation about the provider's audit systems. Despite the lack of a comprehensive programme of audits being place, the registered manager possessed a good oversight of the service as they were involved in people's care.

People felt safe in the company of staff. People consistently told us staff were kind, arrived on time and they received support from the same core group of staff, which promoted good continuity of care. The service had recruitment processes in place to ensure suitable staff were employed. Staff followed safe infection control practices.

People were supported by staff who were competent and skilled. Staff were trained to administer people's medicines safely and to identify and report any safeguarding concerns. Staff asked people for their consent before providing them with any care. People who used the service 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.

Care plans were person-centred and people were fully involved in decisions about their care and support. The service regularly reviewed people's care, but discussions with relevant persons weren't always captured as part of this process. The registered manager assured CQC action would be taken to address this record keeping issue.

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 25 October 2019. 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, 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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

Inspection activity started on 17 March 2022 when we visited the service office and ended on 22 March 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 two people who used the service and four relatives, about their experience of the care provided. At the time of the inspection there were three staff employed to provide care, which included the nominated individual and registered manager. We spoke with the nominated individual and registered manager and attempted contact with the third care worker. We reviewed three people's care plans and risk assessments. We reviewed two staff files to look at the recruitment, training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- There were systems in place to help protect people from abuse. Everyone we spoke with told us they felt safe in the company of staff. One person said, "I definitely feel safe and comfortable around staff. It is always nice when they come. I have a good rapport with them."
- There was a system in place to report safeguarding concerns to the local authority, although the service had not yet had to do this. Staff had received training in safeguarding vulnerable adults and were able to tell us what they would do if they had safeguarding concerns about anyone using the service or staff.

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

- Risks to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. Risk assessments were reviewed as required, such as in response to people's changing needs.
- The service had a process for recording and investigating any accidents or incidents. At the time of inspection there had been one medication error since the service began operating. We saw staff had taken appropriate action to keep this person safe, and no harm had been sustained.

Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- Call schedules were well managed and people told us staff consistently arrived on time and completed all care tasks before they left. One relative said, "They have been absolutely great at meeting call commitments, no concerns whatsoever." Another person said, "Definitely (calls are well managed), staff arrive on time and stay full duration of call. One time I had an important health appointment and staff arrived exactly at the time we agreed, so I wasn't late."

Preventing and controlling infection

- People told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office.

Using medicines safely

- Medicines were safely managed. People and relatives spoken with confirmed they received their

medicines in line with their prescription.

- Detailed assessments of medicines support were recorded, and staff were trained to safely administer medicines.

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

- A full assessment had been completed before people received support from Alicelyn Healthcare Ltd, which provided detailed information about people's care needs. A personalised care plan was then written.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care was delivered in accordance with their needs and preferences.
- For people who received support with eating and drinking, people's feedback confirmed they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough.
- People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals
- People and staff benefited from a highly trained management team. Both the nominated individual and registered manager were registered nurses and provided personal care. They had extensive experience of providing care in a variety of care settings, such as in the community, hospitals and care homes. One person said, "Definitely, staff seem well trained. With the previous service things seemed upside down, now it is much better."
- New staff received a comprehensive induction when they started working at the service.

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

- Staff worked with other organisations to support people to maintain their health. The management team possessed a strong understanding of how to navigate the various pathways of care to facilitate timely support from external services. For example, staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required.
- People and their relatives provided positive feedback about how the service supported them with their health.

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.

- People signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. We were satisfied the service was acting within the principles of the MCA.

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's choices in relation to their daily routines were listened to and respected by staff. One person said, "[Staff] are extremely good. They are good at listening to what I want." Another person said, "My views and wishes are respected. [Staff] do what I need, if I have ever had problems they adjust immediately. I can always talk to them."
- Feedback from people and their relatives about the standard of care they received was consistently positive. People and their relatives told us staff were kind, caring and promoted their independence. Comments included, "They are all lovely... At this moment in time I am thankful for this care" and "[Person's name] seems genuinely happier with this care service, I occasionally hear them laughing together when I call on the phone, which is nice."
- In addition to the running of the service, the nominated individual and registered manager were involved in the delivery of people's care. This arrangement benefitted people as they had regular contact with the management team and changes which ordinarily required a manager to approve, happened almost instantaneously. Everyone we spoke with knew the managers by name and commented they were approachable and attentive to their needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in developing their care plans and knew their care workers well. The service also valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with. One person said, "Yes, I received an assessment and I was fully involved – I am happy with it. What I want [staff] to do they do." A relative said, "Staff really engage with [person's name] and us as family. The care is completely tailored to their needs."
- We fed back to the provider that discussions with people and their relatives about their care and support should be recorded. The registered manager assured CQC they would immediately implement improvements to their record keeping practices after the inspection.
- The service ensured people's dignity, privacy and independence were promoted. One person told us with the support of Alicelyn Healthcare Ltd they had regained some of their independence and in turn, were able to reduce their package of care. They said, "I have cut down a bit in terms of care, I feel quite a lot better. It's got me more confident. It shatters my confidence whenever I have a fall. They have helped me be more confident in the house on my own."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

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's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.
- People were encouraged to share their wishes for when they were nearing the end of their lives. The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

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 when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people. Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

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 requires improvement. This meant the service management was inconsistent.

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

- People received a good quality service. However, the provider's systems of governance were not comprehensive, and some key quality and safety checks had not yet been established. For example, there was no clear systems in place to monitor the quality and safety of daily records, staff files and care files.

We recommend the provider seeks advice from a reputable source about implementing effective and comprehensive governance processes to identify, understand, monitor and address current and future risks at the service.

- Although we had concerns about the provider's systems of governance, we found no evidence this impacted on the quality of people's care. As the registered manager and nominated individual were highly involved in people's care, we were assured they were identifying and acting on quality and safety concerns quickly. One relative said, "I am very impressed with care from Alicelyn (Healthcare Ltd)." Another relative said, "I can honestly say they have been the best care service we have experienced."
- The provider's staffing contingency plans were not robust. There were enough staff to cover everyone's calls, but current arrangements left almost no margin to cover unplanned absences. We found there was no recorded contingency plan in place, though the provider told us they had informal arrangements in place should a staffing crisis arise.

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

- The registered manager and nominated individual encouraged a positive culture by leading by example. People told us they were supportive and approachable.
- The provider had mechanisms in place to gather feedback from people and their relatives. Feedback published on the provider's website conveyed very high levels of satisfaction and comments included, "The care [relative's name] is having is wonderful. [Registered manager's name] is a very kind understanding person who goes above the line of duty" and "Alicelyn Healthcare Ltd provided first-class care to my mum."
- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

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 registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.