

Aland Healthcare Consulting Limited

Aland Healthcare Agency

Inspection report

Office 3, 7 Westmoreland House
Cumberland Park, Scrubs Lane
London
NW10 6RE

Date of inspection visit:
29 April 2021
20 May 2021

Date of publication:
25 June 2021

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

Aland Healthcare Agency is a domiciliary care service and is registered to provide personal care to people living in their own homes. At the time of the inspection two people were using the service and they were both receiving personal care.

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

People were supported with their personal care needs and other support they needed in a respectful and individual way.

Staff received safeguarding training and understood how to protect people from the risk of abuse and neglect.

Systems were in place to promote people's safety and mitigate any identified risks. This included safe support with medicine administration and effective measures to protect people from the risk of infection.

People had formed good relationships with care staff, who they described as "kind" and "excellent". Staff were safely recruited, and they received appropriate training and supervision to carry out their roles and responsibilities.

People were supported to receive food and drink of their choice. Staff were provided with guidance about people's healthcare needs to enable them to promptly identify if people were unwell and needed external healthcare support.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were encouraged to participate in the planning and reviewing of their care plans, wherever possible. Care plans were written in a style that clearly reflected how the registered manager had consulted with people about their needs, interests and expectations.

People knew how to make a complaint and were confident the registered manager would act professionally and politely to resolve any concerns.

The service was well-managed. People and staff were asked for their views about how to improve the service. The registered manager had frequent contact with both people and regularly checked their care and support was being delivered in line with their agreed care plans.

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 CQC on 4 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

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.

Aland Healthcare Agency

Detailed findings

Background to this 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission and they were also the proprietor of the service. 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 the registered manager would be in the office to support the inspection. Before our arrival at the provider's office, we spoke with the registered manager about the infection prevention and control arrangements at the premises in line with COVID-19 safety protocols.

What we did before the inspection

We reviewed the information we held about the service, for example any notifications the provider is required by law to send to us. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

However, we received a completed PIR from the provider after the inspection visit and took this into account in making our judgements in this report.

During the inspection

We commenced our inspection on 29 April 2021 with a visit to the service and concluded on 20 May 2021 via a remotely conducted feedback session with the registered manager. We spoke with the registered manager and a domiciliary care consultant who had supported the registered manager to establish the service.

We reviewed a range of records, which included the care records for both people using the service. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including 'spot check' visits reports and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with both people who used the service and two members of the care staff. We also spoke with an individual who was both an advocate for autistic people and a trainer, with experience of providing training to the service.

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

- Suitable measures were in place to protect people from the risk of abuse, harm and neglect. Staff received safeguarding training, were familiar with the service's safeguarding policy and procedure and understood how to identify different types of abuse. Staff told us they would report any concerns to the registered manager and were confident she would take appropriate action to ensure people's safety.
- People who used the service told us they felt safe as their care staff were conscientious and caring. People said they would not hesitate to inform the registered manager if they did not feel safe when receiving their care and support.
- The registered manager was clear about her responsibilities in relation to protecting people and promoting their safety. Staff were provided with written guidance about how to whistle blow and confirmed their understanding of whistleblowing to us. Whistleblowing is the term used to describe when an employee raises a concern about wrongdoing at their workplace.

Assessing risk, safety monitoring and management

- Appropriate processes were used to identify risks to people's safety and promote safer care. People's care plans contained risk management guidance to support staff to mitigate any identified risks to their safety during the delivery of their personal care. For example, risks to people's safety, physical comfort and emotional wellbeing if they do not accept support from staff with aspects of their daily personal care.
- Environmental risk assessments were carried out to make sure risks within people's homes were identified and addressed, for example uneven floor surfaces and unsecured rugs that could present a trip hazard. The registered manager was aware of how to escalate specific concerns where necessary to relevant authorities, for example the local fire brigade or the applicable council's environmental health team.

Staffing and recruitment

- Detailed systems were in place to ensure enough staff with appropriate experience and backgrounds were employed to safely meet people's needs. Recruitment records demonstrated the registered manager carried out checks which included at least two references, proof of identity and right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps preclude the appointment of unsuitable candidates.
- Both people who used the service told us staff were always punctual, reliable and stayed for the agreed length of time. People knew their care workers and confirmed the registered manager had personally introduced each staff member before they commenced visits to their homes. Care staff told us that although both people lived very near to each other, their schedules were arranged so they had a short break and were able to arrive at their next visit on time.

Using medicines safely

- Safe and well-organised practices were in place to support people with their medicine needs. Care staff informed us they received medicine training and their competency with administering medicines was periodically assessed by the registered manager as part of the 'spot check' visits to people's homes. People told us they were pleased with the sensitive support and encouragement staff gave them with their prescribed medicines.
- The registered manager audited medicine administration records to check people received their medicine support in line with the provider's medicine policy and procedures and the prescribers' instructions. Staff were provided with clear and short written guidance about the medicines they were supporting people with, for example why the medicine was prescribed and any commonly found side-effects to observe for.

Preventing and controlling infection

- People were properly protected from the risk of infection by staff with appropriate training, personal protective equipment (PPE) and managerial guidance and support. Staff had undertaken infection prevention and control (IPC) training and their understanding of the provider's IPC policy and procedures was checked by the registered manager during their one to one supervision sessions and through direct observation of their practice at people's homes. Staff confirmed they were given plentiful supplies of PPE and the registered manager promptly responded to any IPC queries they raised.
- People told us they felt safe and reassured with their care staff during the COVID-19 pandemic because they worked in a hygienic, careful and knowledgeable way. One person said, "They always wore masks and gloves, I never had to worry about inviting [names of care staff] into my home."
- The registered manager told us the agency had been able to provide a stable service during the height of the COVID-19 pandemic. The challenges of supporting people during COVID-19 had encouraged the registered manager to train a staff member as an IPC champion, so they could provide additional support and reassurance to their peers.

Learning lessons when things go wrong

- The registered manager had implemented systems to record and analyse any incidents, accidents and other events to identify any lessons learnt to improve care. The registered manager informed us that she used her prior experience in the health and social care sector to promote safer care for people using the service. For example, she provided personal care to each person for the first week to fully understand their individual needs and wishes, and subsequently share this directly acquired knowledge with the care staff who gradually took over the care packages.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they commenced using the service and their assessments clearly reflected their own views and wishes about how their personal care and other support should be delivered. The assessments included comments from people about how they perceived their physical, emotional and social care needs, which demonstrated an individual approach to understanding people's unique circumstances and involving them in the planning of their care.
- At the time of the inspection the service was not providing personal care to people referred by a local authority or community health care trust, hence people did not have other assessments of their needs in place. The registered manager was aware of the importance of applying key information from assessments by health and social care professionals when carrying out her own assessments, to ensure people received a consistent and effective service tailored to their identified needs.

Staff support: induction, training, skills and experience

- Staff were supported to have the correct skills and knowledge to competently understand and meet people's needs. Staff told us they had undertaken induction training and received regular one to one supervision with the registered manager. One staff member stated, "We can speak with [registered manager] at any time for advice. If you leave a message, she will call you back straight away." At the time of the inspection all three care workers also worked at other health and social care services where they received training relevant to their roles and responsibilities at Aland Healthcare.
- People told us their care workers were "excellent at what they do" and "very well trained." The registered manager supported newly appointed staff to attain a Care Certificate, which is an identified set of standards that social care staff adhere to in their daily working life. The service had developed links with the founder of a local advocacy organisation for people with autism, which enabled the registered manager and care staff to attend workshops and access bespoke training opportunities.

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

- The registered manager ensured people were supported to meet their nutritional needs where this formed part of their agreed care and support. The care plans contained detailed information about people's needs and preferences, for example whether they liked to have marmalade or honey at breakfast time and how they liked their coffee prepared. Both people confirmed that staff were familiar with their cultural preferences for meals, snacks and beverages and they liked the supportive way staff encouraged and assisted them to eat and drink well.
- The care staff we spoke with understood the importance of reporting without delay to the registered manager if people were not eating and drinking well, so that relevant health care professionals could be

informed as required.

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

- The importance of working with other organisations to ensure people received a consistent service to meet their health and social care needs was recognised by the registered manager. The care plans we looked at demonstrated how the registered manager and care staff liaised when necessary with key professionals and local services, for example GPs, community nurses and pharmacists.
- Care plans contained detailed information about people's healthcare needs, such as whether they needed staff support to attend appointments and how their healthcare conditions impacted on their daily lives. For example the registered manager spoke with people about whether they experienced pain, so that staff were not only aware of the person's medicine regime but also understood about the individual reassurance and emotional support a person required to maintain their comfort and live as independently as possible.

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.

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

- Processes were in place to assess and record whether people had capacity to make decisions about their care and support. The care staff we spoke with had received MCA training and understood the need to ensure people's human rights were always upheld and people were supported to make meaningful choices, wherever possible. Staff told us they asked people for their consent before they supported them to meet their personal care needs.
- At the time of the inspection both people consented to their care and had signed their care plans to demonstrate they were fully consulted about how their care and support should be delivered. People confirmed to us their care staff listened to and respected their choices.
- Staff stated they would inform the registered manager if they felt an individual they were supporting was no longer able to consent to their care, so that the person's mental capacity could be assessed by a health and social care professional.

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

- The service demonstrated a clear ethos of caring for people who used the service as if they were valued members of the family and the registered manager explained to us it was a privilege for the agency to have been chosen by people to provide their care and support. During the inspection people were discussed in a kind and respectful way, which was also reflected in the language used by staff in their care plans and daily records.

- Both people told us they were very happy with their care and pleased by the thoughtfulness of their care staff. One person said, "I have no complaints at all, they are all lovely, excellent" and a second person reported, "Always kind, they are good to me."

- People were supported by care staff who shared or understood their cultural needs.

Care plans identified people's individual and diverse needs, for example food they liked that met their cultural needs and preferences and whether people needed any support to meet spiritual needs. Although people who used the service and the care staff spoke with each other in English, the registered manager shared the same first language with both people. This had enabled people to feel reassured their cultural needs were fully understood.

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

Respecting and promoting people's privacy, dignity and independence

- The care planning and reviewing process was designed to enable people to express their opinions about how they should receive their care and support. The registered manager showed us a recent assessment she had carried out for a person who had not yet commenced a care package with the agency, which also included views contributed by the person's relative and informal carer.

- Care plans provided guidance for staff to support people to remain as independent as possible.

- Staff told us how they ensured people's privacy and dignity when supporting them with personal care. For example, by closing curtains and doors and making sure people could access their dressing gown if they needed to walk from the bathroom to another room in their home. Both people confirmed they had been consulted about whether they had a preference to receive personal care from a male or female care worker and their views had been respected.

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; Supporting people to develop and maintain relationships to avoid social isolation

- Both people who used the service had an individual care plan which included their identified needs, their expressed wishes about how their care should be delivered and guidance for staff about how to meet their needs and preferences.
- People praised the way the way their care staff supported them and stated they had formed positive relationships with their regularly assigned care staff. One person told us, "Without [names of care staff] I would not feel safe at home. They make sure I am alright." One person had been using the agency for over a year and the second person was approaching the end of their first year of using the service.
- Care plans were written in a person-centred manner. People were asked if they wished to share information about their family background, current or former occupation, social interests and a short account of the difficulties they have encountered due to problems with their health. This enabled care staff to understand more about people's experiences and find common areas of interest to discuss.
- Care staff told us they had sufficient time at each visit to read the recent visit notes by their colleagues or any changes made to the care plan by the registered manager. Staff stated there was effective communication with each other and the registered manager, for example the registered manager contacted care staff prior to a home visit to inform them about any changes in relation to a person's health, wellbeing or domestic situation they needed to be aware of.
- Care plans were kept under review and updated as required.

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.

- The registered manager met people's AIS needs. The assessment tool was designed to check whether people required specific support to meet their communication needs. The registered manager confirmed that documents such as the service user guide could be produced in different languages or in a large print format if this was necessary.
- At the time of the inspection it was not necessary for the service to make any changes to the way they provided people with information.

Improving care quality in response to complaints or concerns

- Systems were in place to enable people to report any concerns or complaints. People who used the services and their supporters were provided with information about how to make a complaint. The

complaints guidance included information about the role of the Care Quality Commission and the Ombudsman.

- People told us they were very satisfied with the service and had not made any complaints and would feel comfortable speaking with the registered manager if any concerns arose. One person said they regularly spoke with the registered manager when she carried out 'spot check' visits and felt confident of her ability to act in a fair, open and supportive way should they ever make a complaint.

End of life care and support

- At the time of the inspection people did not require end of life care and support. The registered manager demonstrated a clear understanding of how the service would work sensitively with people, their relatives and appropriate healthcare professionals if a person required this type of care.

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

- People told us the service was enabling them to achieve good outcomes. For example, to remain in their own homes and feel confident their physical and social care needs were being met in a consistent and stable manner by care staff who knew them well.
- The registered manager actively shared the agency's motto of 'Nothing about them without them' with people, their supporters and staff. This summarised the service's philosophy of always involving people where possible or their recognised representatives in decision making about their care packages.

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 understood the requirements of the duty of candour, which is a legal duty for providers to act with integrity and in a transparent manner, including the need to openly acknowledge and apologise if something goes wrong.

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

- Due to the small size of the service at the time of the inspection, the registered manager was able to demonstrate a recognisably 'hands on' approach to the running of the service. For example, she knew both people well through providing them with personal care when they began using the service and now through regular spot check visits, care planning review meetings and telephone quality monitoring calls.
- The registered manager also carried out quality checks to ensure care staff completed the daily records and medicine administration records. We noted the daily records were suitably detailed and would enable a visiting health and social care professional to gather useful information about a person's current needs and circumstances.
- Both people who used the service told us they knew the registered manager well and felt she demonstrated good leadership skills. Staff told us the registered manager was very supportive and dedicated to ensuring people were safe and happy.
- The registered manager understood the need to inform CQC of any notifiable events at the service, in line with legislation.

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

- The registered manager had created a plan for people who used the service to contribute to the quality assurance process if they wished to, for example offering their views about new policies and procedures. One person had expressed an interest in taking on this role.
- Staff reported to us they felt listened to by the registered manager, who was interested in their ideas about how to develop the service.

Continuous learning and improving care

- The registered manager had established links with other domiciliary care agencies so that she could discuss professional issues and benefit from peer support. Following discussions during the inspection, the registered manager implemented minor tweaks to specific policies as she welcomed new ideas that could improve the quality of care.
- The registered manager had developed constructive plans to introduce as and when the service grew. This included additional staff training to meet the specific needs of new people using the service and plans to support care staff to progress their careers with the agency, if they wished to.

Working in partnership with others

- At the time of the inspection the provider had developed a relationship with a local advocacy organisation for people with autism, which was established by a relative who wished to promote better understanding of the needs of people with autism. The founder told us they greatly enjoyed working in partnership with the service as the registered manager demonstrated a caring and committed approach to providing people with individual care tailored to their needs.