

Alliance Care LTD

# Alliance Care Ltd

## 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

Alliance Care Ltd is a domiciliary care agency, providing personal care to people in their own homes. The domiciliary care agency is registered to provide a service to people with learning disabilities or autistic spectrum disorders, sensory impairment or physical disabilities and people who misuse drugs and alcohol. At the time of our inspection there were seven people using the service.

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 could rely on staff providing the care which had been planned. Relatives told us they were consulted about the management of their family members safety. Staff took action to ensure the risk of the spread of infections were reduced.

People's needs had been assessed and plans had been put in place to support them. Staff received the training and support they needed to provide good care to people. Where people wanted assistance to obtain emergency health care staff supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us their family members had developed good relationships with the staff supporting them. Staff said they valued the bonds they had built with the people they cared for. Staff assisted people in ways which promoted people's rights to independence, dignity and privacy.

People's care plans gave staff the information they needed to provide good care to people, such as their preferences, histories and goals. People's care plans were reviewed as their needs changed. Systems were in place for taking learning from any complaints or suggestions, should these be made. Staff gave us examples showing how they had been supported to provide care to people at the end of their lives. Relatives told us they, too, had been supported at this key stage of their family member's care.

Relatives told us the culture of the service meant they were encouraged to ask for additional support when they wanted this, and the provider responded to these requests where possible. The registered manager checked key areas of people's care so they could be assured the care provided was safe and reflected people's preferences.

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

### Why we inspected

This service was registered with us on 29 November 2019 and this is the first inspection.

#### 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Alliance Care Ltd

## 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 team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### 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

This inspection was announced. 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 11 April 2022 and ended on 27 June 2022. We visited the location's office/service on 28 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three relatives to gain their views of the care provided to their family members. We spoke with six members of staff including the registered manager, the provider's representative and care staff.

We reviewed a range of records. These included three people's care records and records relating to the management of the service and the safety and quality of people's care. For example, spot checks on staff practice, feedback provided by people and their relatives and minutes of staff meetings. We also looked at records showing us how staff were recruited and trained.

In addition, we reviewed a range of policies and procedures. These included policies and procedures relating to infection control, complaints management and whistleblowing.

# 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 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

- People were supported by staff who knew how to identify potential abuse and how to assist people, should this occur.
- Staff were confident if they raised any safeguarding concerns these would be promptly addressed. Staff had received training in safeguarding.

Assessing risk, safety monitoring and management

- People's safety risks had been identified and plans had been developed to manage these. This included risks people may face because of their physical needs, such as their skin health, and risks when people moved around their homes. Safety also considered risks arising from the environment people lived in, such as the security of their homes.
- People's and relatives views were considered when people's safety monitoring arrangements were decided. One relative explained, "[Staff] chat about safety generally, and explain things such as using the hoist, and they are careful." This helped to ensure people remained as safe as possible.
- Staff had a good understanding of people's risks and understood what action to take to promote people's safety. Staff were supported to understand what care people wanted as their needs changed. This was done through regular discussions and updates to people's risk assessments and care plans.

Staffing and recruitment

- There were enough staff to care for people and relatives told us they could rely on the correct number of staff attending care calls. One relative told us there had been some occasions where staff had been late for calls, but said this had now improved.
- Relatives told us their family members were often supported by staff who cared for them regularly and knew their safety needs well.
- The registered manager had put systems in place to check staff were suitable to work with people. For example, taking up references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People managed their own medicines or received support from their family members to do this. Some people wanted to be reminded by staff to take their medicines and for staff to apply medicinal creams. Relatives told us they could rely on staff providing this support.
- Staff were not allowed to administer people's medicinal creams or prompt people to take their medicines

until they had been trained to do this. Staff told us their competency to continue to do this was checked over time.

#### Preventing and controlling infection

- People's safety was promoted because of the actions staff took to reduce the likelihood of infections spreading. For example, through effective use of PPE.
- Relatives told us staff always made sure they had appropriate PPE on before caring for their family members.
- Staff had received training in infection control and told us senior staff undertook spot checks, so they could be assured the likelihood of infections was reduced.
- The provider had an infection control policy in place to provide guidance to staff.

#### Learning lessons when things go wrong

- Staff told us they were encouraged to discuss any safety incidents and were confident these would be reviewed to reduce the likelihood of recurrence.
- The registered manager reviewed any untoward incidents so they could be assured any lessons would be learnt.



# 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 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 and preferences were considered when their care needs were assessed.
- Relatives were consulted where their family members wanted this. One relative told us they had met with staff before their family member started to receive care from Alliance Care Ltd. The relative told us, "We [the person, relative and staff] did chat at the beginning about what care [person's name] wanted, and we chat through as things change." This approach helped to ensure their family member received the care they wanted from the point their care was provided by the service.
- Staff told us people's assessments and care plans gave them the information they needed to support people effectively. In addition, one member told us, "When there's new clients, [senior staff member's name] meets us at the [care] calls and lets us know what we need to do."

Staff support: induction, training, skills and experience

- Relatives were positive about staff's knowledge and how they used their skills to help people. One relative said, "[Staff] always do their job and they do everything well."
- Staff were supported to develop their knowledge and skills through an induction programme and on-going training. One staff member told us, "Your induction and shadowing, [working with more experienced colleagues] length depends on how much you feel you need. You can familiarise yourself with clients [people] and their surroundings."
- Staff gave us examples showing how the provider arranged additional training to meet people's individual needs, where this was required. This helped to ensure people's needs were met.

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

- Most people prepared their own meals and drinks or received support from their families to do this. Where people were supported by staff this was based on people's choices.
- One staff member told us how they supported one person to have enough to eat to remain well. The staff member said, "I say to [person's name] 'Come and have look what you fancy' and either [person's name] or we do it."
- Where staff had any concerns people may not be having enough to eat or drink they monitored this, and communicated this to senior staff, who developed plans to support people appropriately.

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

- People were cared for by staff who knew how to assist them if they wanted support to contact their GPs or the emergency health services.

- Staff gave us examples showing how they had worked jointly with other health and social care professionals such as social workers, emergency services and followed district nurses' advice so people's health would be promoted.

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 were assisted by staff who understood people's rights to make their own decisions.
- Staff understood what processes to follow and how to support people, if people required assistance to make some decisions. This included who should be consulted and involved in best interest decisions.

# 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 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 had developed close bonds with the staff caring for them.
- Relatives were positive about staff's caring approach. One relative told us, "[Person's name] laughs with her care workers, they are always giggling." Another relative said, "[Person's name] liked all the [staff] and they were excellent."
- Staff spoke warmly about the people they cared for. One staff member said, "You have time to chat to people during [care] calls, you talk about their previous interests and jobs." Another staff member said they had seen, "[All staff] care and love the clients. They are very friendly, we have good relationships with clients and relatives."

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

- People's day to day care decisions were regularly checked by staff so they would continue to receive support based on their choices and decisions.
- Relatives told us their views were also taken into account when day to day decisions were made about their family member's care. This included if care call times needed to be adjusted.
- Staff gave us examples showing how they promoted choice and encouraged people to make their own decisions. For example, in relation to what meals and drinks people wanted preparing and what personal care they wanted.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff supported people to maintain and improve their independence. One relative explained how staff had worked with their family member and said, "[Staff] have helped [person's name] with this and this has increased their confidence walking downstairs, now."
- People's rights to independence, privacy and dignity, were promoted. One staff member gave us an example of how they put these rights into practice, by ensuring they undertook personal care in people's preferred locations, so their privacy and dignity was promoted. The staff member said, "When we do personal care, we close doors and wash and dress people in an appropriate place."
- People's documents and electronic records were securely stored, to promote their privacy.

# 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 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

- People's care plans and risk assessments reflected their needs, preferences, and histories. Care plans and risk assessments contained clear guidance for staff to follow so people's physical and emotional needs would be met. This included key information about what was important to people.
- People and their relatives were encouraged to make suggestions for their care and these suggestions were listened to. One relative said, "[Staff] are flexible and receptive if we want to change call times. They try and fit in round us."
- Staff valued the access they had to people's electronic care plans and were encouraged to let senior staff know if people's care needs or preferences had changed. Staff gave us examples of how senior staff advocated for people with funding agencies, when required. This helped to ensure people continued to receive the care they wanted. For example, if people required additional time or staff to support them.
- Processes were in place to promptly communicate any changes in people's care needs and planning arrangements to staff, so people would continue to have the care they wanted.

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 had been assessed and plans put in place to guide staff on how people liked to communicate.
- Staff gave us examples showing how they had used different ways of communicating with people as their needs and preferences changed, including meeting people's sensory needs.
- Some key documents were in pictorial format. This helped people to contribute to their own care planning arrangements.

Improving care quality in response to complaints or concerns

- Relatives knew how to raise any concerns or complaints should they wish to.
- Systems were in place to ensure any concerns or complaints were managed appropriately and take learning from these.

End of life care and support

- A relative we spoke with told us about the care their family member had been provided with at the end of their lives and said, "All the care provided was good. [Staff] were excellent and listened to us." The relative went on to say how well their whole family had been supported, and said the care provided to their family member had been "Brilliant."
- Staff told us they were sensitively supported by senior staff when caring for people at the end of their lives. They worked together on care calls, so senior staff could ensure people were fully supported at this key stage of people's lives. One staff member said, "[Senior staff member's name] met us there and helped us, she was very supportive."

# 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 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's relatives were positive about the approach staff took to providing care to their family members and told us this meant they were encouraged to ask for additional help when their family members wanted it. Relatives gave us examples showing how their wishes were accommodated where this was possible.
- Another relative told us there was a spirit of working together to ensure their family member received the care they wanted. The relative explained their family member's needs had changed and said staff had advocated for them, so their relative's funders agreed additional staff to provide care calls.
- Staff told us the way they were led encouraged them to raise any concerns they had for people, so they would get the support they needed. One staff member said, "[Senior staff] are out for the client's best interests. I do not have a bad word to say about them. Spot checks on personal care are done to make sure we put clients first."

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

- Checks were undertaken on key areas of people's care by the registered manager and senior staff, so they could be assured people's wishes and needs were met, and care provided safely. These included spot checks to ensure people's care plans were up to date and staff were following them. Spot checks were also undertaken to confirm staff were following good infection control practice.
- Staff told us they felt supported and guided to provide good care by the registered manager and senior staff. For example, through training and prompt access to advice from senior staff outside of normal office hours, should there be any concerns for people they were caring for.
- The registered manager understood what events needed to be notified to The Care Quality Commission, and their responsibility to be open and honest, should something go wrong with people's care.

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

- People and their relatives were asked their views on the care provided and told us their views were listened to. This included through surveys and care reviews.
- Staff had opportunities to meet with their line managers and to express their views and make suggestions for improving people's care. Staff gave us examples showing how senior staff and the registered manager had worked with them to review and reflect on people's needs. This included people's safety needs when

moving round their home, and additional support people may require to remain safe.

- Staff gave us examples showing how they were supported to work effectively with other organisations, to ensure people had the care they wanted. This included health professionals, such as district nurses, and social work professionals.

#### Continuous learning and improving care

- Relatives gave us examples showing how their comments and suggestions were listened to. One relative told us they had some concerns about the care provided to their family member, previously. Learning had been taken from their discussions about the timing of their family member's care and this had improved.
- The registered manager and senior staff used feedback from people and relatives and their own checks to further develop people's care. This included seeking people's and their relatives' views through care reviews.