

Alliance Living Care Ltd

Alliance Living Care - Weston-Super-Mare & Worle

Inspection report

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21 December 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection of Alliance Living Care – Weston Super Mare on 19 and 21 December 2017. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service registered to provide a regulated activity with the Care Quality Commission in June 2014. This was the service's first inspection since registering and had not been previously rated.

Alliance Living Care – Weston Super Mare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. Not everyone using Alliance Living Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example help with tasks related to personal hygiene and eating. At the time of our inspection there were 227 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently safe as medicines records were not always sufficiently detailed. Audits were not fully effective in monitoring and improving the quality of the service provided. For example, medicines and care and support audits were not in place to monitor the service effectivity.

The provider was not always ensuring safe staff recruitment procedures were in place when new staff were introduced through the 'Care Academy'. Staff were not always following the provider's dress code policy as some staff had painted nails that can impede hand washing.

People felt safe and were supported by staff who were able to identify abuse and knew who to go to should they have concerns. Risk assessments identified concerns, however guidelines were not always in place where staff supported people with daily exercises.

Staff had access to personal protective equipment and an ID badge, alarm, torch and ruck sack to keep items safe.

People were not always supported by staff who had received training to ensure they were competent in their role.

Where people lacked capacity, the provider was not always ensuring the principles of The Mental Capacity Act 2005 were being followed.

Staff received an induction and regular supervision and people were supported by staff with their nutrition and hydration.

People felt supported by staff who were kind and caring and staff demonstrated a good understanding of equality and diversity.

People felt respected and confirmed they felt they had choice in their care.

People felt able to complain, and where complaints had been raised records confirmed actions taken. Care plans were person centred and reviewed every six months.

Staff felt the provider and management were supportive and accessible and they had regular staff meetings. Newsletters were an opportunity to share updates with staff and customers about feedback and new initiatives.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always consistently safe.

People's medicines were not always managed safely and staff were not always adhering to the provider's dress code policy.

People felt safe and they received their care when required.

People were supported by staff who were able to identify abuse and knew how to report safeguarding concerns.

Risks to people and the environment were identified and assessed, although guidelines were required for daily exercises staff supported people with.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported by staff who had received training to ensure they were competent in their role.

The provider was not always ensuring the principles of The Mental Capacity Act 2005 were being followed.

Staff received an induction and regular supervision.

People were supported by staff when they experienced changes with their health needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring and who promoted people's independence.

People were supported by staff who respected people's dignity and choice.

People were supported by staff who demonstrated an understanding of equality and diversity.

Is the service responsive?

Good 

The service was responsive.

People felt able to complain, and where complaints had been raised records confirmed actions taken.

People received support from staff that was personalised and care plans confirmed people's individual's needs and preferences.

People received their care as planned and felt able to discuss any changes in care staff with the management of the agency.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Audits were not always effective in monitoring and improving the quality of the service provided.

Staff felt supported by the management and the provider was positive to work for.

Feedback from people and staff was sought and newsletters were an opportunity to share updates relating to feedback and new initiatives.

Staff received regular supervisions and notifications were being made as required.

Alliance Living Care - Weston-Super-Mare & Worle

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector and an assistant inspector. An expert by experience made telephone calls to people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 5 days' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 December 2017 and ended on 21 December 2017. We visited the office location on both of these dates to see the registered manager and office staff; and to review care records and policies and procedures.

We spoke with the registered manager, a deputy manager, a health and safety lead, a team leader, a planner, the training lead and four care staff. We visited two people in their own homes and made calls to nine people of whom we were able to gain views from six. We also spoke with five relatives.

We looked at seven people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they

plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Is the service safe?

Our findings

The service was not consistently safe as the recording of medicine administration was not always sufficiently detailed. For example, Medicines Administration Records (MARs) were not always recording if prescribed medicines had been administered. Where MARs records had no record of the person being administered their medicines, there was no record of why the medicines had not been administered, for example, 'If they were either not required' or 'refused'.

Some people required staff to administer creams and lotions. Records of where the cream and lotion should be applied were not always recorded on a body map. For example, one person's body map confirmed two creams were prescribed. We found no record of who had applied this cream or when. Another person who required cream to be applied to their heel's had no body map in place that confirmed to staff what type of cream was required, where to apply it on the person's body and how frequently. We discussed the inconsistent recording of prescribed medicines with the registered manager. They confirmed improvements were required. This meant records were unable to confirm people had received their medicines safely or as prescribed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were supported by staff who had checks completed on their suitability to work with vulnerable people, however these were not always undertaken prior to the member of staff starting through the 'Care Academy'. For example, the registered manager confirmed staff that were introduced to the agency through the, 'Care Academy' did not always have a Disclosure and Barring Service check (DBS) in place prior to starting their employment. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people. There was also no risk assessment in place that had been undertaken to identify any concerns prior to the DBS being returned. All other staff the agency employed did have a DBS in place prior to staff starting their employment. All staff files checked during the inspection confirmed, references, employment history and a current DBS.

People had environmental risk assessments completed within their care plan. These identified any risks and what measures were in place to support the person. For example, if the person had a smoke alarm, or if the person had a pendant alarm. Staff wore personal protective equipment such as gloves and aprons when providing personal care and cooking. We observed them washing their hands with soap and water following removal of their gloves. During the inspection, we observed some staff who provided care to people had their fingernails painted. We reviewed the providers, 'Dress code policy'. This confirmed, 'Nails (including false nails) must be kept short, clean and smooth and free of all nail polish'. We found two staff during the inspection were not adhering to the provider's, 'Dress code policy.' We fed this back to the registered manager for them to take the necessary action. By staff not ensuring their nails were free from applications such as nail polish may mean they could harbour bacteria and debris.

People had completed risk assessments that identified and managed risks relating to their environment and moving and handling. However, one person required guidelines for staff to follow relating to their daily exercise routine. Staff were able to confirm how they supported the person but there was no clear guideline in place for staff to follow. This meant the person could receive care that was not as required. We fed this back to the registered manager for them to action.

The provider had a system that logged all incident and accidents so that any trends could be identified and action taken to prevent similar incidents from occurring.

People felt safe and staff were knowledgeable about the different types of abuse and who to go to. One person told us, "I feel safe with the girls who come here". One member of staff told us, abuse is, "Financial, physical, and emotional. I would go to Care Connect and safeguarding, CQC or the care manager".

Staff were provided with personal protective equipment, a torch, an identification badge, a personal alarm, works phone which was kept in a ruck sack bag provided to staff by the provider. The provider was in the process of implementing a new identification badge. This would track and monitor staff whilst they worked in the community. If they showed as inactive for a certain period this would raise an alarm with the national contact centre which would then highlight to the agency that there might be a problem.

People felt at times staff were not always consistent and that they could do with more staff. One person told us, "I get different staff most of the time it doesn't bother me. They are usually on time, they let me know if they are going to be late". Another person told us, "I think there is enough staff, they never miss a visit. They ring if there is a problem. My only bug bear is I can't have the regular carers as Alliance has changed the geographical area and I have a lot of new carers." One relative told us, "They come within 10 minutes and no one phones sometimes to let her know they will be late and sometimes say they have rang when they haven't". People confirmed they had not had any missed support visits. Most people were sent rotas each week, although the registered manager confirmed they were looking at stopping this due to the financial cost and impact on the environment. Staff said they were supported by an out of hours on call system should they require any support or guidance

Is the service effective?

Our findings

People were not always supported by staff who had received training to ensure they had the skills and competence in their role. For example, some staff required training updates in moving and handling, medication, safeguarding, mental capacity and infection control. The service had already identified this was an issue and had recently appointed a new Learning and Development Coordinator. They had started to book staff onto the outstanding training. Most staff were happy with the training they had received, although one member of staff confirmed they hadn't received any moving and handling training since they had started in August 2017. Records confirmed they required training in, moving and handling, nutrition and hydration, food hygiene, medication and infection control. Following the inspection the registered manager confirmed they were booked to attend this training in January 2018. This meant some staff required training to ensure they were competent in their role.

Staff received an induction before they started work. This was an opportunity to shadow staff to become familiar with the role. The service worked in partnership with Weston College when new staff were identified through the 'Care Academy programme'. Staff that started working for the provider through this programme were offered a three week training programme including health and safety and food hygiene. At the end of it there was a guaranteed interview with the service provider, and the interview panel included people who used the service. The registered manager confirmed the Learning and Development Coordinator was now responsible for reviewing the induction of new staff, and at the time of the inspection they were in the process of planning future induction dates.

People were supported by staff who had regular supervisions and a yearly appraisal. Staff received a combination of one to one supervisions and 'on the spot' supervisions. 'On the spot' supervision was an opportunity for supervisors to observe staff practice whilst supporting people in their homes. This included the staff's conduct relating to timekeeping, appearance and how they communicated and supported the person. Records recorded the 'On the spot checks' and supervision topics and outcomes. Staff felt well supported and able to go to their supervisor or registered manager in between these supervision sessions.

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 felt they had choice about their care and staff gained consent before supporting them. One person told us, "We discuss my needs". Another person told us, "Well yes, they suggest new things and they ask me and I say if I think it will work". Not all staff had received training in the MCA but staff were able to confirm how they gave people support to make decisions about how they had their personal care needs meet.

Most care plans confirmed if people had capacity, however, one care plan needed to confirm what best interest decisions were in place and who had power of attorney. For example, the person had a mental

capacity assessment in place for personal care, finances and medicines. This confirmed the person lacked capacity. The registered manager had a Power of attorney record that confirmed who was able to make decisions in relation to the person's health and welfare. This information had not been updated in their care plan and there was no best interest decision in place that confirmed the person's representative had been included in making decisions relating to their care needs. We fed this back to the registered manager for them to take the necessary action.

Some people were supported by staff with the preparation of food and drinks as detailed in their care plan. People were happy with the support they received. One person told us, "Yes, if I ask them to they will make a meal; they come in to ask if I want a meal or a drink. I have food in the fridge they make for me." Another person told us, "I have something on toast and they do that for me in the evening. They are always asking if they can get me more water". During the inspection we observed staff support one person with their breakfast. Staff described what the person liked to eat and how they liked it cooked. This meant staff supported people with their food and drink and this was accessible and to their wishes.

People and relatives spoke positively about the support they received from staff. One person told us how supportive the staff had been when they had become unwell. They said, "Yes, someone [encouraged me] the other day, they tell me to phone the doctors and I did. I have an optician, nurse, sometimes they go with me it depends if my daughter is available".

Is the service caring?

Our findings

People felt staff were kind and caring, however on occasions the language used to describe the person was not always appropriate or person centred. Two examples were fed back to the registered manager and the director so they were aware of the communication we experienced and action that could be taken. People told us, "They are lovely". Another person told us, "They are legends; I love them all to bits". Another person said, "I love my carers". One relative told us, "They help, it helps me as much as [Name] as you don't feel alone". Where people had raised concerns about the attitude of any member of staff the person felt able to talk to the agency and get this resolved. Records confirmed conversations held with staff and any action taken. This meant the service responded to address feedback people raised.

People and relatives felt staff respected their privacy and dignity and that intimate care was provided positively. One person told us, "We just laugh and joke and talk about other things and sometimes sing in the shower so I am diverted from what is going on. So I am not embarrassed". Another person told us, "They always ask me what they want me to do, when they come to my private parts they ask me if they should do it". One relative told us, "They take [Name] to the bathroom they close the doors or pull the curtains". Staff were able to give examples of how they provided privacy and respect. One member of staff told us, "Make sure they are well covered in between showering. The doors are shut including curtains. Also let people family know before going to use the shower". This was so people felt they had privacy whilst using the bathroom. The service had a dignity champion where staff could seek advice and support if required.

People felt staff promoted their independence. One person told us, "Yes they do, they are quite assertive and try and promote me doing my own thing within my limitations. Another person said, "I generally get up and I wash my face but they are there to wash or shower me. I dress myself, I am quite independent anyway". The agency also provided support to people who had the potential to regain skills following a stay in hospital. The team of carers aimed to enable people to regain skills following a fall or loss in confidence. Referrals of this type were received from the relevant healthcare professionals. The registered manager monitored the referrals and capacity within the team. If people at the end of their re-ablement required ongoing support, this could be arranged within the agency. This meant people were supported and encouraged to regain their independence.

People were supported to make choices about how they received their support. One person told us, "I can talk to the staff, I tell them what I want". Another person when asked if they had choice and control regarding their care told us, "We discuss it". Staff were able to confirm how they offered choice and control. One member of staff told us, "I ask them if they want a shower or strip wash and if they want to do this themselves for independence. I give choices about their breakfast and day to day support". This meant people felt in control of the care they received and staff demonstrated how they supported this.

People were supported by staff who had a good understanding of equality and diversity. Staff demonstrated their knowledge and understanding that everyone is different. One staff member told us, "There are protected characteristics. Religion, culture, sexuality, disability". All staff spoke positively that the culture within the agency was supportive and that no-one felt discriminated against. One member of staff

confirmed how they felt directly supported and able to discuss any adjustments they might need within their day to day work. Another member of staff gave an example when the registered manager had supported them through some health problems they were experiencing. Both members of staff felt well supported following their individual experiences.

Is the service responsive?

Our findings

People felt able to complain and the service had a complaints policy and procedure in place. People and relatives were provided with information on how to raise concerns should they have any. All complaints had details of any investigation, actions taken and if the complainant was satisfied with the outcome and the lessons that could be learnt to prevent similar situations occurring.

People and relatives had fed back various positive experiences of the care they had received from the agency. Example's included, "Thank you for all you have done for us over the last 6 weeks. All your staff have been fantastic, friendly and very helpful. I will miss seeing you all and for your help and I hope that I will soon be able to have your help again soon." Another compliment said, "Please could you forward my thanks to your staff who have 'gone the extra mile' to support my parent over the past couple of weeks."

People and relatives felt the service was responsive when their health changed. One relative told us how supportive the agency had been when the person's health had deteriorated. A staff member had taken the person for an emergency appointment. The problem was resolved quickly which the relative had felt prevented a possible crisis.

People's care plans had information relating to the person's individual's needs, their wishes and preferences. For example, care plans had personal information relating to the individuals family, their occupation, where they lived, hobbies and interests, wellbeing and emotional needs. Staff demonstrated they knew people well and were able to provide care that was personalised to the person's individual needs and wishes. One member of staff told us, "Preferences always vary, you never know. I always ask people." This meant people were supported to receive care that was flexible to their needs and wishes.

People felt staff provided individualised support from the agency. One person told us, "Yes they do. They are quite assertive and try and promote me doing my own thing within my limitations". One relative had provided feedback to the agency where a member of staff had supported them to put up their Christmas decorations. They felt it helped the person to remain oriented to time and to maintain a sense of pride in their home. By staff supporting the person with this the relative said how much the person was looking forward to showing them the decorations. They continued to thank staff saying, "Staff always show respect and sensitivity during their visits. Thank you."

Care plans were reviewed six monthly or when things had changed. People were involved in this process. One person told us, "I have had to explain to Alliance when I started what my condition and needs are. As I have deteriorated the plan has been updated to meet my needs". Another person told us, "We discuss my needs". One relative told us, "I helped with devising and updating the care plan to meet [Name] changing needs".

People felt able to raise if they wanted a different carer with staff or the management. One person told us, "I go to the team leaders and the rota planners. I only complained about one carer and I asked them not to send again and they didn't". People were happy that staff turned up within the allocated time of their call.

One person told us, "They turn up on time but the company says they are allowed 15 minutes either side without notification but usually they are on time and usually let me know if they are going to be late".

When people needed to go to hospital, staff provided support and assistance. Care plans had an admission to hospital form where staff would fill this with important information that could help the hospital understand the persons care and health needs. Whilst the person was in hospital, the agency liaised with the hospital staff to ensure the person's needs hadn't changed. No-one at the time of the inspection was receiving end of life care.

Is the service well-led?

Our findings

The service was not consistently well-led due to systems that were not always effective in monitoring and reviewing the quality of the service. For example, the registered manager confirmed the provider's record keeping and audit process relating to the administration of medicines was in the process of being reviewed and amended. This was following an inspection of one of the providers other locations. Following that inspection, a new monthly medication audit tool was due to be implemented. At the time of this inspection the audit tool hadn't been implemented but the registered manager confirmed it would be soon.

The registered manager confirmed they monitored safeguarding's, incidents and accidents, complaints and records confirmed this. Care plans and risk assessments were evaluated every six months, however we found no audit tool that checked these care plans were current and up to date. This meant the provider was not always able to demonstrate what checks had been undertaken to ensure effective monitoring of the service.

Staff felt well supported by the management of the service and all told us they could go to the registered manager at any time. One member of staff told us, "I have never known a management as supportive as they are here. The big CEO is coming to see what we do. I love it here". Another member of staff told us, "I get lots of support from [registered managers name]". Staff felt they worked well as a team. One member of staff stated, "We all work as a team. It is a good example of team work".

Staff spoke positively about the provider and felt there was a positive culture. One member of staff told us, "[It's] like working with family". Another member of staff told us, "It is a lovely company, any problems they are there for us and the customers". Staff spoke positively about being recognised for the work they did. Good news stories were displayed on a notice board in the office. It was an opportunity for staff to feel rewarded and valued for their contribution to the agency. One person told us, "The carers who become in become friends and almost family, all my kids love my carers as they know I am being looked after by lovely people".

People felt the management were aware of their responsibilities and that they managed the service well. One person told us, "I like it when I am in the office and I am listened to. They put things in place to help me". Another person told us, "The management are aware of their responsibilities".

The provider sought feedback through customer satisfaction surveys. This was broken down into different teams. The last survey completed in September 2016 was mostly positive, although some people felt they could benefit from improved support. Any feedback received, and the satisfaction percentages, were shared with customers in a newsletter. This was an opportunity for the provider to show what actions were being taken following feedback from people.

Staff had their views sought so that the management of the service could review what was working well and what could be improved. Staff attended team meetings. These were an opportunity to review people's care and support, if there were any changes to people's care needs, if staff required additional support or if there

was any training needs. Records confirmed this.

The provider worked in partnership with the local college. The programme was called the 'Care Academy.' This programme identified potential new staff who wished to be introduced to working in the social care sector. The provider sent newsletters for staff and people that provided information about the organisation, its ethos, recognised and celebrated achievements and successes. The provider also encouraged those employed or receiving a service to feedback their experiences and be involved in developing the service further.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured robust recording systems for medicines. Regulation 17(2)(c)