

Alcedo Orange Limited

Alcedo Care South Lakes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Alcedo Care South Lakes is a domiciliary care service, providing personal care and treatment of disease, disorder or injury to people living in their own homes. The service is managed from the registered office in Kendal and services are provided to people living in the South Lakes area. At the time of this inspection 19 people were receiving the regulated activities. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of this inspection, the location did not care for anyone with a learning disability or for an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Although people felt safe, some aspects of the safety of the service needed to be improved. Safeguarding incidents were identified and shared with the local authority. However, not all of the incidents and allegations had been notified to us, as legally required.

Most risks relating to people's needs had been identified. However, some care records did not provide a detailed plan for managing the risks associated with some of the equipment people required such as bed rails and wheelchairs. Immediate action was taken by the registered manager during the inspection to rectify this. Systems were in place to record accidents and incidents. These were consistently monitored to identify any lessons learned, themes or trends.

Medicines were not always managed safely, and medicine audits were not always effective, for example, a topical medicine was out of date and had continued to be used by care staff. All staff told us they had been trained in the management of medicines and had been observed for competency when giving them. There were enough staff to adequately support the number of people using the service. Recruitment checks of suitability had been carried out by the provider.

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. Consent to care and treatment had been obtained and where people lacked capacity relevant

others had been involved in supporting people's decision making.

Right Care:

People received kind and compassionate care from staff who knew them well. People told us staff treated them with respect and dignity and were very caring towards them. Care plans demonstrated a person-centred approach. Records showed complaints were processed and responded to. End of life care where relevant was done co-working with the community nurses.

Training records demonstrated appropriate and relevant training was provided. Referrals were made to other healthcare services when necessary. People told us they thought the care they received was good and spoke very positively about the staff who supported them.

Right culture:

Quality monitoring and auditing systems were not always effective. A variety of regular audits had been undertaken. However, these were not always effective in highlighting the concerns we found with notifying us about allegations of abuse, records for managing the risks associated with equipment and the safe management of medicines. This could put people at risk of not receiving safe and good quality care.

Electronic care planning and rota systems were used. People could access the electronic care planning system remotely to view information about their or their relative's care. People's views of their experience of the service were regularly gathered. People provided us with positive feedback about how the service was managed, the registered manager and care staff.

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 15 November 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations and breaches

We have identified a breach in relation to good governance and the systems and processes used for monitoring the oversight of the quality and safety of the service.

The provider and registered manager responded immediately during and after the inspection to address the completion of records about risks and improve the quality of the systems used for the monitoring the service in order to mitigate any further risks.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was effective.

Details are in our effective findings below.

Good



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



Alcedo Care South Lakes

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 2 inspectors and an Expert by Experience who made telephone calls to people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be management staff available to speak with us.

Inspection activity started on 5 December 2023 and ended on 8 December 2023. We visited the location's office on 5 December 2023 and 6 December 2023.

What we did before inspection

We reviewed information we had received about the service since registering with us. We sought feedback from the local authority and professionals who work with the service. 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 1 person who used the service and 10 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the company's compliance manager, a training manager, care manager, care coordinator, and care workers. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could come to harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they considered the care to be safe. One person said, "They [care staff] keep me safe." A relative told us, "I do think [relative] is cared for safely."
- Staff told us they were comfortable raising any concerns with the managers.
- The registered manager had reported concerns to the local authority safeguarding team in line with their guidance. However, some statutory notifications that should have been submitted to us had not always been sent. We have addressed this under the well-led section of this report.

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

- Not all risks relating to people's needs had been identified. The care records seen on the first inspection day did not provide a detailed plan for managing the risks associated with equipment such as bed rails and wheelchairs.
- The registered manager took immediate action to ensure those risks were properly documented and information was shared with the care staff team. However, the systems and processes used to monitor the quality and the safety of the service had not identified the lack of risk assessments. We have addressed this under the well-led section of this report.
- The provider had systems in place to record accidents and incidents and these were consistently monitored to identify lessons learned, themes or trends.
- The registered manager had taken action to appropriately deal with accidents and incidents and shared any learning from them with the staff at regular meetings.

Using medicines safely

- People were put at risk of receiving medicines that were not effective. One person who regularly refused prescribed medicines including topical creams also had an out-of-date cream applied. The auditing systems over a 3-month period had not identified this. We have addressed this under the well-led section of this report.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked. However, some care staff had not been consistent in checking the expiry dates for a prescribed topical cream.

Staffing and recruitment

- The provider completed recruitment checks to ensure staff were suitable to work with vulnerable people.

- People had consistency in their care staff as each person had a regular staff team to support them. One person told us, "I get a visit schedule every week and the carers are prompt." A relative said, "The carers are on time we've had no missed calls even in the recent bad snow."
- The provider had an electronic system which was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "There are enough staff to cover all the calls." and, "Staff sickness is usually covered." A relative told us, "Carers are never in a rush."

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment was readily available to them. A person told us, "They [staff] wear aprons and gloves when they need to."

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

- Staff carried out an assessment of people's needs before they started using the service.
- People were regularly included in developing their needs assessment and care plans. A relative said, "Staff know what [relative] needs and that was sorted out at assessment."
- The registered manager and senior staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had been trained and their competencies checked before providing people's care.
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We do a lot of training in induction and when I started, I shadowed another carer until I was confident."
- Staff had regular training and opportunities for supervision [one to one support sessions with a senior staff member].
- The training manager told us how specific training was provided for staff to meet more specialised needs such as complex dementia. One person told us, "Carers definitely are competent and all of them are quite experienced."

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

- Staff provided the level of support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One relative told us, "Carers always ask what [relative] wants to eat."

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. The staff team worked closely with health care services including GPs, and district nurses.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives had been regularly involved, consulted with and had agreed with the level of care and treatment provided.

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 gave positive feedback about the service.
- Staff had received training in equality and diversity and were committed to ensuring people were treated well. One person told us, "They are enthusiastic carers who do care."
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. A relative said, "They [staff] go above and beyond for their clients." Another person told us, "The carers are absolutely outstanding."

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

- People's views and decisions about care were incorporated within their care plans. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A person told us, "They [staff] interact with [relative] well and always listen to them."
- People were involved in making decisions about their day-to-day care. A staff member commented, "I ask them [people] what they want [to do, to eat], I do not decide for them."
- People and their relatives could remotely access the electronic rota and care planning system where they could express their views and raise any concerns or queries.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A relative told us, "They [staff] are very courteous." Another relative said of the staff, "Definitely respectful, it's a high priority for them. They always close the door for [relative's] privacy."
- People's independence was encouraged where possible. A relative told us, "[Relative] is definitely allowed to be independent and can express what he needs to them [carers] and they have good interactions."

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

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. A relative told us, "The service responds to what my [relative] wants." Another person told us, "We have 3 monthly updates about the care. If things need to change they get updated."
- People told us they had been involved in their care and support plans. Staff supported people to express their views and make choices about the care delivered. One relative told us, "The staff came to our house and asked what [relative] wanted and this was all put in the care plan. We have had a text message to say the 6-month review is imminent. The care plan has absolutely been delivered."

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 met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- Staff had a good understanding of people's communication needs. One person told us their relative struggled with their speech but the carer's understood their expressions.
- The service had information available in accessible formats.

Improving care quality in response to complaints or concerns

- The registered provider had an effective procedure for receiving and managing complaints about the service.
- People knew how to make a complaint about the service. One person said, "I honestly haven't needed to make a complaint the service is marvellous." Another person said, "If I had a complaint, I would contact the office."

End of life care and support

- Staff had access to end of life training and end of life care could be facilitated working alongside community healthcare professionals when required.
- Care plans included people's end of life wishes.

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 systems and processes in place did not always support the delivery of safe and high-quality care.

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

- The provider had systems and processes in place to check the quality and safety of the service. These included a variety of audits at both location and provider level. However, these were not always effective or robust enough in highlighting the concerns we found during the inspection.
- The systems for the oversight of the quality and safety in the service had not identified some statutory notifications to notify CQC of allegations of abuse had not been submitted as required.
- The processes used for checking the quality of care plans did not identify that for 4 people risks associated with the use of some with equipment such as bed rails and wheelchairs had not been completed. This meant we could not be fully assured that staff took appropriate actions to avoid the risks of potential harm.
- Regular audit checks had been completed on the safe use of medicines however, these had not been effective in identifying an out of date prescribed topical cream had been used repeatedly since it's expiry date.

We found no evidence that people had been harmed however, the provider had failed to make sure there were effective and robust systems in place to monitor risk and oversee the safe performance of the service. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager promptly addressed the shortfalls we found during the inspection. They confirmed the actions taken following our initial inspection feedback, to address the issues we identified

Continuous learning and improving care

- We received positive feedback about the leadership and management of the service. One person told us, "The management stay in touch and ring me often from the office. They are communicative. The service is more than I expected and I'm grateful for their brilliant help."
- Regular staff meetings were arranged whereby feedback from staff could be captured as well as sharing lessons that had been learned. We saw from the meeting minutes that opportunities for learning and improving were discussed.

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

- People could engage and give feedback on the service they received and be involved through regular reviews of their care and support. One person told us, "I was asked for my views after the first month by the supervisor who used a questionnaire."
- Staff worked in partnership with other agencies. They worked alongside a range of health and social care professionals sharing information where required.

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they knew people well and displayed person-centred values.
- People and their relatives spoke highly about the management support. One person told us, "I think the management is all okay." Another person said, "The [registered] manager is nice. She has been to see me 2 or 3 times."
- People's choices were respected. Staff had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service and people we spoke with. One person said, "It's an outstanding company with an outstanding level of care."
- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager regularly reviewed any accidents and incidents and took appropriate actions to rectify and keep people safe. Audits were in place to establish if trends or themes were happening that needed to be addressed or lessons to be learned.
- The provider and registered manager understood their responsibilities under the duty of candour. People's relatives and local authority safeguarding, and commissioners had been informed of significant events.

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
Treatment of disease, disorder or injury	The provider had failed to make sure there were effective and robust systems in place to monitor risk and oversee the safe performance of the service.