

Alliance Care LTD

Alliance Care Ltd

Inspection report

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Date of inspection visit:
02 February 2018

Date of publication:
28 August 2018

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

This inspection took place on 2 February 2018 and was announced.

Alliance Care Ltd provide care to people in their own homes. Nine older people were in receipt of personal care at the time of our inspection.

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

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 managed by the registered manager who also part owned the service.

People received safe care and were supported by staff who knew how to protect them from harm. Staff had received training and understood who to report any concerns they had to. Risk assessments were completed for staff to refer to support them in providing safe care. These were reviewed and updated as appropriate.

People received the support they needed at times that suited them. The registered manager was working towards developing a call monitoring system so that they could better review call times for people. The registered manager reviewed potential care packages and whether they had sufficient staff to attend calls to ensure they had safe staffing levels. People's medicines and how staff supported them were reviewed by the registered manager to ensure people received the correct support. Staff recruitment included background checks so that the registered manager understood if staff were suitable to work at the service. Improvements needed to people's care were shared with staff to develop the service and people's care further.

People were supported by staff that understood how to protect and support them in line with their human rights. People were offered choices of meals and drinks. Staff shared important information about how to support people with other staff to enable people to receive consistent care which was effective in meeting their needs. People were supported to access additional advice from healthcare professionals where this was relevant to them.

People knew and liked the staff supporting them because they had regular staff who they had built up relationships with. Staff supported people to make decisions about their day to day care needs so that they were involved in their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated with dignity and respect. Staff understood what it meant to individual people in terms of maintaining their dignity.

People were involved in discussions about their care so that they received care that met their own specific

needs. Where changes were needed the registered manager worked with people and their families to embed changes to their care. People understood how to complain and there was a process in place for dealing with complaints. The registered manager spoke with people regularly to try and anticipate issues before they occurred.

People were assured that if they called the administration office they could speak with the registered manager and senior management and make amendments they needed. The registered manager was working to improve quality assurance systems and was working to continually improve how they recorded information. The registered manager worked with stakeholders to better understand and improve people's experience of care.

Further information is in the detailed findings below.

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.

People were supported by staff that understood how to protect people from harm. Risks assessments were completed and reviewed so staff understood the risks to people's health. Staffing numbers were monitored so there were enough staff to support people. Background checks were completed on staff to ensure it was safe for them to work at the service. Learning from people's care was shared with staff to continually improve and promote safe care.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had access to supervision and training. People felt confident staff understood how to care and support them. People were offered choices in the meals and drinks staff prepared for them. Staff were supported to communicate with each other and the administrative office about people's care. People were supported to see healthcare professionals when necessary. People were consulted about their care before they received support to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff they knew well. People were involved in making day to day decisions about their care. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive

People received care that reflected their needs. People's concerns and feedback was listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and relatives spoke positively about the service and felt it was well managed. The provider was developing systems to continually improve and respond to people's needs. The registered manager worked in partnership with other

stakeholders.

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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 checked 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.

We gave the registered manager 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

Inspection site visit activity took place on 2 February 2018. The visit to the office was to speak with the registered manager and other office based staff as well as to review care records and other documents. We made telephone calls up until and including 23 May 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed information we held about the service including statutory notifications, which had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We spoke with one person and three relatives who supported their family member with the management of their care. We spoke with two members of staff as well as the registered manager and a director of the company. We looked at aspects of four people's care records and medicines records. We looked at staff rotas, compliments and quality checks completed on behalf of the registered provider.

Is the service safe?

Our findings

People felt safe around staff and with staff in their home. One relative we spoke with told us about their family member and said they were, "Very comfortable around staff." Staff were introduced to people who used the service so they could familiarise themselves with each person before assisting them with their care. A staff member told us, "The manager always takes us around so they [people who used the service] know us."

Staff we spoke with understood what it meant to protect people from harm and keep them safe. Staff confirmed they had received training and would report any concerns to the registered manager. The registered manager explained if they had any concerns they could either speak with the local authority or CQC.

People we spoke with told us they felt confident staff would arrive on time at the agreed time. The registered manager explained how they ensured staffing levels were safe. They told us they reviewed opportunities that arose and only chose packages of care they were confident could be undertaken safely. We saw this information was used to plan people's care, so risks to their safety were reduced. A staff member we spoke with also shared with us that if the call required two staff, two staff attended. A relative also told us the correct number of staff attended calls to ensure the safety of their family member when staff used specialist equipment to meet their physical needs.

People's risks to their health were understood by staff. Staff we spoke with told us they read care plans and understood people's health care needs from accompanying the registered manager and senior members of staff on the initial introductory visit. Staff told us the registered manager gave them the information they needed. We reviewed care plans and saw risk assessments were included and that they had been reviewed regularly. One staff member gave us examples of how they were aware of the need to ensure people's skin was protected from becoming sore and the action they needed to take to minimise this.

We saw the registered manager had a system in place for recruiting staff that included a Disclosure and Barring Service check [DBS]. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who need care. We reviewed two staff files and saw references and background checks had also been completed. The registered manager explained they had reviewed recruitment processes and were working to improve them because they had found better ways of recording information. Two staff confirmed these checks were in place before they commenced work.

People were supported with their medicines where this was appropriate as not all people required this support. Staff told us they had received training and that a member of the management team regularly attended calls with them to ensure staff supported people correctly. We saw Medicine Administration Records [MARS] were completed and reviewed by the registered manager regularly. The registered manager explained they came from a nursing background. This helped the registered manager to check staff competency and that people had been supported to have their medicines where required to remain well. They also monitored staff practices when they shared calls with staff. The registered manager described the

training in place and told us they were strengthening their review processes by recording staff competency checks to assist them with monitoring staff practices.

The registered manager shared learning to improve people's care through team meetings and from speaking with staff. The registered manager explained they had a small team of staff and contact with staff was regular. We reviewed staff meetings and text messages sent to staff to update them about people's care. Staff we spoke with told us their communication with staff from the administrative office was good and if they needed to be made aware of issues affecting people's care, this was communicated to them.

Staff we spoke with understood the importance of minimising the spread of infection and of wearing protective clothing such as aprons and gloves. Staff told the use of these was monitored during spot checks. Staff also told us they had access to protective clothing and could collect additional supplies from the administrative office when needed.

Is the service effective?

Our findings

The registered manager explained they had staff from different backgrounds and this helped them understand people they supported who were also from diverse backgrounds. They explained they tried to provide care that promoted and supported people's human rights. For example, one relative told us their family member's faith was important to them and staff respected their beliefs. Staff members understood the importance of treating people fairly.

People told us they felt confident staff supported them appropriately. Relatives we spoke to told us they felt confident with staff who they felt knew what they were doing. Staff we spoke with told us they received training and support to care for people. We saw that staff had regular training scheduled which was reviewed. One staff member told us the registered manager came from a nursing background and so this helped staff ask questions when needed because they received guidance to support them in their roles. The registered manager told us all new staff completed an induction period where they accompanied experienced staff to understand how to support people correctly. One staff member told us they found the induction period helpful because it enabled staff to get to know people and provide effective care.

People told us they received support to maintain a healthy diet. People we spoke with told us staff asked them about what they would like. One person told us, "They [staff] always ask if I need a cup of tea." People told us they felt able to choose something to eat for staff to prepare for them. A staff member we spoke with told us not everyone required support with meals because they lived with family members but they were happy to help if people needed this.

Staff we spoke with told us communication with other staff and the registered manager was good. A staff member we spoke with told us the registered manager was, "On the end of the phone" if needed. Staff used text messages and communication records within care plans to ensure other staff received messages about people's care. Staff explained as a small team they felt this helped them support one another and people received consistent care because staff knew people well.

People told us they felt assured staff would support them if they needed help to access other healthcare support. One person told us staff helped them with doctors' appointments and with their prescriptions when needed. During our inspection we saw administrative staff spoke with family members about people's prescriptions and ensuring the people had the correct support. A staff member told us they had also called the emergency services where this had been appropriate in order to ensure a person received the right support.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People told us staff supported them to make decisions. One person told us, "They [staff] always check with us to make sure we're happy with everything."

Staff we spoke with told us they had received training and understood the MCA. They told us if they were concerned about a person's ability to make a decision they would speak with the registered manager. The registered manager told us they did not have anybody they supported at present that was supervised by the Court of Protection but understood the process if they were. Staff showed they understood how to care for people in line with legislation and guidance.

Is the service caring?

Our findings

People found staff caring. One relative told us staff were, "Very caring. I haven't got a bad word to say about them." Another relative told us, "I've had other carers [staff]. These have been the best I've ever had." Relatives we spoke with told us they had regular staff that supported their family members and this made it easier for their family member to be supported.

Staff we spoke with confirmed they provided care to the same people regularly and this enabled staff to develop a better understanding of people's care. One staff member told us about some of the people they supported. They told us about people's specific routines and how they helped people. One staff member told us about how a person preferred support with their personal care and that staff knew what was important to people when assisting with personal care. Another staff member told us about people they supported and how some people's religious beliefs and culture was important to them. They told us about how they were aware of these and were respectful towards how this was observed in people's homes.

Relatives told us staff kept them up to date about their family member's care. One relative shared with us that their family member was discharged from hospital following a fall and the registered manager had sat with them until a family member got there. Relatives we spoke with also told us their communication with staff was good and they were included in discussions about their family member's care. They told us they were kept informed if staff had any concerns about their family member's or if staff felt they needed any shopping.

People were supported to maintain their dignity and independence. One relative we spoke to told us staff were always sensitive to their family member's needs and they were always very patient. People we spoke with told us they received the level of support they needed.

Is the service responsive?

Our findings

People told us they were able to share with the registered manager how they wanted their care delivered. Relatives we spoke with told us they regularly spoke with the registered manager about any changes needed. One relative told us the call time hadn't suited them so they called the office staff and had it changed to a time that better suited them. The registered manager told us they routinely called people and attended calls themselves to check people were happy with their care and made changes people wanted.

People and their families told us they were involved in planning people's care. They told us they did this by being involved in regular discussions with staff and the registered manager. One relative told us they spoke regularly to staff and staff had a good understanding of their family member's needs. We saw in care plans guidance was included that reflected people's wishes and preferences. For example, one person required support from a same sex staff member and this was provided. People told us they had regular staff support them that understood how to care for them. The person told us this was important to them. Staff told us they read care plans and had regular rotas which enabled them to develop an understanding of people's individual care and support needs.

People told us they had not needed to complain because they felt they could speak with the registered manager and with staff if they needed to. We saw the registered manager had a system in place for recording and acknowledging complaints and minor things people wanted improved. For example, changes to call times or tasks they wanted staff to include. We saw one complaint had been responded to and the information shared with the relevant staff member to prevent any reoccurrence of the incident. Whilst the registered provider did not have any ongoing complaints, they did tell us they tried to keep in contact with people to prevent any complaints from developing.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and understood how they could be contacted. One person told us, "I can talk to [registered manager]." People we spoke with told us they felt able to contact the registered manager and discuss their care. One relative told us they had contacted the registered manager to make changes to their family member's call times and this had been completed. People told us the care they received reflected their preferences. The registered manager explained they spoke with people and their families regularly to understand if people were happy with their care. We found the registered manager worked with staff to provide care that was personal to people's needs.

Staff we spoke with were positive about their work and told us support and communication was good. One staff member told us, "You can speak with them [administrative staff] anytime." Staff we spoke with told us they had access to supervision and support and could call to speak with the registered manager if they ever had a query.

The registered manager explained to us how they had worked to embed governance structures so that people received improved care. The registered manager explained that as a small team they worked with staff and attended calls so that they had an overview of the care being delivered. They also explained this allowed them to be accessible to staff and pre-empt any issues that may develop. For example, people could speak directly to the registered manager if needed.

The registered manager explained they were working on improving quality assurance systems. They told us they had an action plan they were working on to achieve the tasks in the plan. They told us they had identified better ways of recording information to make it easier to monitor people's care. We spoke with the registered manager suggested quality assurance would need to be developed further if the service were to be expanded. They told us they would consider this and accepted they would need to include this within their plans.

People were encouraged to provide feedback and be involved in influencing how they received care. One person told us, they saw or spoke to the registered manager routinely because they undertook spot checks on the care being delivered. A family member told us, "We can speak to the manager and they're pretty good at sorting things out". A staff member we spoke to told us they also fed back to the registered manager any information they thought was necessary to improve people's care such as any changes in times people may want. Group text messages were sent to staff to ensure information was communicated to all staff about people's care where appropriate. We saw examples of text messages sent to staff to update them about people's care and support needs. People's feedback was included in shaping care they received.

The registered manager explained they were working with stakeholders to improve their knowledge in order to continually improve people's care. They told us they were reviewing courses and attended training to improve their understanding of people's care. They told us they also worked with social workers to help develop people's care so that it met people's expectations.