

Alexandra House Diamond Life Healthcare Ltd

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Inspection report

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Tel: 01584872233

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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

The inspection was carried out on 19 May 2016 and was announced.

Alexandra House Diamond Life Healthcare Ltd is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 62 people. The frequency of visits and duration across the service varied dependent on individual needs and circumstances.

There was a registered manager in post who was present during the 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.

People were supported safely by staff who knew how to protect them from the risk of harm or abuse. Staff were knowledgeable about the different forms of abuse and how to report concerns of abuse or poor practice. Staff had access to care plans and risk assessments which informed them about the level of support and equipment people needed to support them safely.

People were supported by regular staff who were allocated enough time to meet their needs and travel between calls. Staff usually arrived on time and notified people if they were running late. The provider ensured that prospective new staff were suitable to work with people before they started work with them.

Where required staff ordered, collected and administered people's medicines. Staff competency to administer medicine was regularly assessed to ensure ongoing safe management of medicines. Staff were aware of what action to take if they found people unwell when they visited and would support people to attend medical appointments where required.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff received training that was relevant to their role. Staff were well supported by the management team and could contact them at any time for support or guidance.

Staff sought people's consent before supporting them and gave them choices to enable them to make day to day decisions. Where people were unable to make decisions for themselves, decisions made for them were made in their best interest by people who knew them well.

Staff were aware of people's dietary needs and encouraged them to eat and drink enough to meet their nutritional needs. Staff prepared and served meals and drinks for people where required.

People received support from staff who were kind and considerate. Staff had built up good working

relationships with people and their families. Staff treated people with respect and showed empathy for them. Staff promoted people's dignity and independence.

People were supported by staff who knew them well. Staff provided individualised care that respected people's needs and wishes. People received a flexible service which was responsive to changes in their needs or circumstances.

People had not had cause to complain but were happy to raise any issues with staff or management and were confident that they would be listened to. The provider had systems in place for dealing with complaints and we saw that complaints received were dealt with appropriately.

People and their relatives found the registered manager and staff friendly and approachable. There was a positive working culture where people, relatives and staff alike felt listened to by the management team. The registered manager was keen to gather people's and staff views on how to develop the service. The registered manager had checks in place to monitor the quality and safety of the care provided and used the information to improve the service.

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 to keep safe. Staff were knowledgeable about the different forms and signs of abuse and who to report concerns to. Staff were allocated enough time to meet people's needs. People were supported by regular staff who were aware of the risks associated with their needs and how to minimise these.

Is the service effective?

Good ●

The service was effective.

People were confident in staff knowledge and ability to meet their needs. Staff sought people's consent and gave choices in a way they could understand to enable them to make decisions about their care. Staff were well supported and received training appropriate to their role. People were encouraged to eat and drink enough to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and friendly. Staff had built effective working relationships with people and their relatives. People were given choice and felt listened to. Staff treated people with dignity and respect and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them well. Staff were aware of people's preferences and provided personalised care. People received a flexible service that was responsive to their changing needs and circumstances. The provider had a complaints process which people felt confident and able to use should the need arise.

Is the service well-led?

Good 

The service was well led.

There was a positive working culture where staff and management worked together to provide good quality care. People and staff found the registered manager approachable and could contact them at any time. The registered manager had checks in place to monitor the quality of the service. People and staff were asked their views on the service and this information was used to make improvements.

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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 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.

This inspection took place on 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with nine people who used the service and ten relatives. We spoke with eight staff which included the registered manager, the provider, the care coordinator, the administrator, and four care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

Is the service safe?

Our findings

People told us that staff supported them to keep safe. One person told us, "My carer stands and supports me while I walk slowly from my bedroom to the stair lift and then they follow me down the stairs and supports me from the hall to my chair in the lounge. We then do the same again at night in reverse! I really wouldn't feel safe without them. They are a godsend". They explained that they had suffered a number of falls prior to starting the service and family had been worried about their safety. Another person said, "I have to be hoisted, and I don't really enjoy it, but I must admit that my carers are very good with me and they take their time and are very patient and will never lift me until I am ready. I always feel safe with them for which I'm very grateful".

Staff were knowledgeable about the different forms and signs of abuse. They would report any signs of abuse or poor practice to the registered manager. The registered manager demonstrated that they had taken appropriate action to report concerns raised by staff to the local authority safeguarding team. Staff told us that the provider completed checks to ensure they were suitable to work with people before they started work with them. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. Records we looked at confirmed these checks had been undertaken.

People were protected from the risk of harm by staff who were aware of the support and equipment they needed to keep them safe. Staff told us they ensured equipment they used was regularly serviced and used correctly. Where key safes were in use staff took care to secure the code to prevent entry by unwanted visitors. Some people had pendant alarms to call for help in the event of an emergency. Staff encouraged people to wear the alarm or keep it close at hand so they could call help when needed. We saw that the registered manager completed assessments on both the environmental risks and risks associated with people's individual's needs. Staff told us they informed the office if they noticed any changes in people's needs to allow the risk assessments to be updated.

Staff demonstrated they would take appropriate action in the event of an accident. They would assess the immediate situation and seek medical attention if required. They would alert the office or on call service. They would also contact the person's relative if appropriate and remain with the person until help arrived. They would subsequently complete an accident form and take this into the office. The registered manager would oversee the forms to ensure that appropriate action had been taken. Where required they would take action to prevent reoccurrence.

People received support from regular care staff who arrived on time and had enough time to meet their needs. One person said, "The carers are very good and mainly arrive there or thereabouts. If they have been held up, the carer will always call me to let me know so that I don't worry". Another person said, "My carers are so good and will always stay for the amount of time they are supposed to and I never feel rushed when they are here". Staff told us they were allowed sufficient time to travel between people's homes. If they overran at the previous person's house they would either contact the person direct or get the office to

contact them. In the event that staff were going to be very late or unable to make the next call the office staff would arrange alternative cover. The provider had two company vehicles one of which was a four wheel drive which allowed staff to visit people in inclement weather. Both vehicles were available for staff should their own car not be available for work. This was confirmed by a staff member who had asked to lend one of the cars during our visit. The registered manager told us they monitored people's needs and liaised closely with the local authority when people's support levels needed to be increased or decreased.

The registered manager and office staff told us where required they supported people to reorder and collect their medicine. Staff told us they had received training on how to manage medicines safely. They demonstrated they would take appropriate action if a person refused to take their medicine or if there had been a medicine error. Staff received medicine competency checks to ensure the on-going safe management of medicine.

Is the service effective?

Our findings

People and their relatives were confident in staff knowledge and ability to meet people's needs. One person told us, "I really can't fault them and as this is our first experience of using an agency, we couldn't have expected anymore". Another person said, "I haven't a problem with their training. They certainly know what they are doing with me". A relative we spoke with said, "I have to say, this is my first experience of using a care agency and I cannot express enough how good they have been in working with me. Because of the professionalism of the carers that are coming to help me with my [Family member] I now feel able to leave them for a few hours at a time so that I can go out and have some time to myself".

Staff felt well supported by the registered manager and the management team. They felt they could approach either at any time for guidance or support. Staff said they had regular one to one meetings with the registered manager or one of the management team. They were able to discuss what was going well as well as any areas for development. They felt that they could discuss anything and were listened to. Each staff member felt that they had received training appropriate to the needs of people that used the service and their own development. If a person had cancelled a visit or if staff were available and did not have calls to attend to, they were encouraged to go into the office to do some on line training. Some staff were undertaking vocational courses and others were completing on line learning packages. One staff member told us they found the manual handling training really helpful as they had learned new techniques for moving people safely. Another person was doing a management course which increased their knowledge and supported their progression as they took on more management tasks.

The registered manager recognized that staff had different preferences for the delivery of training. Some preferred on line training whereas other staff preferred face to face training. They tried to facilitate staff preferred methods wherever possible and provided additional support for staff where required. Staff received a structured induction where they completed essential office based training as well as working alongside experienced colleagues. Staff and the registered manager told us this was not time limited and they could work with other staff until they felt confident and able to carry out their role independently. New staff who had not worked in care before were supported to complete the care certificate. This is nationally recognized training which aims to equip health and social care workers with the knowledge and skills they needed to provide safe and compassionate care. The registered manager was in the process of developing a new record of staff training to provide a clear overview of training attended and refresher courses required.

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 told us that staff always checked what help they wanted and if they were happy to be supported. One relative told us, "I have to say this is the first experience of using a care agency and I cannot express enough how good they have been in working with me". Staff we spoke with told us they always asked people their consent prior to supporting them. They spent time talking to people and explaining things in a way they could understand. If they had difficulty communicating verbally with people they would

write things down or show them choices and look at their body language. Where people were reluctant to receive support they would gently encourage them to accept help but if they continued to decline they respected their wishes. The registered manager explained if people lacked capacity to make their own decisions they would liaise with the person, their relatives and professionals involved in their care. They would ensure decisions made were in people's best interest and protected their rights.

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. Depriving a person who lacks capacity to consent to the arrangement for their care and treatment of their liberty in settings such as the person's home will only be lawful following an order of the Court of Protection on a best interests personal welfare matters. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one they supported was subject to deprivation of liberty safeguards. They were however aware of the processes to be followed should the need arise.

People were happy with the support they received to prepare and serve meals. One person said, "My carer comes in to make me a sandwich at lunchtime and then they will come back and organise a microwave meal for me at teatime. They always asks me what I would like and make sure that it is properly cooked before they bring it to me on my tray". Another person said, "I really can't manage in the kitchen anymore as my fingers refuse to do anything for me, so my carer makes all my meals for me. I sometimes can't decide what I fancy or I can't be bothered to eat, but they will usually still make me something and because it looks so nice or smells good, they can usually persuade me to eat it". Staff told us there were aware of people's different dietary needs. Some people needed to follow a special diet, some people required fortified meals while others require thickened fluids to reduce the risk of choking. Where required staff monitored what people ate or drank to reduce the risk of dehydration or weight loss. Staff told us where needed they made sure that drinks were left within people's reach to allow them to help themselves between care visits.

One relative we spoke with said, "I've just arrived here at my [Family member's] house because the carer gave me a call to say that [Family member] wasn't feeling very well today and had asked for me. I'm not too sure yet exactly what's wrong but I'm just about to go and speak to them to find out. I'm always very grateful when they [staff] give me a ring". Another person told us care staff helped them put cream on their legs. Staff told us if they found a person to be unwell when they visited they would either call the emergency services, the doctor or relatives dependent on the situation. They would also contact the office and record what they had done in the person's care records. Staff told us they occasionally accompanied people to health care appointments if their relatives were unable to do so.

Is the service caring?

Our findings

People and their relatives found staff were kind and considerate and had formed good working relationships with them both. One person said, "Everyone has been lovely, and what I like about the agency is that carers seem to stay rather than change all the time". Another person told us they were grateful of regular staff who had got to know them well they said, "I have been pleasantly surprised, because I actually still have the same three carers that I was introduced to nearly two years ago and they are all like members of the family now". One relative told us, "Although my [family member] is bedridden and cannot communicate any more, the carers always make sure that they say hello and introduce themselves and then they hold a normal conversation as if they can understand and contribute to what they are saying. I really appreciate the way that they still treat them as if they are the [Family member] I have always known." Another relative said, "The carer's have taken the time to get to know [Family member] and the empathy that they have with them is amazing. Nothing is too much trouble and my family really appreciate all that they do for [Family member]. They treat them like a person."

People were involved in decisions about how they wanted their care and support to be provided. One person said, "I remember sitting and talking about what help I needed from the agency. We talked about the times I wanted my visits and how I like things to be done. I must confess that the agency delivered on everything they said they would, which is as it should be, but my experience in the past has not been very good concerning other agencies, so this time it has been pleasantly surprising". A relative told us, "My [Family member] loves being taken out by the carer. They will often go and have a pub lunch so that I can have a few hours to do some of the errands. [Family member] always comes back with a smile on their face so I know they have enjoyed themselves". Staff told us they took time to talk with people to find out what they wanted and how they wanted to be supported. They recognized that everyone was different and had their own ways and routines. One staff member told us it was always important to ask people each time they visited as they may change their minds about how they liked things done.

People felt staff promoted their dignity and independence. One person said, "My carer takes me out in their car to do my food shopping. They will help me by carrying the basket and getting things down from the top shelf where I can't reach any more. It's very important to me that people don't realise that I have a carer with me, so my carer will always put on a smart cardigan or a jacket so that people don't necessarily see their carer's uniform underneath. I know it's only a small thing but it makes a real difference to me and it helps to make me feel normal when I'm out and about". A relative explained on occasions their family member had been ill after staff had already washed and dressed them. The staff had stayed cleaned them up and helped them put clean clothes on even though they had run over their time. The relative said, "I can't fault them on their caring attitude towards my [Family member]". Staff told us they maintained people's dignity by ensuring their doors and curtains were kept closed when delivering personal care. They would talk with people to reassure them and ensure they were happy with how care was provided. Staff also told us that they supported people to remain as independent as possible. Where people were able to do things for themselves they encouraged this and were available to assist where necessary. One staff member said, "One person likes to do their own cleaning, we do the heavy stuff and they do the dusting".

People told us staff respected people's privacy and confidentiality. One person said, "I have never ever heard any of my carers talk about any of the client's that they may be looking after and I would be very surprised if they did". Another person said, "All the carers are so professional and caring about their clients but I've never heard anyone talk about anyone else and I certainly wouldn't ever dream of them telling anyone anything about me". Staff were mindful of people's right to confidentiality and took care not to disclose information about people to anyone other than other staff.

Is the service responsive?

Our findings

People received care and treatment that was individual to their needs. One person told us, "This agency have delivered everything it said it would. I've been very impressed that they have made no bother of the requests I have made of them around the timings of my visits and how I like things to be done". Another person said, "I met with the [registered manager] from the agency whilst I was still in hospital and we talked about what care I would need once I came home. They went away and wrote this into a plan and brought it for me to have a look at when I arrived home a few days later. I keep it here in my folder and they told me that they would visit me in a few months' time to make sure that things were still alright, but in the meantime, if I needed to change anything in terms of the calls, I only had to just pick up the phone and them".

People and their relatives found the service was responsive to changes in their needs and circumstances. One person said, "My care plan gets looked at when my Team Leader comes to visit me. We will then sit down and look at my care plan to make sure that it doesn't need changing. I recently wanted to increase the number of visits I have a day from two to three so we talked about it and they took the care plan away and rewrote it and then sent it back for me to sign". Staff demonstrated that they knew people well and were aware of their preferences, likes and dislikes. One staff member said, "We make sure the care we give revolves around the person's wishes and not what we want". Staff told us they had access to care plans and risk assessments which told them about the level of support and equipment people needed. They were informed about any changes by office staff and they would also report any changes they had found to allow people's records to be updated. The registered manager confirmed they assessed people's needs before the service started. They subsequently reviewed the care plan to ensure it was working as intended and that the person was happy with the support provided.

The service was flexible one person told us, "Because they have been coming here so long, they never mind just changing their routine depending on what it is we need help with". Another person said, "Just occasionally I will have something that needs doing in the house which isn't necessarily on the list to do, but they [Staff] never mind helping out". People also found that the office were good at keeping them informed of any changes. For example one person said, "This agency is always very good and they will always let me know if somebody has been changed even if a carer only goes off sick that morning".

People were confident that the service would address any concerns should they arise. One person said, "The agency has been so brilliant that I've never had to make a complaint but I do know how to, as there is a complaints leaflet here in the folder and I would certainly not hesitate to bring anything to the attention of the managers". Another person said, "I've never had to complain about anything but I do know how to and I think knowing how the agency look after everything else I would hope they would listen to my concerns and address them accordingly". The registered manager showed us that the complaints process formed part of the information given to people when they first started receiving the service. We saw that where complaints had been received these had been dealt with appropriately.

Is the service well-led?

Our findings

People and their relatives were positive about the open culture of the service. "I think the manager, and in particular, the team leaders are very approachable. I always see my team leader at least once a week and then they will also do the review meetings with me and always says that if I do have any concerns between me seeing them, all I have to do is pick up the phone and they will come and see me." Another person said, "I have always found everybody here at the agency very approachable. Whether it's the manager, the team leader, the carers or the office staff, they are always so friendly on the phone and will always do whatever they can to help me".

People were pleased with how the service operated and with the care provided. One person said, "The agency seem well organised and whilst the carer's appear to have a number of clients each day, they still appear to manage their travelling time really well". Another person said, "It has been such a relief to find an agency that delivers everything that it says it will and I really don't know what we would do without them".

The registered manager and provider told us the vision of the service was to deliver a better quality service rather than focusing on quantity. Staff we spoke with were motivated to deliver good quality care which enhanced people's lives. The registered manager believed they had a really good team and was keen to celebrate their achievements. Where compliments were received from people, their relative or other professionals these were shared with the team at staff meetings. Staff told us they worked in a supportive environment where they could contact the office or senior on call for support at any time. They felt that they worked well as a team and would cover for other staff where able. Staff told us regular team meeting were held and they were confident to speak out and felt their views were listened to and acted upon. For example, one staff member said they had suggested that one person required a different walking frame and the registered manager arranged for the person to be assessed for one. There was a clear management structure in place where the registered manager was supported by the provider and a management team.

Staff told us that the registered manager or senior staff completed regular spot checks on their working practice. They received constructive feedback which enabled them to develop their skills further. Where required the registered manager arranged additional training and guidance to support staff to meet the required standards. The registered manager told us they knew their staff well and were able to match their skills and aptitude well to people who used the service. Where people requested alternative staff members this was arranged to ensure both people and staff were happy with arrangements put in place. Where there were ongoing concerns with staff practice we saw that these were dealt with appropriately.

The registered manager had systems in place to monitor the quality of the service. They showed us the results of a questionnaire sent out the previous year. We saw the majority of feedback received was positive. One person had written, "All your carers are very competent and friendly and are a joy for me. Without them my life would be much more difficult. I love them all". The registered manager explained that they looked at the outcomes to monitor any trends. Where any concerns were raised these were dealt with at the time of receipt.

The registered manager had appropriate systems in place to record and respond to incidents, accidents and concerns of abuse. They were aware of their duties under the duty of candour regulations and had instilled in staff the importance of being open and honest. They were also aware of their responsibilities to report significant events to us and had submitted statutory notifications where required.