Alliance Living Care Ltd

Alliance Living Care - Portishead

Inspection report

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04 December 2018
06 December 2018
10 December 2018

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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

We undertook an inspection of Alliance Living Care Portishead on the 3, 4, 6 and 10 December 2018.

The inspection was announced, which meant that the registered manager knew we would be visiting. This was to ensure the registered manager 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. The service was rated requires improvement at the last inspection in September 2017. In Safe and Well-led it was rated requires improvement. At this inspection we found the service had improved to a rating of Good in all domains and overall.

Alliance Living Care – Portishead 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 – Portishead 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 44 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.

At our last inspection we found records relating to how people received their medicines needed improving. Audits were also failing to identify shortfalls found. At this inspection we found improvements had been made to audits that were effective however, records relating to cream charts still needed action.

People received their medicines safely and records relating to the recording of tablets had improved.

People received their visits from staff who were kind and helpful. However, at times people's visits were later than scheduled.

The provider had audits that identified shortfalls relating to people's medicines. Feedback was sought so improvements could be made to people's care.

People were supported by staff who had checks in place to ensure they were suitable to work with vulnerable adults.

Staff received training and supervision and all felt well supported and able to raise any concerns should they need to.

Staff were familiar with people's needs and care plans were reviewed and personalised.

People felt safe and care plans contained environmental and individual risk assessments.

Staff gave examples of how they gave people choice and staff demonstrated compassion.

People felt able to complain, and when they had problems had been resolved satisfactorily.

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 received their medicines when required. However, improvements were required to two people's cream charts.

People were happy with their care although at times they received their visits later than scheduled.

People's care plans had risk assessments and guidance for staff to follow.

People were supported by staff who had checks prior to starting their employment.

Is the service effective?

Good

The service remained good in effective.

Is the service caring?

Good

The service remained good in Caring.

Is the service responsive?

Good

The service remained Responsive.

Is the service well-led?

Good

The service was Well-led.

The providers quality assurance system identified shortfalls relating to the recording of medicines.

People's views were sought so that improvements could be made to the service.

Staff felt it was a nice place to work. People and relatives were also happy with the service provided.

Alliance Living Care - Portishead

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 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 five days' notice of the inspection visit. This was to ensure the registered manager would be available.

Inspection site visit activity started on the 3 and finished on the 10 December 2018. We visited the office location on the 3 and 5 of December 2018. The registered manager and director were available on both dates.

We spoke with the registered manager, the director, one team leader, a senior carer and three care staff. We visited three people in their own homes and made calls to eight people and three relatives to gain their views on the service. Following the inspection, we spoke with one health care professional.

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

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. Prior to this inspection we

asked for 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.

Good

Is the service safe?

Our findings

The service was safe.

People received their medicines safely however, two people's records required improving. For example, we found two people required details of where care staff should apply their creams. The senior member of staff updated one person's record following us identifying the missing information. The other member of staff confirmed they would address the missing record. Both staff were able to confirm where the person's creams were required. Following the inspection, the registered manager confirmed the team leaders and senior staff would be responsible for ensuring all medication administration records (MAR) including cream charts and body charts would be in place before the beginning of the month.

The MARs relating to prescribed tablets were completed and up to date. The record confirmed if the person had an allergy and what time the medicines had been administered.

People said they had not experienced any missed support however at times people's visits could be later than their scheduled visit times. During the inspection we observed one member of staff arrive 15 minutes later than the person was expecting them. The member of staff was 45 minutes later than their planned time of 9:15am. When the member of staff arrived, the person said they had been waiting and that they wanted to get up and out of bed. People told us, "Sometimes they're five to ten minutes late, but I don't mind that." Another person said, "They're always on time." Another said, "They tend to be a bit early but I don't mind. It suits me rather than having to wait about." Some people confirmed the office would call if care staff were going to be late. One person told us, "They are short-staffed sometimes, which I understand but they will phone if they are going to be 15 minutes late or more."

We reviewed the late visits for November 2018. We found there was a high number of visits that were later than 15 minutes. We raised this with the registered manager and director. They confirmed following the inspection some staff had been swapping people's visits around and that they would undertake a review of the situation to ensure people's visits were when they wanted them.

Risks assessments confirmed what support people required with for example their mobility. Assessments included what equipment people used and guidance was in place confirming what sling and straps were required. Other assessments included pressure care and the environment.

The provider had a business contingency plan in place to address unpredicted disruption to the service. This had information such as people's category should there be a priority need and staff details so that staff could be deployed the best way possible. The team leader confirmed in the event of any adverse weather plans were in place to ensure people received the care they needed.

The provider had safe recruitment processes in place. Staff files confirmed photographic identification, references, and a Disclosure and Barring Service check (DBS). 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 particular groups of people.

The provider monitored safeguarding concerns including actions taken. People felt safe. One person told us, "Oh yes I feel safe." Most staff could demonstrate a good understanding of abuse and who to report abuse too. Staff told us, "I do feel people are safe. I don't have any issues or suspect any concerns. Safeguarding is where any abuse, physical, verbal, neglect, If I suspected it I would go to my line manager or the top boss. External, I would go to the local authority or care connect."

Incidents and accidents were logged, including actions taken. Staff were supplied with a bag that held contents such as paperwork and personal protective equipment. Staff wore uniform and a personal identification badge. During the inspection we observed staff wear personal protective equipment whilst supporting people with personal care, administering medicines and food preparation.

Good

Is the service effective?

Our findings

The service was effective.

We checked whether the service was working within the principles of the MCA. No one at the time of the inspection lacked capacity. When concerns over someone's capacity was raised a capacity assessment was undertaken. Care plans contained important information relating to people's wishes should they need someone to advocate on their behalf. An advocate is someone who will be a voice and support should people need them to.

People received support from staff who received regular supervision and an annual appraisal. Supervisions were a mixture of direct observations and a meeting. Staff felt well supported and able to raise any concerns in-between supervisions. One member of staff told us, "I can go to the team leader if I have any problems." The team leader kept a local spreadsheet confirming when staff were due their supervision and annual appraisal.

Staff received an induction before they started work. This was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. Records confirmed the induction covered, training, policies and procedures, professional boundaries, first aid and they were given their meet and great and work bag.

Staff received regular training in areas such as moving and handling, infection control, first aid, medication training, safeguarding adults, nutrition and hydration and food hygiene. Training specific to people's needs was also provided such as dignity in care, diabetes and communication.

Staff provided assistance to people with their food and drinks. If people required this assistance it was detailed in their care plan along with any specific dietary requirements. We observed people having the breakfast of their choice which was recorded in their care plan. People told us staff ensured they had enough food and drink and that it was accessible.

Staff could support with people's medical appointments should they require. People's care plans contained important information relating to people's medical information, their GP and any other health care professionals involved. One person told us a member of staff had provided them with assistance when they had fallen. They said, "She was very good and called for an ambulance. She also phoned the office. She stayed with me until the ambulance came. Very good and well-trained."

Good

Is the service caring?

Our findings

The service remained Good in Caring.

People and relatives were happy with the care they received. They described their carers as approachable and good. People told us, "They are very friendly and helpful." Another person told us, "They are always polite and friendly." Another person told us, "They are very good with me. All are approachable." One relative told us, "Carers are good."

The service had received various compliments about the care people had experienced. Compliments spoke highly of the care staff. Comments included, 'Was extremely happy with the care provided by [Name of carer] she was very helpful'. Another person has said, 'The carers put the care into caring'. Another person said, "What a lovely friendly girl and very helpful she is." One relative had said, 'All the staff are very very good and she would like to thank them for the service they give her always make her laugh."

People and relatives felt staff treated them with respect and compassion. One relative told us, "I know the carers very well. They are thoroughly good. We have a chat and a laugh." Staff were familiar with people's needs and personal preferences. People and relatives felt they received regular carers who knew them well. One staff member said, "I come here regularly. They know me well." One relative said, "We get regular carers they know the routines well."

People were supported by staff who upheld their privacy and dignity. Staff could give examples of how they supported people with their privacy and dignity. One member of staff told us, "I put a towel over them and step outside when they use the toilet. I give the person privacy with bed covers, shutting doors and when they wash." We observed staff closing people's bathroom doors and talking to people in a respectful manner.

People were given choice by staff. Staff gave examples of how they supported people with daily choices such as what to eat, drink and wear. One member of staff told us, "I help [Name] with whatever help they want it is their choice." The member of staff also gave an example of how they promoted one person's independence using equipment to transfer themselves which they were now able to do themselves. This meant people were supported and encouraged to be independent.

People were supported by staff who could demonstrate a good understanding of equality and diversity. For example, one member of staff told us, "It's about treating every one with respect and equally." They went on to say regardless of their, "Colour, beliefs, religion, disability."

Good

Is the service responsive?

Our findings

The service remained Good in Responsive.

People's care plans were personalised and had important information relating to their personal history, medical conditions, routines and likes and dislikes. For example, one care plan confirmed the person's morning routine, their breakfast choices and their life history.

People and relatives felt involved in their care planning and were happy with the care they received. Care plans were reviewed every six months or before if required. Team leaders were responsible for undertaking these reviews. All reviews were recorded so that the team leaders knew when they were due. One relative said, "We have a review. It is generally done by [Name]. The care is good and as we would like it."

People and relatives all felt able to raise a complaint should they need to. Where people had raised a compliant they were happy it had been resolved satisfactorily. One person told us, "I had booked for two hours. The Carer that came, rushed about. I didn't like that, it wasn't right so I phoned the office and spoke to the Manager. That person doesn't come here anymore. I'm pleased with the service now." All complaints were logged including actions taken. This meant complaints could be reviewed for any trends and themes.

One person at the time of the inspection was receiving end of life care. Their care plan had limited information relating to the person's wishes and how they wanted their care provided. This is important as by having clear wishes in how someone wants their care provided means their views and wishes can be supported should an emergency occur.

Staff ensured people were supported to make choices. We observed one member of staff offer a person choices over what they wanted for breakfast. Another member of staff gave a person a choice over what sandwiches they wanted. One carer told us, "I go in and people tell me what they want. It is about what people want us to do for them."

Good

Is the service well-led?

Our findings

The provider had quality assurance systems in place that identified shortfalls found during the inspection. For example, the provider had identified problems with the recording and paperwork relating to the administration of medicines. The registered manager had a log of actions they had taken following identifying the concerns. Actions included, staff receiving training and sharing these areas back with staff at team meetings. The director sent us following the inspection confirmation that shortfalls were being addressed regarding the recording of medicines. This meant shortfalls were being addressed.

People, relatives and staff all felt the service had a good culture and that it was friendly and a nice place to work. One member of staff told us, "It's a nice place to work, lots of support." One relative told us, "Oh they are very good and quick to respond, they go the extra mile for [Name]."

Care staff had regular team meetings. These were an opportunity to undertake 'bite size' training with staff to check their knowledge and understanding along with areas for improvement such as the recording of medicines. Staff had recently received staff training in the Mental Capacity Act (2005), Deprivation of Liberty Safeguards and infection control. All staff felt well supported.

The provider sought people's feedback through annual questionaries. The questionaries' had been collated around two geographical areas, North Bristol and North Somerset . North Bristol area had received a higher percentage of people being satisfied with their care. 100% with all aspects of their care the only area to improve on was that 87% felt they wanted to know who would be visiting them. The North Somerset area had varying results with most people being satisfied but 57% wanted to know who was visiting them. People's feedback had therefore identified improvements where people wanted to know who was visiting them. This meant by the provider seeking feedback, improvements could be made to areas where people's experience was less than satisfactory.

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 service was displaying its rating within the office and the providers registration details. The rating was also displayed as required on the providers website.