

Alef Care Ltd

Alef Care Ltd

Inspection report

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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

About the service

Alef Care Ltd is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were 12 people who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people received 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

People were supported by staff who had received satisfactory checks however these checks were not always in place prior to the member of staff starting their training or induction. No completed risk assessment had been conducted to identify the risks or measures being taken to keep people safe. Following our inspection the registered manager confirmed staff would have a completed risk assessment prior to starting their employment should all checks not have been completed.

People were supported by staff who were kind and caring. Staff felt supported and happy working for the service. People's care plans contained important information relating to people's life histories, health and likes and dislikes. The registered manager prompted a positive culture and people were supported by staff who knew them well.

People were supported by staff who received training, supervision and an appraisal. People were supported by staff who gave them choice and who promoted their dignity and respect. Staff had access to plenty of personal protective equipment although one person required staff to wear a clear face mask to aid communication. Relatives felt able to raise complaints and where people had raised concerns records confirmed actions taken including any outcome.

People's care plans contained important information relating to people's capacity and any individual medical conditions. Staff encouraged people to make decisions about their daily care and support needs. Quality assurance systems were in place to monitor the service and identify areas for improvement.

Rating at last inspection and update

This service was registered with us on 4 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting the legal requirements and regulations and to provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Alef Care Ltd

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 team consisted of one inspector and one Expert by Experience who spoke with people on the telephone. 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 care to people living in their own houses.

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 notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange to speak with people over the telephone.

Inspection activity started on 25 October 2022 and ended on the 3 November 2022. We visited the office location on the 25 October 2022.

What we did before the inspection

We reviewed information we had received about the service. We used 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.

During the inspection

During the inspection we spoke with the registered manager and the care co-ordinator. We reviewed a range of records including two care plans and three staff files in relation to recruitment. Various policies and procedures, audits and the rostering computer system.

The Expert by Experience made phone calls to twelve people and managed to gain feedback from three people.

Following the inspection, we made calls to four care staff and managed to gain feedback from two.

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 Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Not all staff had completed checks prior to their start date. We reviewed three staff files. We found two staff had started training and their induction prior to all satisfactory checks being received. No written risk assessment had been undertaken to mitigate the risks of starting their employment prior to all satisfactory checks being in place. The registered manager confirmed people were not at risk as both staff had not started supporting people and had only undertaken an office induction. Following our inspection, the registered manager confirmed actions taken to ensure they were working within best practice guidance in relation to recruiting staff.
- People were supported by enough staff and staff confirmed this.
- Relatives felt the service was flexible and adapted to people's changing needs. One relative told us, "They have put in extra support when needed".
- People and relatives felt support by staff they knew. One relative told us, "Regular staff". Another relative told us, "Settled now. Quite happy. Good relationship and the right balance now".

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding adults.
- One person during our inspection raised a concern with us. We discussed this with the registered manager who confirmed actions had already taken place prior to our inspection. Records confirmed actions undertaken. Due to additional information being raised by the person the registered manager raised a safeguarding with the local authority due to the nature of the concern.
 - Staff were able to give examples of abuse and who to report concerns to. Staff felt people received safe care.

Assessing risk, safety monitoring and management

- People's care plans were up to date and contained important information relating to people's individual needs.
- Risk assessments identified environmental risks, such as pets or if the person smoked.

Using medicines safely

- People's care plans contained important information relating to the management of their medicines.
- Body maps confirmed important information such as where topical creams should be applied.
- Staff received training on the safe administration of medicines.

Preventing and controlling infection

- People were supported by staff who had received training in infection prevention control.
- The registered manager confirmed they had plenty of personal protective equipment (PPE). Stock was held in the office where staff could collect PPE when required.
- Staff confirmed they wore PPE such as gloves, surgical masks whilst supporting people. One person required staff to wear an alternative suitable face mask to support their communication needs. No risk assessment was in place for this and no alternative suitable mask had been sought or provided to staff prior to our inspection. The registered manager confirmed following our inspection they were addressing this to ensure staff and the person were protected from the risk of cross contamination and the risk of infection whilst also supporting their individual communication needs

Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents. These were monitored monthly via a quality assurance system. Records confirmed this.

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

- People's care plans contained important information relating to people's religion, communication needs including any hearing or visual aids.
- The provider information return (PIR) identified the importance of supporting people and the work force in relation to their individual protected characteristics. The PIR confirmed one person was being supported to have an earlier call on Sunday so they could attend church. Staff were also supported with their individual religion and culture. One member of staff told us, "People are protected from inequalities". They went on to describe the different protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- People were supported by staff who received supervision and an annual appraisal. Records confirmed staff received supervisions and appraisals. These identified any training needs and any areas for improvement.
- People were supported by staff who received training to ensure they had the skills and knowledge to support them. The provider's training records confirmed staff had attended training in, fire safety, health and safety, nutrition and hydration and mental capacity.
- Staff had access to bespoke training in relation to people's individual needs. Such as diabetes and nutrition and hydration training.
- Staff were supported to complete the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff that work in health and social care.

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

- Not all people at the time of the inspection required support with their nutrition and hydration. Where people did, they had a detailed care plan which contained important information relating to their individual needs and likes and dislikes.
- People were positive about the support they received from staff. One person told us, "They make me nice warm drinks and make nice meals". Another person told us, they ask me, "What I want for breakfast. They make me cups of coffee".
- People's care plans contained printed information for staff in relation to specific conditions such as diabetes care.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who would seek medical support and attention should this be needed. One relative told us how the service had liaised with the pharmacy to improve one person's medicines order. Another relative told us how staff had called for an ambulance following the person falling. Records confirmed what medical intervention and support the person had received.
- People's care plans contained important information relating to people's medical conditions and any allergies.
- The registered manager worked in partnership with health and social care professionals including social workers, GP's, district nurses, Occupational therapists and local pharmacies when the need arose. We received feedback from one health and social care professional who confirmed they had no concerns with how the provider had worked with them or with the quality of the care provided by Alef Care Ltd.

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.

- People's care plans contained important information relating to people's mental capacity and any medical conditions.
- Staff received training in mental capacity and staff knew how to promote and encourage people to make decisions about their daily care and support needs.

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 felt supported by staff who were kind and caring. One person told us, "They are very kind and thoughtful". Another person told us, "The carers are helpful and kind".
- Relatives told us, staff knew people well. One relative told us, "They are very good". Another relative told us, "Staff are great, they have a really good relationship with (Name)".
- People were supported by staff who were caring and respected their wishes. One person told us, "They are thoughtful towards me. If I want to make any small changes, they will do whatever they can to help".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence, dignity and privacy. One member of staff told us, "I close the curtains for people, and the door". They went on to give other examples of using a towel to promote dignity whilst supporting with personal care.
- People and relatives felt supported by staff who knew them well. One person told us, "I usually have the same group of carers come". Another person told us, "I am happy with the care I have". One relative told us, "They do an excellent job. There is familiar staff who are really good". Another relative told us, "Things have settled now. They have got used to (name). They have a good relationship with (name)".

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

- People were supported by staff to express their wishes and views in relation to their care and support. Staff gave examples of how they promoted people to make decisions about their care. One member of staff told us, "I ask people what they would like to eat. It is their choice".
- People's care plans confirmed their individual wishes such as their breakfast choices and how they liked to have their breakfast was clearly recorded. Along with their individual wishes such preference to having a male or female carer. One member of staff told us, "I ask if I can make them eggs, or what would they like".

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 care plans contained important information such as details of the person's life history such as where they had lived, where they were born and if they had married. Their care plan also contained if they had children and grandchildren.
- The registered manager confirmed they undertook regular reviews of people's care. This included a mixture of telephone and face to face reviews.
- The registered manager supported people with referrals and extra visits when they experienced a change in their health. The registered manager liaised with the local authority and relatives, records confirmed additional support was provided as and when required.

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.

- No-one at the time of the inspection was required information in line with the Accessible Information Standard (AIS). The providers (PIR) confirmed staff were trained in understanding (AIS) and when identified care plans were personalised and detailed in how to effectively communicate with the person.

Improving care quality in response to complaints or concerns

- People and relatives felt the management were accessible and they felt able to raise a complaint should one arise.
- The registered manager had a complaints log. Records confirmed details of the complaint including the outcome and any actions taken.
- The provider had a complaints policy in place should people or relatives have a reason to formally complain. The registered manager confirmed they liaised with people and their families regularly this was an opportunity to resolve any issues before they escalated into a formal complaint.
- Relatives told us, "No reason to complain, (manager) is brilliant". Another relative told us, "No complaints".

End of life care and support

- No one at the time of our inspection was receiving end of life care. People's care plans contained

important information in relation to people's individual medical conditions.

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 Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke honestly about creating a positive culture where people received care that was personalised to them. This was important to them and the type of service they wanted people to experience. They told us, "Personalised service which is person centred, nurturing, caring and giving". They described the importance of teamwork and getting this right.
- People and relatives spoke highly of the management of the service. One relative told us, "Manager is good. I have honest conversations with them". Another relative told us, "(Name of manager) is brilliant. I go over to see (Name) or contact them if I have any issues".
- The culture of the organisation respected people and their staff. Staff told us they felt respected and able to raise any concerns with the management. One member of staff told us, "I have a very understanding boss who cares about me".
- Staff felt supported and it was a nice place to work. One member of staff told us, "Wonderful. It is really nice". Another member of staff told us, "They are a good company. The management is really good"

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;

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

- Staff felt able to raise issues with the management of the service and they were happy in their job. One member of staff told us, "It's a rewarding job". Another member of staff told us, "It's a good company, they support me well".
- The registered manager had quality assurance systems in place to identify areas for improvement within the service. These included, complaints, incidents and accidents, missed visits, safeguarding concerns, whistleblowing and unexpected deaths.
- The registered manager undertook spot checks to ensure staff were adhering to the standards of the organisation. Records confirmed this.

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

- People's views were sought through satisfaction surveys. People and relatives felt able to raise concerns with the management of the service if needed.

- Comments from recent satisfaction surveys conducted in January 2022 and September 2022 were positive. Outcome's included people feeling able to raise concerns, involved in their care, they received safe care and were supported by staff who protected their dignity. The registered manager confirmed they were looking at other ways to gain feedback from people. They were exploring capturing additional feedback through the regular calls to people.
- Staff's views had been sought in a satisfaction survey conducted in July 2022. Where areas of improvement had been raised by staff the registered manager had an action plan to address these.

Continuous learning and improving care: Working in partnership with others

- The registered manager was keen to create an environment which was transparent and where mistakes were owned and learnt from. They explained they held regular meetings with staff where they could role model and explain when things might not have gone well and what they could improve on.
- The registered manager worked in partnership with others. This included the local authority, social workers, health care professionals and pharmacy teams.
- The registered manager was responsible for monitoring incidents and accidents. Records confirmed actions taken to prevent similar incidents from occurring.
- The registered manager attended conferences and forums to keep their skills and knowledge up to date. At the time of the inspection they confirmed they were undertaking a qualification at level five in Health and Social Care.