

Alston Lodge Residential Home and Community Care Limited

Alston Lodge Community Care Limited

Inspection report

Lower Lane
Longridge
Preston
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Tel: 01772783290

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09 November 2016

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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

This inspection visit took place on 09 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

At the last inspection in February 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Alston Lodge Community Care Limited is a domiciliary care agency providing personal care and domestic services to people who live in their own homes. The agency office is situated close to the centre of Longridge in the grounds of Alston Lodge Care Home, which is a sister service. At the time of the inspection the agency provided support for 75 people.

There was a registered manager in place. 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.

We found the agency had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Also the registered manager had a policy of matching people with specific skills or interest of the people they supported.

People who used the service told us they received their medication at the right time and staff were on hand to support them. Staff undertook related training and completed records accurately. The registered manager risk assessed people's medication to ensure this was managed safely.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Staff also received regular training and were knowledgeable about their roles and responsibilities. They told us they were supported by the management team to develop their skills through training courses and access was good for them to attend training sessions.

Staff who prepared food had completed 'food and hygiene' training. Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented.

We found staff and people who used the service worked together in the planning, review and provision of their care. Care planning was aimed at maintaining people's independence and ensuring people received the right care and support. One person who used the service said, "They know what they are doing and have a lovely nature about them."

People supported by the service told us staff who visited them were polite, patient and kind. In addition they told us they were on time and never missed a visit and were professional in the way they provided support and care. Comments included, "Yes all the time the staff are kind and patient with me." Also, "They know what they are doing and have a lovely nature about them."

People who used the service and relatives we spoke with knew the procedure to make a complaint. The complaints procedure was available in literature given to people who used the service. Where people had expressed concerns appropriate action had been quickly taken.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, staff meetings and care reviews with people who used the agency. We found people were satisfied with the service they received.

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 told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Systems were in place to make sure the management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. Also recruitment procedures were safe to ensure suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

The registered manager provided training and supervision.

The management team carried out competency testing to check staff utilised their learning in care practice.

Staff and management team had a good awareness of the MCA. We found people or their representatives had signed consent to their care.

Staff had a good understanding of effective nutritional support and received associated training to strengthen their skills

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with

kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Alston Lodge Community Care Limited

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 team consisted of two adult social care inspectors.

Prior to our announced inspection on 09 November 2016, we reviewed the information we held about Alston Lodge Community Care. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

We spoke with a range of people about this service. They included eight people who used the service, six by telephone and two we visited in their homes, two relatives and six staff members. In addition we spoke with the provider and the registered manager. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to two people who had received support from Alston Lodge domiciliary service and also checked staff recruitment records. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

We spoke with people who used the service to see whether they felt safe in the care of staff who supported them. One person said, "Yes of course we stick to the same carers generally so we have got to know them." Also, "Yes the staff have their identification on them but I feel safe knowing someone is coming to visit me."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. We found evidence of risk assessments being reviewed and updated following changes. For example a person had a new hoist fitted. This was identified on the care plan and the care plan had been updated to ensure the safety of the person and staff who used the equipment.

We looked at how Alston Lodge Community Care was staffed. We looked at the services duty rota, spoke with staff and people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Also the registered manager had a policy of matching people with specific skills or interest of the people they supported. This helped develop relationships and ensured people who used the service had a settled staff team as much as possible. One Staff member said, "We do try and match people where we think it may benefit the client."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people with their medication. Staff told us they received medication training during their induction and had training updated. Discussion with staff members confirmed they had been trained and assessed as competent to support people to take their medicines.

We looked at records associated with medication and found they were documented correctly. For example, there were no gaps or missed signatures. Care files we looked at held medication risk assessments intended to guide staff to manage any associated risks. People who received support with medication said they received their medicines on time when the agency supported them.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing

personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

A thorough induction programme was provided as part of the new staff recruitment process. For example new staff shadowed an experienced member for two weeks or if required a longer period. Following the shadowing process staff were placed on visits with another experienced staff member for a month. This was so the management team established an understanding of the person in order to match them with the specific needs of the person who was receiving a service. A staff member said, "The whole recruitment process was very good and made me more confident when I went out on my own."

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who had been employed at the service for a number of years. They were a trained staff team who had a good understanding of people who they supported. This was confirmed by people who used the service and staff we spoke with. People told us staff who visited them understood their needs and said they were happy with the care and support they received. One person who used the service said, "They know what they are doing and have a lovely nature about them." Also, "We stick with the same carers which is what my [relative] needs and chooses."

The registered manager had a monitoring system that checked the times and reliability of staff visits. For example staff log in via the telephone on arrival at the persons home and repeats the exercise when they leave. The registered manager and provider can then monitor the activity on their computer system to ensure they continue to provide a reliable and effective service.

A training programme was in place for all staff. The training events were relevant to the needs of people who received a service from the agency. This was confirmed by talking with staff. All newly appointed staff had been enrolled on the 'Care Certificate' which is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications, for example National Vocational Qualification (NVQ) to level 2 and 3. This ensured people were supported by staff who had the right knowledge, qualifications and skills.

Discussion with staff confirmed they were provided with opportunities to access training to develop their skills and they were supported to undertake training to help them in their role. Comments from staff included, "No problem with training courses we are always doing some course or other." And, "We are well supported to attend training and develop personally."

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity of people.

Records seen and staff spoken with confirmed annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. Also staff told us the registered manager and senior staff were available anytime to discuss any matters arising. A staff member said, "[Registered manager] is always available anytime."

Staff who prepared food had completed food and hygiene training. We spoke with staff members who confirmed this. Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented.

Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The registered manager confirmed this.

We found people who used the service had signed their consent to care, including their overall agreement to their support. Care records were signed by the individual or their relative.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness, respect and patience. Comments received included, "Yes all the time the staff are kind and patient with me. They need to be because I cannot move like I used to." Also, "They are such lovely people who do a great job with a smile on their face." It is down to them that we are still at home."

We looked at the care records of two people and found a person centred culture which encouraged people to express their views and make their own choices. For example what they felt they needed, or what time was best for them. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was provided to them. A relative we spoke with said, "We were able to give our opinions and choices when we started with Alston Lodge. They were very receptive to times and tasks we needed doing."

We spoke with two people who received a service in their own home with their relatives. They made positive comments on how the staff delivered care for them. They told us they were happy with the care provided and one person said, "Very happy and the best agency we have had."

During the inspection we observed two staff members supporting a person in their own home who had complex needs. We saw both spoke gently and respectfully to the person taking care to wait for responses. During the period we were there in the home both staff members treated people with respect both aware they were in someone's home. A relative said, "All the people who help [relative] are very good and respectful."

People told us staff were respectful of people's needs and maintained their dignity. They told us they treated people with respect and sensitivity when delivering personal care. One person who used the service said, "All the staff who visit us are aware of what bathing and washing I need. They treat me with respect and make me feel at ease."

The provider and registered manager respected people's culture and diversity. The registered manager provided staff with equality and diversity training to enhance their awareness. People and their relatives told us staff respected them as individuals and supported them with a person-centred approach.

Staff told us they received guidance during their induction training and shadowing other staff members in relation to dignity and respect. Their practice was then monitored when they were observed by a member of the management team in people's own homes.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People who used Alston Lodge Community Care and their relatives told us they were satisfied in the way support was provided for them. They felt the management team responded to their needs when changes were required. Comments included, "A first rate service that are flexible when things need to be changed. Also, "I needed to go to an appointment urgently once and I phoned the manager who sorted out the time change with no bother. A very good agency."

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. The registered manager had introduced a new document 'my support at a glance' this contained information about peoples history, hobbies, likes and social dislikes. A staff member said, "It is more in depth and will help match staff with clients who have similar interests."

We looked at care records of two people who we visited in their homes. Care records were informative and enabled us to identify how staff supported the person with tasks that had been identified on the care plan. Times of visits were flexible and centred around the individual persons circumstances. For example one relative told us they had to change times periodically and the service had done so without a problem. The relative said, "Any time we have requested they come sooner or later they have done so." Care plans were updated when changes occurred to reflect current needs of the person who received a service.

Care plans we looked at confirmed people who received a service had been involved in their development. For example when, how and by whom they wanted their support provided. One person who received a service said, "When we sorted things out I wanted a male carer and that is what happened. I am really grateful to all the staff and what they do for me." We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and choices had been identified as part of the care plan. For example to promote independence. One person said, "I put it down to the staff for getting me back on my feet and being able to go out again."

People supported by the service and relatives told us they found the management team in the office were contactable and responded when changes of care were requested. They also told us they were quick to respond if they needed an extra visit because they had an appointment or were not well.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

The registered manager had a system in place for recording complaints. This included recording what the complaint was about and action taken by the service. We saw complaints received had been responded to promptly and outcomes had been recorded.

The registered manager made contact with every person who received a service on a regular basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise any issues they may have. This was so any grumbles or issues could be dealt with straight away.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. We asked people we spoke with if they knew how to make a complaint. One person said, "I know what to do but until now everything has been fine."

Is the service well-led?

Our findings

People who used the service and their relatives told us the service was well led and they had their needs met. When we discussed the organisation and how the service was run with those who accessed the service comments were all positive. They included, "A wonderful service run by lovely people." Also, "You can always contact the manager she is always on the end of a phone. Yes a well-run agency."

The registered manager told us staff were encouraged to come into the office as often as they could to have a chat or just to get updates of the service. Staff told us this developed an open working relationship between the management team and themselves. One staff member said, "[Registered manager] is great always willing to help and encourage us."

The registered manager holds regular staff meetings. These meetings discussed any issues or concerns the management team or staff may have. Areas discussed were call logging, training, and the general running of the service. One staff member said, "They are useful these meetings but you can pop and see [registered manager] any time." We confirmed staff meetings were recorded and any actions discussed and agreed were acted upon.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and qualified and knew the needs of people who received a service. Discussion with the registered manager and provider confirmed they were clear about their role and between them provided a well-run and consistent service. We confirmed this by comments we received. For example a staff member said, "[Registered manager] knows all the clients well because she provides the care as well as managing the service very well." A relative said, "[Registered manager] comes and supports [relative] she knows us all well."

The service had systems and procedures in place to monitor and assess the quality of their service. For example spot checks were undertaken by the registered manager whilst support staff were undertaking their home visits. These were in place to confirm staff were on time, stayed for the correct amount of time, dressed correctly and people supported were happy with the service. Care plans were examined and financial records were also monitored during these visits. The registered manager documented their findings and discussed them with staff members. We found regular audits had been completed by the service. These included medication, training, and care plan records of people who used the service. Any issues found on audits were addressed and any lessons learnt to improve the quality of service.

The registered manager had a variety of policies and procedures to guide staff in their role and responsibilities. These included, environmental and personal safety and staff employment responsibilities. We found policies were current and reflected relevant legislation, including the Human Rights Act 1998 and the Data Protection Act 1998.

The registered manager had systems to obtain people's views about the quality of the service and performance of staff. This included satisfaction surveys for people who used the service and their relatives.

Results from the April 2016 survey were positive. Comments included, 'Wonderful service.' And, 'Happy with the service as it is'. The questionnaires covered areas such as attitude of staff, and overall opinion of the service. The registered manager told us they would act on any issues or concerns that were highlighted from surveys.

The service had been awarded a nationally recognised standard for its investment into staff management, employee satisfaction and motivation. The registered manager had used the process to achieve the standard to develop staff skills through training and assist the service with organisational development. The standard offered a benchmark to external bodies of the services commitment to its staff to continually improve its standards over a long period of time. This showed Alston Lodge Community Care had support and resources available to enable and empower the staff team to develop and to continue to improve.