Alesco Care Services Ltd

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Inspection report

417C Lymington Road
Highcliffe
Christchurch
Dorset
BH23 5EN

Tel: 01425276208

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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
Alesco is a domiciliary care agency that was providing personal care to 13 older adults living in their own homes at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive 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 received safe care and were protected from discrimination. Staff understood the actions they needed to take if they suspected abuse or poor practice. Staff were recruited safely, including employment and criminal record checks. Staffing levels were flexible and responsive to people's changing needs. Staff understood the risks people lived with and the actions needed to prevent avoidable harm whilst respecting people's choices and freedoms. Medicines were administered safely. The registered manager told us they were introducing annual staff medicine administration competency checks. Accidents, incidents and complaints were an opportunity for reflective learning and service improvements.

People received care from staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. People had an initial assessment that captured their care needs and lifestyle preferences. This information had been used to create person centred care plans that were regularly reviewed with people and their families. People had their eating and drinking needs met as care staff were knowledgeable about their likes, dislikes, allergies and any special dietary needs related to health conditions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff that were reliable and described as consistently kind and caring. People and their families were involved in decisions about their day to day care. Staff were knowledgeable about people's history, social networks and family and friends important to them. People had their privacy and dignity respected by staff who promoted and understood the importance of enabling people's independence.

Care was responsive to people's changing needs and preferences. Positive working relationships with other health and social care professionals enabled good outcomes for people. People had an opportunity to be involved in discussions about their last wishes which reflected any spiritual or cultural choices.

People, their families and the staff team were positive about the management of the service, describing the culture as open, supportive and caring. Staff were clear about their roles and responsibilities and felt involved in the development of the service. Quality assurance processes were robust, multi layered and

captured the voice of people, their families and the staff. The registered manager met their legal responsibilities for reporting events to statutory bodies such as CQC and the local authority.

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

Rating at last inspection: The last rating for this service was good (published 25 May 2017).

Why we inspected:
This was a planned inspection based on previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Alesco Care Services 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-
During our inspection we spoke with four relatives. We spoke with the Registered Manager, five care staff and the administrator. We reviewed four peoples care files including discussions with people and staff to

check their accuracy. We checked two staff files, health and safety records, medication records, management audits, staff meeting records and the results of quality assurance surveys.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff completed annual safeguarding training and understood the actions needed if abuse was suspected.
- People were protected from discrimination as staff had received equality and diversity training and demonstrated respect for people's lifestyle choices.
- People and their families told us they felt safe. One relative said, "100% safe", another told us, "Very safe, the girls, (care staff), are well trained".

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. Staff understood risks to people and the actions needed to reduce avoidable harm. This included risks associated with skin damage, malnutrition and self-neglect. People were involved in decisions about risk and had their freedoms and choices respected.
- Environmental risks had been assessed such as home security and the use of equipment such as stair lifts. Care plans contained clear guidance on the actions needed to keep people safe from harm in their home.

Staffing and recruitment

- People were supported by staff that had been recruited safely including criminal record and employment checks to ensure they were suitable to work with older people.
- People were supported by enough staff to meet their needs. A care worker told us, "Alesco support you to give time to people; it's not a conveyor belt. What if it was my mum?". People and their families described staff as reliable and punctual.

Using medicines safely

- People had their medicines administered safely by staff that had completed medicine administration training. The registered manager told us they were introducing annual staff competency checks. ● Some people had prescribed topical creams. Body maps had been completed that gave clear instructions to care staff on where they needed to be applied and how often.
- Staff understood the actions needed if a medicine error occurred which included being open and transparent, reporting to appropriate external organisations and seeking medical advice.

Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training. Staff had access to, and used appropriately, personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

● Accidents and incidents, safeguarding's and complaints were used as an opportunity to learn and reflect on practice. A care worker told us, "We always reflect on how we can do things better. It's about giving a person the best care ever".

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their families had been involved in pre- admission assessments to gather information about their care needs and lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance. The initial pre-assessment information had been used to create a care plan detailing how a person's care needs and choices needed to be met.

Staff support: induction, training, skills and experience
- People were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. Induction included the care certificate. The care certificate sets out common induction standards for social care staff.
- A care worker told us about the impact of their dementia training. "It opened my eyes to different dementias, explained how frustration or aggression is not them, its frustration of the situation. Sometimes you have to walk away, give them time".
- Staff told us they had regular supervision and records confirmed this. Staff had opportunities for professional development which included nationally recognised health and social care diplomas.

Supporting people to eat and drink enough to maintain a balanced diet
- People had their eating and drinking needs understood and met which included food intolerances and health conditions that impacted on dietary needs such as diabetes.
- Staff had completed food hygiene training which meant food preparation was carried out safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked collaboratively with other agencies to ensure people had their care needs met. This had included district nurses for wound care and occupational therapist for home adaptations.
- Staff were knowledgeable about people's health conditions and the impact they may have on their day to day lives. A relative told us, "I keep (registered manager) up to date about (relative's health issues) and (Registered manager) feedbacks to staff which means they have a good understanding of (relatives) health".

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 had their rights upheld as the principles of the MCA were followed. Records showed us that people, or their legal representative had signed to consent for care to be provided.
- At the time of our inspection people were able to make decisions about their care. Records showed us that when people may not have had the capacity to make certain decisions mental capacity assessment meetings had been held with the person, their family and professionals with experience of the person.
- Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their families spoke positively about their care. One relative told us, "The care is A1 and all the girls (care staff) are fantastic". Another relative said, "(Relative) keeps out of hospital because Alesco care for (relative).
- People had their individual communication needs understood. A care worker told us, "We had one person who had suffered a stroke and wasn't able to talk. We got to know how (they) expressed (themselves); got to know (their) individual routines".
- Staff were knowledgeable about people and respected their lifestyle choices. A relative explained, "Alesco persevere, they have a good understanding (lifestyle choice). They do everything they can".

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

- People were involved in decisions about their care. One relative told us, "It's very rare I have to ask for anything, the carers seem to read my mind". One person needed meals preparing and the care worker told us, "I always give people a choice, show them what's available, read out the labels".
- When people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy, dignity and independence respected. A relative told us, "(Care workers) are really respectful of (relatives) dignity; I've never had any concerns".
- Staff were respectful of people's privacy. A care worker told us, "If a client didn't want to let me in I wouldn't force myself in, I'd phone (registered manager) and say the clients not sure".
- People had their independence respected. A care worker explained, "I tried to help (name) sit up but they wanted to try themselves and said, 'If you don't use it you'll lose it'.
- Personal data about people was stored securely to ensure confidentiality was maintained.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans that detailed their personal care needs and preferences. A relative told us, "Carer's understand (their) care needs, know (them) and understand (their) requirements.
- Fact sheets providing information about people's health conditions had been included in care and support plans. Subjects included asthma and diabetes. This meant staff understood how these conditions may impact a person and could be proactive if needed.
- People were involved in making choices about the day to day care they received. Staff respected people's individual lifestyles and the impact this made on a person's preferences and decisions about care.
- Records showed us that people and their families were involved in regular reviews of their care plans which were responsive to people's changing needs and preferences.
- Care plans included details of the circle of family and friends that provided social contact and support. Where people were at risk of social isolation they had been signposted to organisations that could offer support and friendship that was relevant to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included sensory aids such as spectacles and auditory aids. The registered manager told us that key information such as the complaints process can be created in larger print or picture form if needed.

Improving care quality in response to complaints or concerns

- People and their families knew how to raise a complaint and were confident any concerns they raised would be listened to and any necessary actions taken.
- Records showed us that complaints were investigated appropriately, and satisfactory outcomes reached in a timely way.

End of life care and support

- People had an opportunity to be involved in an end of life care and support plan which reflected their spiritual and cultural needs.
- Families were positive about care at the end of a person's life. We read a compliment that said, 'You

definitely made a difference in (their) last few weeks and made (them) as comfortable as possible'.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we found improvements were needed in the organisation's management oversight. The organisation had made improvements which included an external social care professional completing quality monitoring audits and providing professional guidance and support to the registered manager. The registered manager told us, "It's been a massive help to me".
- Audits and quality assurance processes were effective in monitoring service delivery, identifying areas of service development and successfully used to reflect on practice. An example was following feedback from people that the office was often closed. Additional staff had been recruited to provide five day a week administrative support and we were told by people and their families this had greatly improved communication with the office.
- The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- The culture of the service was open and transparent with people, their families and the staff team speaking positively about the registered manager's person-centred approach. A care worker told us, "(Registered manager) is amazing, one of the best managers I have come across, supportive, good listener, gets things done and understands everybody". A relative told us, "The (registered manager) has been consistent, put things in place, they've done excellently, (they're) brilliant".
- The registered manager was visible to people, their families and the staff team which had created positive, open relationships. A care worker told us, "Overall for a small company it works", describing the registered manager as, "passionate about (their) job".
- The registered manager learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

characteristics

● People, their families, staff and the public had opportunities to be involved through both informal and formal meetings, newsletters and a staff suggestion box. A care worker said, "At staff meetings everybody speaks, nobody is worried about voicing an opinion, it's quite open".

● Links with the public included taking part in community events such as 'best dressed shop window' and supporting the neighbourhood Christmas lights.

Working in partnership with others

● The service had worked in partnership with other agencies in developing best practice guidance. This had included sourcing information from national organisations such as Skills for Care and embarking on national dementia initiatives such as the 'dementia friends' scheme.