

Alef Care Ltd

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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 Limited provides personal care for people in their own homes, most of whom are older people. 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. At the time of this inspection the service was providing personal care to 9 people.

People's experience of using this service and what we found

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice. Views of people were valued and used to make improvements to their care and support.

Care records were not always consistently detailed; however, people's care and support needs were being met in line with their personal preferences as staff knew people well. The service responded promptly when people's needs changed. The service worked well with other health professionals to make sure people's care needs were met.

People were actively involved in making decisions about their care. They 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.

Staff members felt they were valued and respected by the management team, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind, respected their dignity and privacy, and promoted their independence.

The service was well managed, by a registered manager and management team who were described as 'supportive', 'approachable' and, 'brilliant'. Quality assurance systems, including audits, feedback from people who used the service and staff were all used to make continuous improvements to the quality of the service people received.

Why we inspected

This is the first inspection for this newly registered service.

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.

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?

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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alef Care is a domiciliary care agency. People receive a personal care service in their own home.

Not everyone using Alef Care receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

The inspection site visit was announced and started on 31 August 2021. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as serious incidents. The provider was 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

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care-coordinator and care workers. We have included their views and feedback in the main body of the report.

We reviewed a range of records. These included five people's care and medication records, five staff recruitment files and training and supervision records. We reviewed records relating to the management of the service. We reviewed how the provider and the registered manager completed their quality assurance checks

After the inspection

We obtained feedback from one health professional to obtain their views about the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had worked with the service recently

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. They told us, "My mother is happy so I'm sure she's safe", "We've had a few issues but never over her safety". One relative confirmed this, they said, "We have carers in four times in the day and another visit about 2am in the night so she's well looked after and safe."
- Systems and processes protected people from harm or abuse. One relative told us, "They would be confident to report any concerns to the manager."
- Staff received safeguarding training and were aware of local policies. Staff understood the different types of abuse and how to recognise signs of abuse. Staff knew the process to report concerns internally and escalate externally should this be required.
- The registered manager demonstrated their understanding of reporting safeguarding issues. Records showed these had been completed appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and managed well.
- Staff were knowledgeable about risk management and demonstrated they supported people's safety.
- People's care records demonstrated risks to their safety had been discussed with them and/or a relative. People's wishes regarding how they wished to manage risks were respected. For example, some people ate a diet of their choice even if this was against medical advice. This demonstrated a person-centred approach to risk management.
- Environmental risks assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff, when care was being delivered.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff to support people safely. Relatives told us staff were usually on time for their visits. One relative said "All the carers are excellent, polite and extremely punctual"
- A staff member described their induction which had included shadow working alongside the registered manager, "She [Registered Manager] held my hand and made sure I was confident and could work on my own." This provided assurance the service monitored the experience and knowledge of staff and ensured people received safe care.
- The registered manager understood the importance of learning lessons when things went wrong. A relative had shared their experiences of care provided by a new staff member who had not been confident in the role. The registered manager had listened and had responded by increasing the level of support and induction staff received.
- Staff were recruited safely and in line with best practice. Records showed application forms were

completed and included employment histories. Suitable checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines and their competencies were assessed by the registered manager.
- Some people had prescribed medicines to use 'as required' to help them when in pain. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised, clear and completed accurately.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). One relative said, "They always wear full PPE and take it away for disposal."
- Staff had received training in infection prevention and control.
- Staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager.

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 needs, and choices were assessed in a holistic and person-centred way.
- People's care plans contained details of their background, any medical conditions, and information about their choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- A health professional spoke positively about working with the service, "At assessment, the coordinator from Alef Care demonstrated significant insight and knowledge of her job. They know exactly what to do, how they need to do it and they do it by the book".
- Relatives were positive about how personalised and effective the service was. One spoke of how the service monitored a person's health need. They told us, "The carers are kind and attentive, any change in [person's] health they are on to it, they call the doctor."
- The registered manager communicated with health professionals effectively to ensure people's needs were reviewed. The registered manager spoke passionately about working with the district nurses. They told us, "I discuss people's needs with the district nurses, the doctors or their family where appropriate, this helps spot any potential change to medicines to support those needs". This meant people's needs were reviewed, monitored and delivered effectively in line with best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff that received training relevant to their role, and additional training was sought in response to people's needs. For example, a person who required equipment to support them to sleep safely, the registered manager trained the staff in the use of this equipment and provided guidance to ensure staff were confident in its use.
- Staff had the knowledge, skills and experience to support people effectively.
- The registered manager had ensured there were effective systems in place to support staff into the service. New staff would shadow experienced staff until they were deemed competent to work alone, this also gave people an opportunity to get to know them.
- Staff spoke positively of the support they had received, they told us, "I had an induction and I had a lot of training and I can now do my job well".
- Records confirmed staff received relevant supervisions, spot checks and attended meetings.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.

- People's food and drink, likes and dislikes were recorded in their care plans.
- People told us they could eat whatever they liked and were supported to make positive food choices. People told us, "The carers give me a choice of foods. They make me sandwiches with the filling I choose."
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as halal or vegetarian and any support people needed.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
- The provider worked closely with other healthcare professionals to ensure a joined up approach to the support people received. A health professional told us, "They are on the ball and let us know if there are any concerns."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, showing people different outfits they could wear or food they would like to eat.
- Records showed people's capacity to consent to a decision had been considered where it was in doubt. Where people could not consent, relevant individuals had been involved to ensure any action taken was in the person's best interests.

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 received good care and support. Everyone told us they were treated with compassion and kindness by staff and that positive relationships had been developed. One person told us, "Every one of them, I cannot fault them. They always go above and beyond in my opinion."
- The service had a person-centred culture, relatives confirmed how the registered manager and staff supported people. One relative said, "They try to understand [name] culture and they support [the person] to maintain their cultural observations such as dressing appropriately and [the person] appreciates it when staff talk to [the person] in their native language."
- Staff treated people with kindness and compassion. A relative described how the service had worked with the family and ensured they expressed their views and were involved in decisions. They told us, "We have confidence in them. It was our first time working with a care agency, they explained everything, they listened to us. They have been very patient with [the person]". Another relative said, "They are extremely kind".
- The service had received several compliments and comments from relatives and people who had used the service. They were consistently positive about how caring and supportive the staff had been.
- The registered manager recognised the importance of supporting people with equality, diversity and human rights; they respected people's religion and culture. Staff told us, "We take off our shoes or put on shoe covers in their house." One person said, "They do not send me male carers, my religion does not allow it and they respect that".

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

- People and family members were encouraged to share their views about the care and support staff provided. They told us they were always included in discussions about people's care and asked their views when care packages needed altering. One relative said, "We initially had teething problems but this was soon sorted out because they continued to talk to us throughout and then made the appropriate adjustments to suit [the person]".
- People had access to a satisfaction survey; this gave them and family members the opportunity to share their views about all aspects of the service.
- Where necessary people were supported to access services and support such as advocacy to ensure their choices and decisions were listened to and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity and made sure they were clean and well-presented, and that personal hygiene was dealt with to a high standard.
- Staff ensured they delivered personal care to people in private; they knocked on doors and waited for a

response before entering people's rooms.

- Staff ensured people's confidentiality was maintained; conversations about people were kept private and only discussed with relevant and authorised others.
- Staff told us they were 'guests' in people's homes, and it was important to remember this.
- The registered manager and staff were keen to promote people's independence wherever possible. People told us they were offered choice and control over their day to day lives and were supported to maintain independence wherever possible.

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 meet people's needs, preferences, interests and give them choice and control.

- People had care plans in place, however they were not consistently recorded. Some care plans were detailed, person centred and demonstrated that the person and, if required their family had been involved in how they wanted their care needs met. However, care plans did not always contain enough information for staff to know about people's background, interests and preferences, and how they wanted their care.
- Care plans gave basic information about the person's daily routines and what care and support they needed. For example, there was no information how staff should provide pressure sore care. In another care plan there was no detail on how staff should support a person with dental care.
- However, staff knew people very well and they demonstrated this during the inspection. The registered manager told us staff were allocated to the same people and this had enabled them to recognise individual capabilities and worked on strengthening these.

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.

- Staff understood and applied the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager gave an example of how they had documented an activity planner in large print to enable one person who had reduced sight.
- Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers, daily records, phone calls and text messages. One staff told us, "The manager sometimes explains things in my language when I have not understood it well in English".

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and given to people when they started to use the service.
- Where complaints had been received in the last 12 months, they had all been investigated, responses provided, and actions taken to resolve the issues raised in accordance with the provider's policy. However, one relative informed us, although their complaint had been resolved, it had taken a considerable amount

of time for the provider to resolve the issue.

- People and their relatives told us they would not hesitate to raise any issues of concern and found the management team approachable. One person told us, "I would ring the office, but I have not had to."

End of life care and support.

- The service was not supporting anyone at the end of life stages at the time of inspection. The registered manager confirmed end of life wishes had been discussed with people and relatives where appropriate.
- The provider was aware of any specific decisions people had made should their health deteriorate and records relating to this were kept safely.
- The registered manager described where end of life support had been provided. They had worked closely with the family and health professionals and ensured the person was supported. They shared with us compliments they had received from relatives thanking them for their kindness, compassion and understanding.

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

- The registered provider's systems did not always promote person-centred and high-quality care to promote good outcomes. For example, in some records there was information that a person needed support with their personal care, but no further detail about the specific support people required. We fed back to the provider. By the end of the inspection the provider sent us evidence of improved and detailed care plans.
- The service promoted a positive and inclusive culture for people. Within the statement of purpose Alef Care Limited stated, "We aspire to create a sincere and holistic domiciliary care, excellent staff development and build communities that work for everyone".
- Peoples experience of care as described by relatives consistently detailed how the provider worked with people in an open and person-centred manner. People received support from staff who understood their needs and respected their choices.
- The registered manager spoke of the importance of people being at the centre and achieving good outcomes with people. "We put people at the heart of all we do".
- The registered manager spoke of how well they knew people using the service and how they provided direct support. "I am hands on, and I work alongside staff at the beginning of every care package. I get to understand the people's needs better and ensure the staff have the skills and knowledge to meet the identified care needs". They spoke of their training and their vision for the future which included supporting their staff to upskill to nursing level as part of their professional development and enable the provider to meet diverse health needs.
- Staff confirmed the open ethos of the registered manager and one staff member described the registered manager as, "She is very fair. She is like a friend and will do anything to support you" and another said, "She is very approachable and is always available, even out of hours".
- The providers recording systems were not always consistent in place which demonstrated the person-centred inclusive culture of the service. They were mindful of the need to ensure this supported their person-centred focus.

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; Continuous learning and improving care

- The provider was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things

go wrong with care and treatment.

- Relatives confirmed the registered manager had communicated with them to detail actions they had taken when they had investigated something which had gone wrong.
- The registered manager described how learning from incidents had driven quality improvements and one example resulted in changes to their induction of new staff and improved the care of people they supported.

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

- The registered manager had daily oversight of the service and undertook quality assurance visits to people themselves. During the visits the registered manager carried out quality audits including checks on documentation such as daily records, fluid balance sheets and care plans. As a result, they identified changes in people's needs and communicated in a timely manner with health professionals ensuring people received good quality support.
- Management systems identified and managed risks to the quality of the service and the information from these was used to drive improvement.
- The provider carried out various quality audits including care plans, medicines and infection prevention and control (IPC) .
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service.

Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals.
- The registered manager was continually looking for ways to develop and adopt best practice. As such, house training was being developed for all staff to acquire a greater understanding of pain management, symptom relief and the role of empathy toward people at the end of their life.