Construction Alliance Recruitment Limited

Care-Nursing Alliance Recruitment

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

Overall summary

Care-Nursing Alliance provides domiciliary care services to people who live in their own homes, in the Gloucestershire area. At the time of this inspection 21 people, children or younger adults were receiving personal care support from the service. Throughout the report we have always referred to the people, younger adults and children who were receiving support as 'people'.

There is a condition of registration that the regulated activity of personal care is managed by an individual who is registered with CQC as a manager. A registered manager has the legal responsibility for meeting the requirements of the law; as does the provider. There was a manager in post but the process of registering them had not been completed at the time of the inspection.

Summary of findings

People told us they felt safe whilst they were being looked after and supported by care staff. One person said that the staff used hoisting equipment properly and always used the equipment in the same way. People were protected from being harmed because risk assessments and management plans were in place to reduce or eliminate the risk. In order to safeguard people from being looked after by unsuitable staff robust recruitment procedures were followed and all staff received safeguarding training to ensure they were familiar with safeguarding issues.

People received the service they expected from care staff who had the skills and knowledge to meet their specific care and support needs. All staff received a range of training (moving and handling, safe medicine administration, health & safety, for example) but other 'person specific training' was provided to enable care staff to undertake their roles effectively when looking after people with complex care needs.

People were asked to consent to care and support before a service was delivered. A person's ability to give consent was assessed as part of the overall assessment process and where decisions needed to be made by others, best interest meetings were held with all other relevant parties. Where children were being supported, consent was provided by the parents or guardians.

Where required people were supported to eat and drink. People were supported to access health care services if needed.

People said they had good working relationships with the care staff who were supporting them and also the office based staff. They said they were treated with kindness and respect. People were involved in the assessment process and had a say about how their care needs were to be met.

Their preferences and choices were respected and they were provided with copies of their plans and staff duty sheets so they knew who was to support them.

People said the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service had a clear vision of where improvements were required.

Summary of findings

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 were supported by staff who had a good awareness of safeguarding issues and their responsibilities to protect them from coming to harm. They were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments had been completed to ensure people could be looked after safely and staff were provided with guidance about how to keep people safe.

People were supported by specific teams of staff who were able to meet their particular care and support needs. Where people were assessed as needing support with their medicines, this was done safely.

Is the service effective?

Good

The service was effective.

People said that the staff were competent in their roles. Staff received the appropriate training and support to enable them to do their job. Staff received 'person-specific training' to meet complex healthcare needs.

Staff gained people's consent before starting to provide a service and had an understanding of the Mental Capacity Act (2005). A person's ability to give consent was assessed as part of the overall assessment process.

Where appropriate people were provided with the agreed level of support to eat and drink and maintain a balanced diet. The support people required was detailed in their care plans.

People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good

The service was caring.

People told us they had good working relationships with the staff who were supporting them and they kind and caring. They said they were polite and courteous and listened to them.

People were provided with support in the way they preferred and they had a say in who looked after them. The service provided was regularly reviewed and adjusted as and when required.

Staff were 'matched' to the person being supported to facilitate good working relationships, both from a skill basis and a personality basis. This approach improved the care experience for people and enabled good working relationships to be established.

Is the service responsive?

Good

The service was responsive.

Each person being supported was provided with a service that met their needs and wishes. Assessments and care plans were personalised to each person and provided specific details about the support needed and had been agreed.

Summary of findings

People were encouraged to have a say about the service they received. They were provided with a copy of the complaints procedure if they needed to raised concerns.

Is the service well-led?

Good

The service was well-led.

People were complimentary about how the service was managed. They said the manager and other office based staff were approachable and knowledgeable about their specific support requirements.

There was a clear expectation that each person would be provided with a high quality care service that safe, effective and compassionate. People told us their views were actively sought and where changes were requested action was taken.

Measures were in place to monitor the quality of the service and plan improvements. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Care-Nursing Alliance Recruitment

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, and to provide a rating for the service under the Care Act 2014.

The last inspection of Care-Nursing Alliance Recruitment was completed on 5 November 2013. This was a follow-up inspection. At that time we found that the improvements we had required the service to make in June 2013 had been made.

The inspection took place on 4 and 5 December 2014 and was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. The inspection was undertaken by one inspector.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We sent survey forms to 22 people who received a service and 10 completed forms were returned. One other person completed a share your experience comment card on the CQC website.

We contacted 13 healthcare or social care professionals prior to our inspection and asked them to give us an overview of the service from their perspective. We invited them to tell us about positive and negative experiences in relation to the service and how it was meeting the needs of service users. We only received a response from three professionals.

During the inspection we spoke with four service users and one relative of a younger service user. We spoke with six care staff, the manager (currently awaiting the results of her registered managers application) and the managing director.

We looked at five service users care records, eight staff recruitment files and training records, staff work schedules and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People said "The staff treat me very well", "I am always informed who is coming to help me each day, so I don't have to worry about who is letting themselves in to my house", "I feel very safe with the staff" and "The staff always use the equipment to move and transfer me about safely and efficiently". The relative we spoke commented "As a family it has been very difficult to adjust to having care staff in our home 24/7, but each and every one of them have been polite, courteous and treated us well".

We asked staff about their understanding of safeguarding issues and what they might consider could be constituted as abuse. They were able to talk confidently about the subject and told us what they would do if they had any concerns about a person's safety. They said they would report to the manager or other senior staff within the office. If they had concerns at the weekends or outside of office hours there was an on call senior person available. Information was available in the office and also in each person's care file detailing how concerns could be reported directly to the police, Gloucestershire County Council safeguarding team or the Care Quality Commission if need be. Staff understood their responsibilities for safeguarding people and children. The manager had completed level two enhanced level safeguarding training in October 2014 with Gloucestershire County Council and was fully aware of their responsibilities and knew what to do if safeguarding issues were raised.

All care staff had to complete an e-learning safeguarding adults and children training programme before being able to visit people in their own homes. Staff also attended a half day training course with Gloucestershire County Council. The manager told us it was their aim for all office based staff to complete the level two safeguarding training in addition.

Both the safeguarding adults and child protection policies had been reviewed in November 2014 and copies of the policies were placed in each person's care file. People who were supported by the service and their relatives were provided with information about what to do if they were unhappy about the way care staff responded to them or treated them. Staff also had access to procedures and reporting protocols if needed.

Seven safeguarding concerns had been raised by the service in the previous 12 months, where people they were supporting had made allegations about an event or a previous event. The appropriate actions had been taken in all instances and supported the fact that the staff knew what to do to safeguard people from further harm. One safeguarding concern had been raised by the local authority in respect of 'crisis care' they provided, but the service had worked well with the safeguarding investigation team to address the issues raised.

As part of the assessment process when setting up the service, an environmental risk assessment was undertaken and included the exterior and interior of the home. These assessments had not included the presence of pets or 'other people' within the home and we raised this with the manager. When we returned to the office on day two, the risk assessment form had been expanded to include these items. Staff told us they were expected to report any safety concerns in people's home and were clear on how to report and record any accidents or incidents that occurred.

Where people were supported to move about or were transferred from one place to another using equipment, a moving and handling risk assessment was completed. Those we saw were very detailed and provided specific information about what equipment was needed and how particular tasks were to be completed. Staff told us the information in these assessments were sufficient to ensure that they knew how to undertake tasks safely.

Personnel files of recently recruited staff were checked. We did this to see if safe recruitment procedures had been followed before they were employed. Each file contained an application form, at least two written references (work related and character references) and evidence of the person's identity. Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks had been carried out for all staff. Where appropriate Home Office right to work documentation was in place. These measures ensured that only suitable staff were employed.

A business contingency plan was in place and the manager kept this under constant review. The plan set out arrangements during failure of the IT systems, pandemic flu, adverse weather conditions, or any other events that could disrupt the safe delivery of the service.

The service employs 75 staff and support 21 people with personal care tasks. Twelve other people were supported

Good

Is the service safe?

with domestic tasks and do not come within the remit of the registered part of the service. There were two care coordinators each with specific job roles. Of the 21 people supported, 15 had large packages of care. Teams of staff were employed to meet those packages of care. Requests to support new people were only taken on when there was staff availability to meet their needs. People told us that the staff were available to support them with the tasks stipulated on their plans, and also confirmed that they were allocated a regular team of staff. There were sufficient numbers of care staff to meet people's needs safely. Where people needed two care staff to meet their specific needs, two staff were always allocated.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to ensure they received their medicines safely. Before people could be supported with their medicines an assessment and agreement was made about the level of support needed. Care staff received safe medicine administration training prior to being able to support people with their medicines and then had competency assessments to ensure they were safe. Staff we spoke with confirmed that training and competency assessments were carried out.

People retained responsibility for their own medicines where possible, or were supported by family members but care staff supported them where this had been agreed. Care staff were provided with information about the medicines people were taking and how to administer them. Care plans we reviewed contained information about the level of support required. For one person the support they required was the application of a topical cream on a daily basis. Staff completed medicine administration record (MAR) charts after they had applied the medicine. Where the person needed support with specialist tasks, for example administering medicines via a gastrostomy tube (a tube that is inserted directly into the stomach and is used to deliver medicines, food and fluids), training was delivered by a healthcare professional.

Good

Is the service effective?

Our findings

People said "The staff do all the tasks on my care plan and more. They look after me very well and always go the extra mile", "I was fully involved in setting up the precise support I need and the service deliver that service", "Care-Nursing deliver exactly what they said they would. We have had other care agencies, and they constantly let us down. Care-Nursing are very reliable" and "I would not be able to manage at all if it wasn't for the care staff who come and help me".

Staff talked to us about the people they were supporting and were knowledgeable about their individual preferences and daily routines. People were looked after by staff who were familiar with their needs. The office staff and the manager were also able to tell us about the people being supported which showed they understood the complexities and requirements of each of the care packages.

People were supported by staff who were appropriately trained. Staff said they received all the training they needed to prepare them for the job. One staff member said this was their first care job but they had been well supported when they started with the service. Staff completed an induction training programme when they first started working for the service. The induction programme consisted of a mix of e-learning training programmes, DVD's to watch, competency checks and practical teaching sessions.

There was an ongoing training programme each staff member had to complete in order that their work practice remained up to date and their skills were in line with current best practice. Training records showed that staff had received a range of training appropriate to their role. Some of the training was completed by all staff, for example health and safety, moving and handling, first aid, safeguarding adults and children and safe medicines administration. Other 'person specific' training was arranged in order to equip care staff with the required knowledge and skills to meet people's needs. Staff were encouraged to complete diplomas in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). Records showed that of the 75 staff team, 15 had a level two NVQ, 12 had level three NVQ and nine staff were working towards either level two or three. In addition four staff were also working towards their nursing degrees and one staff member had a level four NVQ Award.

Staff were well supported and had a regular supervision meeting with a senior member of staff (either the manager, care coordinators or senior carer). Team meetings were also held between the care staff who supported individual people. Records confirmed these arrangements. Annual performance appraisals reviewed staff members training and development needs.

Staff gained people's consent before starting to provide a service and people said they were always asked to agree to care and support to be provided. Mental Capacity Act 2005 (MCA) training was included in the mandatory training that all staff completed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. A person's ability to give consent was assessed as part of the overall assessment process and where decisions needed to be made by others, best interest meetings were held with all other relevant parties. Where children were being supported, consent was provided by the parents or guardians.

People told us the timings of their calls had been agreed, there was sufficient time for the care staff to complete their tasks and that care staff stayed the expected amount of time. Staff told us there was enough time allocated to care visits to enable them to deliver care safely. At the time of our inspection care packages ranged from a half hour per week to 24 hours per day, seven days a week.

The level of support a person required to eat and drink would have been agreed upon in the assessment process and detailed in their care plan. People may be provided with support to prepare meals, supported to eat their meals or supported with their enteral feeding plan (food and fluids provided by a gastrostomy tube directly into their stomach). Staff reported any concerns they had about people's eating and drinking needs to the manager and healthcare professionals.

People were registered with their GP surgery. Staff supported them to attend the GP surgery or other healthcare visits if this level of support had been agreed as part of their care package. Where people were also supported by other health and social care professionals, the staff team worked alongside them to make sure people were well looked after. Staff told us they worked with other care agencies, specialist nurses and therapists to meet people's healthcare needs.

Good

Is the service caring?

Our findings

People told us “The staff are really nice, I have my set routines. I feel in control of the service I receive and the staff respect my views”, “My main carer is exceptionally good”, “I have a team of staff who look after me and they are all so caring and kind” and “I feel as if the staff genuinely care about me, as if I am a relative”. The relative we spoke with said “The staff are absolutely brilliant. They are very sympathetic when X is having a bad day”.

People (or their families) were involved in the assessment process and had a say in how they wanted to be looked after. The care package provided to each person was based upon their specific identified needs and was person-centred. Service planning took account of the person’s wishes and needs and when requested, was flexible in order to accommodate any appointments and social outings. The views of the person receiving the service were respected and acted on and where appropriate. Those people who were supported by two care staff for personal care tasks told us that they decided who the lead member of staff was per shift.

Each care package was fully reviewed on a yearly basis but also, as often as necessary to ensure each person received a service that met their needs. The service aimed to match the people they supported with the ‘right’ member of staff in order to facilitate good working relationships, both from a skill basis and a personality basis. They found that this approach improved the care experience for people and enabled good working relationships to be established quicker.

We spoke with some of the people who were supported and it was evident they had positive working relationships with the staff team who supported them. One person said “I have a regular team of carers therefore I have consistent care. I am involved in any reviews and I am listened too”. One of the coordinators told us it was important for them to fully understand each package of care in case they were needed to step in and fill any shifts.

People supported by the service were treated as individuals and said they were treated with respect and dignity at all times. Staff told us that when they were supporting people out in the community they did not wear their uniforms as this had been requested by the person. Staff knew the people they were looking after well spoke about them with genuine care. People were asked by what name they preferred to be called and this was recorded in their care plan.

The service provided to each person was person-centred and based upon their specific needs. Service planning took full account of what the person wanted and the skills that the staff team needed in order to be able to care for them. The views of the person receiving the service were respected and acted on. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning the care delivery arrangements.

Office based staff communicated effectively with each person who used the service. People told us that they always knew who was going to support them and told us “We are sent duty sheets that tell us who is coming and when”.

Good

Is the service responsive?

Our findings

Before people received a service from Care-Nursing Alliance a full assessment of care and support needs was undertaken and information gathered from all other health and social care professionals who were involved in the persons care. Due to the complexities of the packages of support for some people, care staff may start to work with people whilst they were still in hospital, working alongside hospital staff and getting to know how to look after the person. One person told us there was 'an overlap and handover' when their care was being transferred from another care provider to Care-Nursing Alliance.

People told us they received the service that had been agreed, either during the initial assessment meeting or during their care package review. People said "I get the help I need and the care staff can be flexible and accommodate any appointments or changes when I need it", "Before the service started the manager visited me and asked me lots of questions about the help I needed. We then decided how I wanted to be helped" and "I am fully involved in having a say about the service I receive. I decide who is going to be number one carer each day. Each carer has specific tasks to do per shift".

We looked at the care records that were kept in the office and also in people's homes. A full assessment of the person's care and support needs had been carried out and formed the basis of their plan of care. The care plans and the timetable of support had been agreed and signed by the person or their representative. The care plans were well written and informative and detailed how the planned care was to be provided. For those people with very complex care needs their care plans were extremely detailed and provided specific information about the care that had to be provided. People had copies of their care plans and risk assessments in the care files in their own homes therefore knew what service to expect.

The care plans reflected people's care and support needs and provided an accurate picture of the person's needs. People were asked about their preference for the gender of staff who supported them. One person said "I only want male staff to help me. The manager knows this and my wishes are respected".

Care plans and the support provided were fully reviewed on an annual basis. However to ensure that people received the support they needed, when people's needs changed, the manager would visit and discuss the changes in service delivery that were required. One person told us they had asked to have their care package reviewed because their health had deteriorated and they needed more help. Arrangements for this review to take place were already in hand.

People were given a copy of the service user guide, key policies and the complaints procedure. People told us that they felt able to raise any concerns they had with the staff and that they were listened to. One relative told us "Any problems we have had have been addressed sympathetically and quickly" and one person said "If we raise any issues the staff act quickly and listen to us".

Good

Is the service well-led?

Our findings

People said "Care-Nursing Alliance is the best care agency I have used", "The service is very well run and is very efficient", "I only have praise for the service. The timekeeping is good, I have never been let down and I could not say what they could do better" and "Exceptional – right from the managers to the care staff". The relative said "Although this is a business, it is run with integrity and with the philosophy of providing the best and most appropriate care for people".

Staff said that the service was well-led and the manager was approachable, knowledgeable about care services and had high standards. Comments that staff made include "The manager's really know their stuff", "I can phone any time or call into the office for advice. I never have to feel unsure about anything" and "Excellent manager. The office staff are very efficient and helpful too".

Office staff included the managing director, the service development manager, the recruitment & training manager, the care manager and two care co-ordinators. Care co-ordinators organised the day to day service provision and had an excellent knowledge of each person's needs and requirements. One of the care coordinators 'stepped in' to cover last minute staff shortages in order to provide continuity of care for complex care packages.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was shared between a number of key senior staff. We found there was a good level of management support to enable the service to be run well.

Staff told us that they were able to question the managers about matters and could raise concerns if need be. Staff said they were listened to and their views and opinions were valued and respected. They told us there was a whistle blowing policy and there was an expectation that they would report any bad practice.

Staff meetings were held regularly and tended to be 'client specific' because individual people were looked after by a team of staff. Feedback from staff about how things were going and suggestions about meeting people's needs was encouraged. Staff said they were listened to and any suggestions they made about how best to work and the duty rotas was listened to.

In the PIR, the manager told us about the clear visions and values of the service and that all staff were expected to work within these values. The main vision of the service was that each person had a right to receive safe, effective, compassionate, high quality care. They told us they "encouraged continuous contact with clients – we welcome feedback and respond promptly to their requests. We carry out formal reviews of care plans to ensure we are consistently meeting the clients ever changing needs".

A range of different measures were used to assess the quality of service provision. These included spot checks of care staff work performance and 'client satisfaction' regarding the care staff who support them. Also care staff supervisions and appraisals, auditing of the daily records maintained by the care staff and an annual quality assurance questionnaire. The last questionnaire was sent out in September 2014 but only 10 of 32 forms were returned. The manager analysed any accidents or incidents forms completed and complaints received and looked for trends. This enabled them to make improvements and prevent reoccurrences. The service had received four complaints in the last 12 months and each had been resolved within the 28 day period stipulated in the complaints procedure. Appropriate action had been taken as a result of each of the complaints.

The service had a clear plan of improvements and this was referred to in the PIR. This included a revamp of their quality assurance questionnaire and an overhaul of their website. The service were also looking to introduce regular telephone calls to people being supported, asking specific questions and getting instant feedback of people's experiences. The website will incorporate a facility to enable staff, health and social care professionals and people being supported to feedback online, on areas where service delivery could be improved.

The manager shared with us the full improvement plan dated November 2014 to 2015.The plan included details about the improvements they planned to introduce in the next 12 months to make the service safer, more effective, more caring, more responsive and better led. Examples included an increase in the number of office based staff who would attend the local authority safeguarding adults and children training, measures to reduce staff turnover, update to the staff handbook and clearer monitoring of training evaluation forms.

Good

Is the service well-led?

The manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the beginning of 2014 the only notifications that had been sent were in respect of safeguarding concerns that the service were raising on behalf of people they were supporting.

All policies and procedures were reviewed annually and updated where necessary. Key policies were included in the staff handbook or copies of specific policies were distributed out to staff as required. Examples of key policies included safeguarding adults and children, confidentiality, failure to gain access (where care staff have not been able to gain access when and service user personal finances policy.