

Alliance SC Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Alliance SC Ltd. is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection five people were receiving personal care.

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

People's care plans and risk assessments were not always updated in line with the timescales set out in company policy or when their needs changed. For example, one person's risk of choking had recently increased but the care file had not been updated. No negative impact was found because the person was satisfied with their care and the small staff team knew the person's care needs very well.

Systems were in place to monitor the quality and standard of the service, but these needed to be further embedded. Some audits were taking place but not on a regular basis which meant there was limited assurance that care was being delivered effectively and as planned.

The systems around the administration and recording of medicines needed to be strengthened. There were no protocols in place to support the administration of 'as and when required' medicines. Most people managed their own medicines or received support from their families.

There was one person living with dementia whose mental capacity was variable. Although staff were aware of how to best support the person with choices and decision making there was no specific MCA tool being used in the care file to assess decisions and provide guidance to staff. The registered manager planned to get this in place promptly.

Staff understood safeguarding procedures and had received training in recognising the signs and types of abuse. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care needs and people usually received care at the agreed times. Good infection control practices were in place.

People's care records contained clear information covering all aspects of their care and support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to access health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships

with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was also the provider and they were passionate about delivering good quality care to people. The registered manager was aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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.

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

This service was registered with us on 20 November 2018 and this is the first inspection.

Why we inspected

This was a planned first inspection of the service.

Enforcement

We have identified a breach in relation to good governance of the service. There were limited quality assurance and audit processes in place. We could not be assured the registered manager had effective oversight of all aspects of the running of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alliance SC 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. The registered manager was also the provider. This means they 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 someone would be in the office to support the inspection.

Inspection activity started on 4 November 2019 and ended on 12 November. We carried out phone calls to people, relatives and staff on 4 November and visited the office location on 7 November 2019. The registered manager was not present on the day of the office visit so follow up discussion with the registered manager took place on 12 November.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team leader and care staff.

We reviewed a range of records. This included five people's care records. We also examined records in relation to the management of the service and four staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included viewing training records, policies and procedures and quality assurance documentation.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care and risk support plans informed staff how to provide care that reduced known risks. However, one person recently had a social care review which noted their risk of choking had increased. Their care and risk support plan had not been updated to say what that meant for the care being delivered and what actions staff needed to take to keep them safe. However, the person was very satisfied with the care they received, and staff were aware of what they needed to do to care safely for that person.
- Although risk assessments were not always reviewed within the timescales set out in the policy of the service we found no negative impact had been caused to people receiving care.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Using medicines safely

- People were supported with their medicines by trained staff. However, one person received medicines which were administered 'as and when required'. This was not in line with company policy which stated that staff should not support people with over the counter medicines. There were no protocols in place to advise staff when people should be supported to receive those medicines. This meant people were at risk of being given medicine when they should not have been, particularly if their mental capacity was variable.
- Medicine administration records (MAR) were used to record when people received their medicines, and these were seen to be dated and signed.
- Most people managed their own medicines or had support from their families to do so.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- In some staff files there were gaps in information such as a lack of employment history and medical declaration form. However, we saw that recruitment processes had evolved and there were no gaps in the files of staff who had been recruited more recently.
- People and relatives told us they felt there were enough staff working for the service. One person said, "They come on time and stay for the allotted time and sometimes a bit longer." Staff confirmed they had enough time to travel between calls.

Learning lessons when things go wrong

- The service had processes in place to record incidents and accidents. However, we found that one person recently had a guided fall in their home when carers were present, but this had not been recorded on an incident form. This meant that the opportunity to learn from this and for the staff team to consider how to reduce the risk of this happening again had not been used effectively.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that came to support them. One person said, "I feel secure, and I feel safe."
- The provider had systems in place to safeguard people from abuse.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- People and staff told us they used personal protective equipment (PPE) when providing personal care to people which included gloves and aprons.
- Staff were trained in infection control. People and staff confirmed PPE supplies were kept in people's homes.

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 as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- There was one person living with dementia whose mental capacity was variable. Although staff were aware of how to best support the person with choices and decision making there was no specific MCA tool being used in the care file to assess decisions and provide guidance to staff. The registered manager planned to get this in place promptly.
- There were no Court of Protection Orders in place for anyone at the time of the inspection.
- Staff had attended training to learn about the MCA. Staff demonstrated they understood the principles of the MCA, supporting people to make choices.
- People, or their representatives where appropriate, had signed and consented to the care and support to be provided.
- People were supported in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing experienced staff members. Mandatory training included safeguarding, medicines, moving and handling and infection control.
- Further training was provided to refresh staff knowledge and learn new skills when required. For example, staff undertook specialist training to support people's specific health conditions.
- Staff confirmed that team meetings took place and staff attended supervision with the registered manager. A system was in place for staff to attend an annual appraisal.

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

- Some information was included in people's care plans as to people's preferences, dietary and support needs in relation to eating and drinking. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- People told us they were supported by staff to ensure they had a suitable diet. One person said, "They make sure I'm comfortable, they give me my food, make sure I've got a drink. Basically, everything they should do and other things besides."

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, and physiotherapists. One person told us, "They check my skin every morning. I had a mark on my skin one day, they said they would ring the nurse or GP but I was home all day, so I was able to do it myself."
- Staff had a good knowledge and understanding about people's healthcare requirements.

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 were well cared for and treated with respect and kindness.
- One person said, "I have never met such a bunch of lovely people, they are so bright eyed and bushy tailed at seven in the morning. They make me feel like I'm the most important person, every time they come I feel like that. They had to come back this morning to check everything was ok. I have never known a company so caring." A relative commented, "At the moment I wouldn't want to swap the care we've got. There are people there I've got complete trust in. You don't need anything more than that."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us that staff read the care plans, so they were aware of people's needs and able to assist them in the way they wanted. One person said, "I have a care plan in my house, but the manager gets staff up to speed before they get to me, so they know what to do."
- Care plans were not always updated within the timescales stated in policy of the service, but we did not see any negative impact caused by that. Staff worked alongside people and their families to ensure that people were involved in making decisions about their care.
- The service worked flexibly with people to make adjustments when needed. One relative told us, "We have worked with the manager to adjust the timings a bit, it takes a bit longer for [relative] to eat, they have combined two calls in the morning so they can spend better time with [relative]. We find it better now."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "They cover me up, it's dignified when they do it [personal care]." People and staff told us that staff asked for consent before giving care to people.
- People's independence was promoted. Staff followed people's requests and preferences. One person told us, "They help me stay as independent as I can, they take me into the garden in summer. Realistically there's not much more they can do." A staff member said, "We will usually do most things for (person's name) but we encourage them to do things for themselves. This morning they walked to the bathroom for a shower. It was very rewarding to see that."
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. For example, "Allow (person's name) some privacy on the commode, they will call you. Support with full body wash allowing (person) to do as much for themselves as they can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans. Care plans included details of what tasks should be delivered during each visit. This meant people received personalised care.
- Staff had built positive, professional relationships with people. Staff had a good understanding of people's needs and their individual preferences. Staff worked together well to deliver personalised care. One staff member said, "There is great communication in the team, and good teamwork."
- People were supported with things that were important to them. One relative said, "Another nice touch was that one of the carers had some training in hair dressing, they trim [relative's] hair now and again which is nice." A person told us, "The manager took me to a concert once. That was going over and above, it was really nice of him."

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.

- Information could be made available to people in other formats, such as easy read or large format, as required. Several languages were spoken within the staff team which could be used to assist people as necessary.

Improving care quality in response to complaints or concerns

- During the inspection, one person raised some issues they wanted to be addressed. The team leader and registered manager responded immediately to look into the matters raised and took follow up action promptly.
- There was a complaints procedure in place so that complaints could be addressed in accordance with the provider's policy. The Service User guide, kept in people's homes, set out the complaints process and also how to escalate if they felt the complaint had not been resolved satisfactorily.
- People, relatives and staff told us they felt confident that any issues raised would be dealt with. One person told us, "If anything crops up they will sort it out."

End of life care and support

- There was no one at the time of inspection receiving end of life care.
- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes.
- Care plans did not show that people's end of life wishes had been explored, or whether they had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decision in place. This could be an area for development so that people and their families could be supported to openly discuss their end of life wishes if they wanted to.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although the registered manager had a good overview of people's needs, the systems in place to monitor the quality and standard of the service needed to be strengthened. There was little evidence of regular audits being undertaken. For example, audits would have identified reviews of care plans and risk assessments being out of timescale, overlaps in the recording of call times and the recent guided fall not being recorded fully. Also, a lack of regular audits of daily notes, MARs and monitoring charts meant the provider was not checking that the care was delivered as planned and identifying any arising issues.
- Staff competency checks, spot checks, supervision and appraisals were taking place but there were limited systems in place to ensure these were regular and any identified actions were followed up. This meant there was reduced oversight of issues around staffing.
- The registered manager was aware of the events and incidents that the CQC should be notified of.
- A comprehensive set of policies was in place. Key policies had been identified for staff to read as part of their induction process.

These shortfalls constitute a breach of Regulation 17 of the Health and Social Care Act 2008 – Good governance.

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

- Feedback was sought from people, relatives and staff via surveys, but it was not clear how the information was reviewed and used. The process could be developed so that it was more effective for making improvements in the overall service for staff and for people receiving care.

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

- The registered manager was also the provider and was passionate about delivering good quality care for people in their homes. People and relatives had confidence in the registered manager. One person said, "Absolutely brilliant. How they're run, nothing is too much trouble for them. To be honest, they came to us recommended, and I have recommended them to other people."
- Staff put people at the centre of the service and provided good quality care that focussed on people's

immediate needs. A staff member said, "They put the customer first. The service cares for people like they are family. I recommend this as a place to work." Another said, "The manager is approachable, he aims to do things to a high standard, a quality way. He expects us to do things the right way. We aim to give the best standard care."

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

Continuous learning and improving care

- The registered manager was keen to take on board feedback and learn about areas of development in order to drive improvements of the service.
- Staff felt able to raise issues or make suggestions to improve the service. One staff member said, "If we have any concerns we feel free to let the manager know. If there is anything to improve, they listen to us."

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals and responded to people's changing needs. This included accessing specialist training to ensure that people's healthcare needs could be met. However, record keeping needed to be strengthened to ensure that updates from other professionals, and what that meant for people's care, was reflected in the individual care files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 – Good governance</p> <p>The provider failed to ensure they had established effective systems to assess, monitor and improve the quality and safety of the service provided to people.</p>