

Alliance Living Care Ltd

# Alliance Living Care - Tamar Court

## 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

Alliance Living Care - Tamar Court is a domiciliary care service providing support for people living in extra care housing. People receiving the service lived in their own flats in a purpose built complex. At the time of the inspection the service was providing personal care for 39 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.

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

At the time of the inspection nobody was receiving end of life care. We found people's care plans did not include personal preferences and wishes if they should need end of life care. We recommended that the provider seek guidance on how to record people's personal wishes for end of life care.

People received care and support that was safe. The provider had a robust recruitment programme, which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in recognising abuse and how to raise concerns. We found two care plans did not contain enough guidance for staff if they needed to manage a specific health related crisis. We raised this with the registered manager who reviewed the care plans immediately.

People were supported by a consistent staff team whom people knew well. Staff received mandatory training as well as training specific to people's individual needs. Staff demonstrated a good understanding of people's needs and how they preferred to be supported.

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 were supported by caring staff who respected their independence and supported them with dignity and respect. People told us staff were caring and often went above and beyond what was expected of them. For example, staff sometimes stayed late to ensure people could be supported to go to activities organised by the residents committee.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good

practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People and staff spoke positively about the registered manager. Staff said they were valued and supported by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was good (published 12 July 2018). However, we found one breach of the regulations in the safe domain. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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.

# Alliance Living Care - Tamar Court

## 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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 used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager, team leader and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection we found medicines were not always managed safely. Records did not always show when people had received their medicines and the charts to record creams and lotions had not always been completed.
- At this inspection we found medicines and the recording of lotions was being managed safely. People received their medicines at the correct time and all records were completed correctly.
- Where people required medicines at a specific time visits to people were arranged to ensure they were given at the right time to remain effective.
- People were responsible for ordering and storing their own medicines. Where necessary staff prompted people when medicines needed reordering.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse. One staff member told us the safeguarding training had been part of their initial induction. Another staff member said they were confident they could speak to any senior member of staff if they had concerns.
- People told us they felt safe with staff who visited them. One person said, "I do feel safe living here and I know I am safe in their hands."

### Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of control measures staff could follow to keep people safe. Risk assessments in place helped ensure people were cared for safely.
- The care plans for one person with diabetes, and one person with a history of seizures in the past did not have specific information for staff on how to manage in a crisis. However, staff were able to demonstrate they were aware of the relevant signs and symptoms and how to manage a potential crisis. We discussed this with the registered manager and they had added the information to the care plans before the end of the inspection.
- All equipment used by people, such as hoists and stand aids, was assessed and dates for safety checks were recorded.
- Risk assessments were also in place to ensure staff safety, for example if a person had a pet on the premises.

### Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.
- There were enough staff to meet the needs of the people. The registered manager told us they had experienced some shortage of staff but had been able to use the organisation's community staff to ensure people's needs continued to be met. The provider was actively recruiting staff. The number of care workers employed depended upon the number of hours commissioned from the local authority and private customers.

### Preventing and controlling infection

- Personal protective equipment such as gloves and aprons were provided, and staff used them appropriately. One person said, "I see them put their gloves and aprons on straight away, they are very good at that."

### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time and any contributing factor related to any accident or incident was considered to establish patterns and monitor if extra support or a change was needed.
- Learning was shared with staff during staff meetings, or during a one to one meeting with team leaders.



# 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 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's needs were assessed before they received a service. This was often before the person moved into the extra care complex. Where appropriate, families were involved in planning and agreeing the level of care and support people needed.
- Following the assessment, a full plan of care was put together with the person or a family member if necessary.
- People told us how they had been involved in the initial assessment. One person told us they thought it had been, "Very thorough."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in their care plans.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "The induction was quite intensive, and we did all we needed to do before we started the hands-on work."
- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs.
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred.

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

- Most people either managed their own nutritional needs or went to the communal restaurant for a cooked lunch. Where necessary, staff supported people to go to the restaurant or if they wanted the meal in their own flat staff took it to them.
- People told us staff always made sure they had a drink and snack to hand before they left.
- Where necessary, staff recorded how much people had eaten and drunk in people's care plans. This meant the information was available for other staff who visited the person or their relatives.

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

- Most people managed their own appointments with healthcare professionals. However, staff told us they would highlight any concerns to senior staff and would telephone for professional support if they were concerned.

- The service worked closely with other health care professionals to ensure effective outcomes or people. For example, they liaised with the community nursing team when necessary and helped people attend appointments if they required the support.

#### 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.

- At the time of the inspection nobody receiving care or support was being deprived of their liberty under the Court of Protection.

- Staff were aware of how to support people who lacked the capacity to make decisions. At the time of the inspection all the people they supported were able to make informed decisions about their care and support.

# 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 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

- Staff had built lasting relationships with people and greeted them warmly. However, one person told us some staff had left and they had needed to get to know, "New faces." One person told us, "I know most of the staff now, all by their first names. Like having a family member on the doorstep when you need a bit of extra help."
- Most of the people we spoke with said they received care and support from a consistent and regular team of staff. One person said, "We see the same staff most of the time, but they have employed a few new ones recently and they just need to get to know us, they [care workers] are all very nice and know what we need."
- People spoke highly of the care workers. One person said, "They [care workers] are all very good, some go above and beyond. Always time for a chat even though I know they are very busy."
- Everybody spoken with said that staff usually arrived on time, and always stayed the full length of time or sometimes longer. However, one person said, "I do sometimes get frustrated when they are later than the timetable says. I know it is not the girl's faults, sometimes they have to pick up other work when someone rings in sick."

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

- Staff enabled and actively supported people to make decisions about their care and knew when people wanted help and support. One person told us, "I like the fact I am still in control. I live in my own flat and we have agreed what support I get and when I get it. I have looked at all the paper work, discussed it and agreed with what it says."
- People could also be involved in a resident's committee. Although this was not part of the service provided by Alliance Living Care, people were supported to attend if they wanted to and comments raised at meetings could be feedback to the care manager.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care. One person also told us how important it was to them that they could remain independent. They said, "I am determined I am going to remain as independent as possible for as long as possible and this seems to be the best option to manage that."

# 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 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

- People received care and support from staff who understood their needs, preferences and interests. Staff gave people choice and control. People told us, "I am the boss", "I keep a close eye on my care," and "I always have a choice and they ask everyday how I would like things done."
- Because there was a consistent staff team and care workers regularly visited the same people, they knew their likes, dislikes and preferences. They used this knowledge to care for people in the way they wanted.
- All the care plans reviewed were written in a person-centred way. They contained clear guidance and instructions for staff about how to meet the needs of the person. People told us staff looked at their care plans regularly. The service was in the process of transferring care plans to an electronic system which would enable staff to look at any records before the visit. This meant staff would know of any changes before they started to provide any care and support.
- Care plans included a section called, "My instructions in case I am ill." This told staff if people wanted to remain at home or go into hospital and who they wanted informed.

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 information and communication needs were identified and recorded in their care records. If people needed support with information in alternative formats this could be arranged.
- Staff supported one person with understanding letters from healthcare professionals as they were unable to read them for themselves.

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

- Arranging activities and entertainment was not part of the regulated activity the service provided. However, staff did support people to go to activities run by the resident's committee if they needed it. One person also told us how staff would take them shopping or out for a meal if they asked.
- One person's care plan clearly stated they required staff support to join in activities to, "Reduce the risk of social isolation."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people in their care plans, and on communal

notice boards.

- People said they were happy to raise concerns or complaints if they needed to but told us they did not have any complaints. One person said, "I can always talk to [team leader] or [registered manager] as she is always about. They are all very nice and easy to talk to."
- Complaints and concerns had been reviewed and action taken. The registered manager had responded to people's concerns within the time scales of their policy and procedure and learning had been put in place.

#### End of life care and support

- Nobody was receiving end of life care at the time of the inspection. Care plans included peoples wishes for resuscitation and whether they wanted to go into hospital or not, but they did not include specific personal wishes or cultural/religious needs.

We recommend the provider looks at current best practice guidance on recording people's wishes for end of life care and support.

# 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 good. At this inspection this key question remained the same. 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

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. This could be seen in the way people were involved in their care.
- Personal comments in care plans showed staff involved people and the records were about them as individuals.

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 and provider promoted the ethos of honesty, 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.

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

- The service was well managed. Staff at all levels were aware of their roles and responsibilities. An on-call system was available for people living in the complex as staff were provided within the building over 24 hours. An on-call system was in place for staff working outside of office hours, so all staff could contact a manager at any time for advice and support.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. One person told us, "They have a rating system so when things go wrong they prioritise the most needy. I am near the bottom as I can manage for myself. If I need to I know I can use the alarm."
- Staff and people spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and development of the service.
- People said they saw the registered manager regularly and knew her well. One person said, "You can talk to [registered manager] any time she is always around."
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings and unannounced spot checks [when providing care] by team leaders.
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

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

- People and their families could comment on the service provided. The registered manager carried out satisfaction surveys. Comments were largely positive. Where issues had been raised action had been taken and fed back to people or their relative.
- The outcome from surveys included a "What can we do to improve plan?" From this the service had developed brochures and pamphlets for people and included information in care plans of services available for people or their main carer.
- People were also assisted to attend meetings run by the resident's committee when feedback could be given on care and support provided.

Continuous learning and improving care

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.