Alliance Care and Support Limited

# Alliance Care and Support Ltd

## Inspection report

17 Faraday Close
Clacton On Sea
Essex
CO15 4TR

Date of inspection visit:
14 September 2016
16 September 2016

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30 November 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

A comprehensive, announced inspection of took place on the 14 and 16th of September 2016. We gave the provider 48 hours' notice so that we could be sure that someone from the service would be there to greet us.

Alliance Care and Support Limited provide a variety of care and support to people in their own homes. This includes supporting people with personal care needs, shopping, cooking, and companionship. The service also provides 24-hour care within people's homes, provided by small staff teams doing shifts.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been rated as Good in each of the five domains, with an overall rating of Good.

The registered manager and management team communicated appropriately with other organisations and within the guidance set out with the Registration Act 2009.
The service provided safe care. People using the service could be assured that staff had been through a rigorous employment process and had been safely recruited. People using the service could be confident that care staff had been trained to meet their needs safely and in a timely way.

Care practices were monitored through regular observations, and when needed care workers would receive additional training. Comprehensive risk assessments clearly identified to staff how to manage people's risks safely whilst promoting choice and independence.

People who use the service described care staff and managers as kind and caring. Care workers knew people's individual, diverse cultural, religious and gender needs and preferences. Rotas were organised so that people received care from staff that they had been able to develop positive relationships with people.

The service had a system in place that gave a comprehensive overview of care provided each day. Consequently, they were able to ensure that people did not receive a missed visit, inform, and support people if staff were running late due to unforeseen circumstances. People received care for a core care team of staff who knew their needs. They received a weekly rota so that they knew which staff would be coming for each visit. People told us that this was hugely reassuring.

When people's needs changed, care workers would notify the registered manager and communicate with other health professionals in order to ensure people received the right care and treatment.

The service was run effectively and had good governance systems in place to ensure the quality of care provided was safe, effective and responsive to people's needs.

## 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

A robust recruitment system in place that ensured that the people received care from appropriately trained staff.

Care workers understood safeguarding procedures and were proactive in keeping people safe.

The service carried out appropriate risk assessments to keep people safe that enabled staff to identify changes to risk.

The service managed medications safely.

### Is the service effective?

Good

The service was effective

Staff were trained and competent to carry out care tasks.

Staff had a good understanding of mental capacity and consent.

Consent to care was documented within individual care plans and in care notes.

Staff would provide people with home cooked meals of their choice.

### Is the service caring?

Good

The service was caring

Care workers were described as kind and caring by people who used the service.

People received person centred care that met their preferences.

Staff treated people with respect and dignity.

### Is the service responsive?

Good

The service was responsive

Care plans were very good, and gave staff the information they needed to deliver person centred care.

People received care from staff that they knew and weekly rotas so they knew which members of staff would be coming to support them.

Staff made appropriate referrals to other health professionals if a person had deteriorating health concerns, or additional needs.

## Is the service well-led?

Good

The service was well-led

The service had an open culture and staff and people using the service felt they could raise concerns.

A good system was in place for the management team to monitor and oversee that care provided was given when needed.

The registered manager and senior care team was visible and approachable.

Senior staff carried out regular care observations to ensure the quality of care provided.

# Alliance Care and Support Ltd

**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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14th and 16th of September, 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection, we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events, which the provider is required to send to us by law.

During the inspection we visited the service's office, visited six people, spoke with six people on the phone, six people's relatives. We also spoke with the registered manager, training facilitator, and five members of care staff.

During the inspection we reviewed 12 people's care records and records in relation to the management of the service and the management of staff such as recruitment, supervision, medicines administration records, and training planning records.

We looked at six staff files and training files to ensure that staff had been safely recruited and trained. We also looked at the services incident-reporting book, consequent investigations and any complaints that the service had received, and spoke with three health and social care professionals who had contact with the service and people who used it.

Good

# Is the service safe?

## Our findings

Recruitment processes at the service were good. Potential staff had to provide background checks into criminal records and two satisfactory references before they could work alone with people who used the service. This meant that staff were safe to support vulnerable people.

All staff were trained in safeguarding vulnerable children and adults. The registered manager had systems in place to ensure that staff remained up to date in training and received regular updates. Care workers had a good understanding of safeguarding procedures. We saw that the service considered risks to people and had made appropriate safeguarding referrals.

The service had a robust out of hour's system in place to support people. Contact numbers for this service were at the front of each person's care folder, along with other emergency numbers that people might need. The senior management checked all on call entries at the start of each day to ensure that staff had the information they needed about changes to peoples care.

There was a wide range of detailed risk assessments in place, including environmental risks of a person's home, as well as their physical and mental health risks. These assessments also considered things that staff should look/ observe for. For example, when caring for people who needed oxygen treatment, the type of symptoms they should observe for that might indicate if a person was becoming unwell. Medical histories documented clearly information that staff needed to support people, and was set out in a person centred way so that staff managed risks in line with people's wishes and preference.

People with complex individual needs were supported safely. Care notes in people's homes, care plan interventions and in interviews with staff and people who used the service demonstrate staff were adhering to people's care plans and using information outlines in risk assessments to mitigate potential risks. One person told us, "They always look at my notes and care plan when they get here, just to see what's happening."

The service was actively recruiting for care staff. However, the registered manager told us that they expanded their service when they had recruited enough staff to manage the needs of people in their care. Consequently, people rarely received a late visit and the service did not have any missed/ failed visits. People received care from staff who knew them and told us that are staff told us they had been able to develop positive relationships with people.

Staff had the skills to identify concerns and raise these appropriately. We saw evidence that the service advocated for people's needs, maintaining good relationships with the local authority and asking for reviews when peoples care needs increased and more input was needed. For example, when mobility worsened, health had deteriorated following illness, and when people's main carer needed respite care and support of their own.

There was a comprehensive medicines process in place. For people that received support to take

medication, robust care plans were in place to support staff to do it safely. When people had memory problems and staff needed to offer prompts to remind them to take their medication, we saw that staff were able to do so in a way that supported people's independence and wellbeing safely and courteously, using gentle prompts and reminders. All staff had yearly medication management training, and people received medications safely. We spoke to five staff that were knowledgeable around medication administration and knew what to do if they had concerns or if there had been an error. The registered manager ensured that staff knew if they spotted an error they had a duty to report it to the office so it could be investigated and the person's safety managed.

We saw that if people were unwell that staff had taken appropriate action to contact other professionals, such as the GP or ambulance service. Care plans interventions highlighted risk concerns and what staff should do in the event of an incident. This included what signs, and symptoms to look for and what to do in event of emergency. We saw evidence that staff would contact the office and remain with the person whilst waiting for additional support. One relative told the carer during an observed visit, "[previous carer] has written down who she contacted yesterday about [health issue."

The service had a good stock of protective wear such as gloves and aprons and staff were able to call into the office any time to collect supplies. All staff were expected to wear appropriate uniform and had guidance on appropriate jewellery to reduce risks of cross contamination.

Good

# Is the service effective?

## Our findings

At the time of inspection, the service was expecting a number of new staff to start work. The registered manager showed us a comprehensive induction programme, which included the introduction of the national care certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Staff were observed by senior staff in as part of their evaluation.

The induction training over three days was thorough, covering most aspects of mandatory training in small groups of no more than eight members of staff. Staff covered topics such as mental capacity training, safeguarding vulnerable adults and manual handling training. Three managers lead a day of training each so that they could get to know the new staff and see how they were progressing at each stage. The registered manager told us that this had proved successful, as they were able to discuss at the end of the three days whether new staff had shown the necessary values and competence that they expected as a service. They told us that there had been occasion's when it was evident that people were just not suited to the role and they had not proceeded to employ them, and other occasions when people had had shown the right values but just needed a little more coaching prior to providing hands on care.

If a member a new member of staff did not have previous care experience they shadowed a regular member of staff until they felt confident. If new starters had previous recent experience of caring they would still shadow existing staff for two days before caring for people alone. A relative told us, "The carers all know what they are doing and they do it well. They are very respectful."

The manager completed comprehensive observation of care staff to ensure that they were providing care in line with best practice and the organisational values. These were carried out at least six monthly intervals. We saw examples of when staff competency issues had been identified, additional training, and observation were given. The manager told us, "We want to deliver the best care we can. People are vulnerable in their homes so it's important we get it right."

Staff had good managerial support and oversight and received formal supervisions every three months and yearly appraisal's, documenting goals for development over the coming year. They also received regular informal supervisions through team meetings, and contact with the management team. Staff had to visit the office to collect protective wear, such as gloves and aprons, and managers told us they took these visits as an opportunity to check in with the carers for informal supervisions. Staff we spoke to said that they received regular supervision and that these had been supportive.

Mandatory training was provided in both face-to-face sessions and with e learning. Staff could access e learning from home and complete training within a designated timeframe. We saw that staff had received supervisions and reminders that training was due and needed to be completed. However, we also saw that there were a few persistent members of staff that had not completed the training and had been chased to do so a number of times. The manager told it was service policy that if staff had been significantly out of date they would not be allowed to work until they had finished the training so as to not to impact on the

quality and safety of the care that was provided. We saw that this had been discussed with some staff, and that there was one of example when staff were not up to date but continued to work. The manager assured us that they would review the situation and take action appropriately.

The registered manager sought out additional training for staff if the service took on people with complex health conditions. Such as accessing a training session from a Huntington's Disease specialist nurse. They also worked with relatives caring for their loved ones to teach staff how to meet individuals needs in a way that was safe and met those people's preferences.

All staff received training in the Mental Capacity Act and those we spoke to, had a good understanding of the importance of people being able to consent to treatment. During visits to people's homes, we observed staff interacting with people in a way that promoted their independence and respected individual wishes. People received care from staff that knew them well and when staff saw that people lacked capacity, they still involved people in decisions whilst also ensuring their needs were met safely and appropriately. For example, supporting people to take their medication, or when one person requested all their lights to be turned when it was dark, but had high risk of falls and walked with an aid, staff used gentle persuasion to compromise and leave on enough light to so that the person would safely be able to walk to their bedroom. This was empowering, as the person was able to retain a sense of control without being placed at risk.

When assessments identified that people did not have mental capacity to consent, best interest assessments were in place and appropriate relatives were included in planning care. The service supported a number of individual's that needed help with finances and ensured that they kept regular contact with an advocacy service, working with them to safeguard people's best interests.

Staff supported some people with preparation of meals and we saw from care notes that people were always provided with what they would like to eat. One person told us, "If I'm running out of something in the fridge they let me know and sometimes they will nip back later with it for me knowing that I can't get out or they will phone my [relative] and let them know I need some bits". We saw evidence in people's care notes of receipts for milk, bread and other essentials and observed staff checking that people with poor mobility were left with enough food and drinks within reach. One member of staff told us during an evening visit, "They won't see anyone again until we come at breakfast time so we always make sure they have a cold drink near them and offer a hot drink before we go if they won't be able to manage that themselves."

Some people had memory problems and had visits to ensure that they had a meal prepared. Staff told us that they might forget they had not eaten and say they were not hungry, so staff used gentle encouragement, conversation, and distraction, knowing what type of foods they really liked and producing these. We saw that in one care plan a person would just want to chat to staff and would forget their meal was in front of them, so staff would ask the person to make them a cup of tea and biscuit whilst they were preparing a meal. They would then sit with the person and drink the cup of tea quietly so that the person focused on their meal. Staff told us that this care intervention had been developed with advice from the family. We saw from the entries that this had worked well and staff told us that the person gained a great deal of self-worth from making the staff member a cup of tea.

We saw that locally there had been a change to the local policy for medicines prescriptions. For example that repeat prescription's would not be offered to people from their GP surgery unless these had been specifically requested for need. The registered manager ensured that those people who were vulnerable and less able to manage these received letters notifying them of the changes, and then liaised with GP surgeries to update them if people continued to need a repeat prescription.
Daily care entries demonstrated the staff were contacting other health professionals when they were

needed. For example, the district nurses for pressure care treatment and advice, and GP's. If people's need's changed staff informed the registered manager who would ensure that senior care staff carried out a review. If additional support through to gain equipment was needed, they liaised with the GP practice to organise a referral to the occupational therapist.

Good

# Is the service caring?

## Our findings

People using the service told us that staff were kind, caring and respectful. One person said of staff, "The girls are so lovely I really enjoy them coming." A relative said, "I was worried when we moved that we would be unlucky with changing our care provider as the last lot were so good, but the staff here are very kind and considerate so we feel very lucky." The service had received many compliments via letters and emails. One letter stated, "The carers at Alliance are absolutely fantastic. What a great caring and hardworking team you have."

We observed some excellent interactions between staff and people ensuring that individual's needs were met in a way that promoted independence, respected personal preferences and needs. People told us that they had been able to develop good relationships with staff. When people had not felt comfortable with a member of staff, they felt able to talk to the manager and discuss the reasons for this. The manager ensured that they then removed that member of staff from that persons care. One person told us, "The manager is really is very approachable and caring….all the girls in the office are."

People told us that staff that often went the extra mile. One person said staff went, "above and beyond what was expected." Another said, "It's not on my care plan but they always ask me if I need something else doing before they go, like putting out the bins, or making me another cup of tea or leaving a sandwich for later. They really are very kind and thoughtful."

The manager ensured that peoples care preferences were respected, for example if they would rather have a female or male carer to support them. People we spoke to told us that they received support that consistently demonstrated dignity and respect at all times and that staff who cared for them understood their needs well. During our observations, we saw that staff sought permission to carry out care tasks, offer choice, and example what they were doing, and this was reflected within written care notes. One person confirmed that staff always treated them kindly regardless of who they were, "They are all the same, they come in ask me how I am, check my book and then make sure I get what I need. They are always very cheerful."

The registered manager took confidentially very seriously and ensured that information given to staff about people was strictly on a need to know basis and with consent from the people that they cared for. We saw incidents of a complex sensitive nature that had occurred with people that the service cared for. During these incidents, the manager had liaised with other services acting as an advocate for people, involving other services to ensure people's safety, but also ensuring that confidentiality for those people were respected at all times.

Good

# Is the service responsive?

## Our findings

The service had an excellent system in place to ensure that staff were attending to people on time, for the entirety of the allocated time and in line with prescribed care. Each person had a folder with an electronic tag that staff would have to swipe to sign in and out. These times also corresponded with people's daily entries and the office received a live feed of all the calls taking place.

If staff were running late, they would be contacted to find out their whereabouts and people would be informed. Some people we spoke to told us that they had received late calls only when emergencies had cropped up. Otherwise staff were occasionally 10-15 minutes late if traffic was bad. One person told us, "Sometimes they are a little bit late but then they always make sure they spend the entire time with us." Because of this system, the service had not experienced any missed or failed visits.

Rotas were designed to ensure that people received good continuity of care. Whilst the service could not always send the same staff members due to holidays and sickness, wherever possible people received care from the same group of staff whom they had been able to build a rapport with. For those people receiving more intensive care, staff were chosen to be that person's core care team. Staff told us of one person, "It's really important to have a small care team for [person] so that they can learn to trust us and we can develop a good relationship with them." The registered manager told us that they had been asked to take on similar intensive care packages to support people for long periods in their home and that accepted these packages once they had recruited staff to specifically for that person.

People told us that staff were rarely late. One person said, "I have had a few late calls but only by 10 minutes or so. They can't help it if they have had to attend to an emergency or got caught in traffic." Another person told us, "They have never been late to me, or missed any calls." We reviewed staff rotas and saw that the service factored in travel time in between visits in an attempt minimise delays caused by traffic.

Care plans provided staff with the information they needed to deliver person centred care, and risk assessments clearly identified what things staff should look for and they should mitigate risks. Because people had the same group of staff supporting their care needs, they had been able to build good working relationships and felt comfortable with the carers visiting them. One person said of staff "They are all good but [staff] is dedicated, proactive, and motivating. [Staff] waits to see what I can do before offering to help which is good because my independence is important to me."

The registered manager and management team proactively advocated for people's changing needs. We saw evidence of excellent multiagency communication when it had been identified that people developed additional needs. One professional told us, "They were visiting a really complex person who we struggled to place in a residential home, however they continued until we found a permanent placement. The person had developed a rapport with the carers, so the manager arranged for them to continue to provide the care in the new home until [person] was settled." Another professional told us, "The manager is really proactive and communicates well with all the relevant agencies to make sure that people get what they need." A relative told us, "It has been difficult because I haven't been able to leave my [relative] and I got little time for

myself. The manager spoke with the social worker and now I have some time each week where [relative] is looked after and I can go out." Care plans were reviewed at six monthly internals and when people's needs changed.

We saw evidence that the registered manager sort people's views about the service, listened to people's complaints, and responded appropriately. One person told us, "I did make a complaint about a person's attitude, just some of the things they said and they manager dealt with it. We saw evidence that staff would receive additional training if people identified concerns.

People said that the office staff were very approachable and that when changes were needed to accommodate appointments, most of the time they would be able to do this without any difficulty. The registered manager told us that wherever possible they tried to accommodate people with times suited to them, but when they couldn't they would always let them know and at what time they would be able to provide care, prior to accepting the care package.

Good

# Is the service well-led?

## Our findings

The service was found to be well-led. Staff told us that they really enjoyed working for Alliance care. Most members of staff told us that it was like working for a family and that they felt management cared about them too. One staff member said, "I love working for them," when asked why they told us, "Because they really care about people and they listen to you." Another member of member of care staff told us, "I really love working here. It's tiring sometimes but the manager is really approachable." All staff agreed told us that they could pop into the office at any time for a cup of tea and to discuss any concerns about people's care.

People using the service and care staff knew whom to contact if they had any concerns. Each person receiving a service had a folder that contained the out of hours contact number, along with various other support numbers that people might need in emergencies'. The registered manager held regular meetings with the management team and regular meetings both informally and formally with care staff. One member of care staff told us, "We have regular team meetings but I can't always attend….but they send me the minutes of those meetings and let me know if anything comes up".

Governance systems were in place to monitor the quality of the service provided. Medication audits were completed and if errors were identified the registered manager followed these up appropriately with supervision for staff and additional training. However, the service did not fully audit people's care notes to ensure the quality of staff interactions and adherence to care plans, only collecting people's care notes every six months and reviewing a small random sample. This meant that the service would perhaps miss information that might assure them of the quality of care given. We discussed this with the registered manager who told us they would implement a more formal recording process to review these entries. However, these risks were mitigated by having consistent care teams for each individual, regular staff observations, supervisions and reviews of people's care.

Supervisions and appraisals identified staff's strength and weaknesses and how they could be supported to improve, and how their skills could be used to support other staff. Senior care staff carried out regular quality assurance checks on staff practices. For example how care staff spoke to people, whether they wore the correct uniform, whether they sought consent and promoted independence, and how staff protected people's dignity and treated people with respect. Observations were thorough and identified areas of improvement, which were acted on with supportive measures such shadowing other more experienced staff.

The regular staff meetings, supervisions and observations meant that staff understood what their roles and responsibilities were and had a clear understanding of the service's procedure's and values. The openness of the management team meant that staff felt part of the organisation and in practice were identified by people as often going beyond their role. The registered manager ensured that when positive feedback was received staff would be informed and this helped to boost morale and self-worth. When complaints were received, they worked hard to resolve these.

The systems in place to monitor visit times were excellent and we saw that these minimised late visits due to

the live feed into the office. It also meant that the manager could monitor that people received their allocated time, and if staff regularly exceeded this time or did not need to be with someone as long as prescribed, the manager then liaised with people's social workers, as an increase or decrease might be needed. The office staff were also trained in care, if staff were running late due to emergencies or if staff had been unwell, office staff covered visits.

The registered manager attended a variety of different forums available for registered managers in the area, to share ideas, keep up to date improve the service they provided. They had a development plan going forward, that included recruitment of new staff and how they could involve people. For example, a newsletter for staff and people using the service.