

Alliance Care and Support Limited

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Inspection report

17 Faraday Close
Clacton On Sea
Essex
CO15 4TR

Date of inspection visit:
28 May 2019
31 May 2019

Date of publication:
28 June 2019

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 care and Support Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports 81 people in total. Some of the people using the service had differing needs and the frequency of visits depended on people's individual requirements. Some elements of the service, although provided by Alliance Care and Support, would not need to be registered with the Care Quality Commission (CQC) if this was their sole purpose. Because of this, we have focussed our inspection on the people in receipt of the regulated activity of personal care only. At the time of our inspection 71 people were receiving personal care.

People's experience of using this service:

People spoke positively about the service. They said us they felt safe and their needs were being met. Care and support was personalised to people's individual needs.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, management plans were in place to manage these safely.

Medicines were managed safely, and staff followed appropriate infection control practices.

Appropriate numbers of suitably skilled staff were available to support people's needs.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their role effectively.

People were supported to maintain good health and had access healthcare services. People were encouraged to eat healthy food for their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity and independence was promoted.

There were effective systems in place to assess and monitor the quality of the service provided. The service worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection: Good (Inspection report published in November 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

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 well-led

Details are in our well-led findings below.

Good ●

Alliance Care and Support 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is older people and dementia care.

Service and service type

Alliance Care and Support is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to people in the Clacton on Sea and surrounding areas. At the time of our inspection the service was supporting 71 people and employed 30 members of care staff.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 28 May 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people and four relatives of people who use the service to ask about their experience of the care provided. We spoke to four members of staff and the registered manager.

We also reviewed a range of records. These included five people's care and medication records. We also looked at five staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies in place and support workers had completed safeguarding adults and children training.
- When speaking with support workers, they were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A support worker told us, "If I had any concerns I would contact the manager as you have a responsibility for that person. As soon as I have highlighted any concerns, they have been dealt with."
- Where there were concerns of abuse, the registered manager had notified the relevant healthcare professionals including the local authority and CQC.
- People and relatives told us they felt safe using the service. They told us, "I feel absolutely safe with them, they look after me very well" and, "Oh I feel very safe with the carers, they are brilliant, and I can't speak highly enough of them." Relatives told us, "I think [relative] is very safe with them and they enable them to stay in their own home, which is what they want." And, "[Relative] is very safe with them. They are amazing ladies and look after [relative] so well."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place to prevent or reduce the risk of people being harmed in relation to moving and handling, mobility and behaviours that may challenge which included guidance for care support workers to keep people safe.
- People and relatives told us "Yes, they [support workers] are good and are gentle when mobilising [relative] safely." And, "The girls are amazing, they know [relative] very well and they all get on together. They understand how much support they need and in what way."
- Support workers we spoke with understood where people required support to reduce the risk of avoidable harm. A support worker told us, "I always check any equipment is in working order and make sure they are protected from any harm. There are risk assessments in place for everything we do. We always follow these."

Staffing and recruitment

- There was a system in place to review and monitor staffing levels and timekeeping to ensure there were sufficient numbers of staff deployed to meet people's needs.
- People and relatives told us care support workers were on time and stayed the full duration of their visits. They told us "Yes [relative] has their regular carers. They never miss a call, so I would say they have enough staff." And, "I have the same team of carers usually, but I do know them all now, so I never have any strangers."
- Support workers told us they received details about their shifts on time and they had regular people they supported and cared for. A support worker told us, "I have the same people I visit generally, and you really get to know those people so we all get on."

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before support workers were employed. A support worker told us, "They did not let me start work until my checks on references and the police check were complete."

Preventing and controlling infection

- The service had an infection control policy in place. Support workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and relatives told us care support workers always wore protective clothing when providing them with personal care.

Using medicines safely

- There were procedures in place to manage medicines safely. Medicines administration records (MARs) showed people received their medicines as prescribed. One person's relative told us, "Yes, this is the main thing we need them for, there has been no problems at all and we have peace of mind that [person] has had their medication. They were not coping with it."
- Management staff completed monthly medicine audits to ensure any discrepancies and/or gaps were identified and followed up.
- Support workers completed training to administer medicines and their competency was checked regularly. When speaking to support workers they were aware of their responsibilities when administering medicines. They told us, "I always check the MAR sheet and if I have any problems I would contact the office and GP if needed."

Learning lessons when things go wrong

- There were systems in place to record and respond to accidents and incidents in a timely manner.
- Accident and incidents were analysed, and any lessons learnt were used as opportunities to improve the quality of service which were relayed to support workers through staff updates and revising policies to embed good practice.

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

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

- Before people used the service, assessments were carried out to ensure their needs could be met. People and their relatives were involved to enable them to make an informed choice about their care. A person told us, "They asked me about everything I needed before the care started and involved my family."
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans. One relative told us, "They are absolutely brilliant. They know what [relative] needs and are very patient and understanding with them."

Staff support: induction, training, skills and experience

- Records showed care support workers had completed all mandatory training in areas such moving and handling, infection control, first aid, health and safety, medication and safeguarding. • Support workers received regular supervision and appraisal. A matrix held on computer was in place to monitor what had been completed and when refresher training and supervision and appraisals were next due.
- Support workers we spoke to confirmed this. They told us, "Yes, I have had supervision." And "You can contact the office for support at any time. The manager is very supportive."
- Support workers also spoke positively about the training. They told us, "Training is very good and face to face with the manual handling. The quality of the training is very good, it is interesting, and you learn a lot."
- Feedback from people and relatives reflected support workers had the skills to carry out their roles effectively. They told us, "I think they are very well trained, especially in the area of people with dementia. They are very patient with [relative]." And, "They are well trained, and I think their attitude is important and they all have the right approach with [relative]."
- Support workers had completed an induction programme based on the care certificate when they started at the service and shadowed experienced staff before they provided care and support to people. A support worker told us, "I shadowed another staff member and was introduced to people before I started to care for them and was confident enough to care for people on my own."

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

- People were supported to eat and drink based on their individual preferences. People's care plans identified areas where they were at potential risk of poor nutrition and dehydration and/or had swallowing difficulties and the appropriate support needed for them was detailed.
- Relatives spoke positively about the support they received with their food and drink. They told us, "Yes they will get [relative] breakfast and lunch ready for them. They encourage them to eat because if it was left to them then they would not bother." And, "They shop and eat together, it's just like a family living together."
- Support workers were aware of their responsibilities when supporting people with their food and drink. For example, if someone had swallowing difficulties. Care records were clear that people could be referred to

the Speech and Language Therapy team and appropriate risk assessments were in place."

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

- People were supported to access healthcare service and worked in partnership with other health and social care professionals such as district nurses and GPs.
- Care plans were regularly updated and audited to ensure that changes in need were documented. This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs were met.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- The service obtained consent from people and where a person lacked the capacity to make specific decisions. Records showed decisions were made on their behalf in their best interests, which involved the person's next of kin, advocates and relevant healthcare professionals.
- Support workers understood the principles of the MCA and always asked people's consent before providing care. One person told us, "They do talk all the time and say what they are doing. and always check with me before they do anything."

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

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 and relatives spoke positively about the care they received and told us support workers were kind and caring. They told us, "They are brilliant, they do an awful lot for [relative] and we would be lost without them." And, "Yes they are very kind, nothing is too much trouble for them."
- Feedback from people using the service and relatives indicated positive caring relationships had developed between people and support workers. People and their relatives told us, "They are very kind and caring people. They treat [relative] as a person and are like family now. They all get on well."
- People's cultural and religious beliefs were detailed in people's care plans and support workers had a good understanding of equality and diversity. They told us, "It is about treating people as an individual and respecting their needs and beliefs." And, "We respect the people we care for like we would our own family."

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

- Records showed people and their relatives were involved with decisions about their care. People and relatives told us "We had a very detailed assessment done before the care began, and it is reviewed regularly." And, "I had a good assessment before I got carers."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.
- Support workers also encouraged and supported people to make decisions about their care. They told us "I always make sure it's their choice and let [person] do what they can and want to do."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their privacy and dignity was respected. They told us, "They are never anything but respectful. They are friends now but never cross the mark with [relative] or with us. They do respect [relative's] privacy and if they need time alone." And, "Yes they are all very respectful and treat me very well indeed."
- Support workers were able to tell us how they maintained people's privacy and dignity and ensured people were comfortable when providing personal care. A support worker told us, "I close the door and curtains, and will cover the rest of them and always let them know what I am doing."
- People were supported with their independence and encouraged to do as much as they could for themselves. People and relatives told us, "They ensure that [relative] does stay as independent as possible."
- Support workers understood the importance of promoting people's independence. They told us "It is their home and we do what they want to do. I ask them what they want to wear and allow them to choose what they can and can't do to maintain their independence."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives spoke positively about the service they received which was in accordance with their needs and preferences. People told us, "The support workers definitely listen to me - they respond in a really helpful and caring way."
- People's care plans were person centred and provided staff with guidance on how their needs should be met. The care plans included people's medical conditions, preferences and the level of support they required. Care plans were reviewed and updated when people's needs changed.
- People's care plans contained information which showed how people communicated and how staff should communicate with them. Staff understood the Accessible Information Standard (AIS) and were able to provide examples of how they ensured this met people's information and communication needs. For example, for one person, a care support worker told us, "They are very hard of hearing, so we sometimes have to write things down for them."
- People and relatives were involved with ensuring people received the care that was appropriate to the person's needs. They told us, "We are involved in everything the staff do for [relative]."
- People were supported to go into the community and participate in activities that interested them and kept them stimulated. People and relatives told us, "They go over and above for [relative] they take them out in the wheelchair, so they can get some air."

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.
- Records showed complaints had been investigated and responded to promptly by the registered manager.
- People and relatives told us, "I speak to (registered manager) often and would feel able to complain if necessary. Things are dealt with easily though. We never have any major problems." And, "I have never had any complaints whatsoever."

End of life care and support

- No one at the service currently received end of life care, however the registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.
- We saw some positive feedback from the relatives of one person who had been previously supported by the service. The feedback stated, "Thank you all for looking after and caring for [relative] over the years. The family really appreciated all that you did for them."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- People were happy with the care they received and told us they had confidence in the registered manager. The registered manager had good oversight of the service, and staff showed a commitment to providing good standards of care. One relative told us, "We think it is an excellent service. Top marks."
- The culture of the service was kind and caring with a focus on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- Records showed support workers had completed all mandatory training and received regular supervision and appraisal.
- A matrix was in place to monitor what had been completed and when refresher training and supervision and appraisals were next due.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager told us they had an open culture and staff confirmed this.
- The provider had a system in place to assess and monitor the quality of the service. They carried out various audits in areas including care files and medicines. Where issues were identified action was taken to improve on the quality of the service.

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

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified the CQC of any significant events at the service. People and family carers spoke positively about the service. They told us, "I think it is very well managed, it runs smoothly." And, "It is an amazing company and they take the pressure off us too." Additionally, one person said, "They are all lovely people and they say I am a pleasure to look after. I like to have a laugh and they always oblige."
- There was an organisational structure in place and staff understood their individual roles responsibilities and the contribution they made to the service. People and relatives spoke positively about the management and office team. They told us "We are in regular contact and you can call the office anytime and they are all ready to help you." And, "Yes we know [registered manager] very well. She sorts things instantly with no fuss."
- The service had an out-of-hours system in place for both people/relatives and staff if any support was needed out of regular working hours. Support workers spoke very positively about the out of hours support

they received. A support worker told us, "The on-call system works very well we have good communication between us all."

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

- We found the service obtained feedback from people and relatives about the service through review meetings and surveys. Feedback from surveys were analysed to ensure they improved the service where needed. A person told us, "Yes we receive surveys from them asking our opinion." And a second person said, "Not sure if I have had any surveys but they do come out from the office sometimes, so we talk to them then."
- Questionnaires were also sent to obtain feedback from support workers. Feedback was positive and showed support workers felt comfortable giving feedback to their manager and were kept informed of matters with regard to the delivery of the service. Support workers told us "I can raise any concern; the management staff are very approachable. They will always help."

Continuous learning and improving care

- Care support meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Support workers confirmed this when we spoke to them and saw it as an opportunity to stay informed about what's going on with the service and the people cared for."
- Staff updates were also communicated to support workers via a secure mobile phone system. One support worker told us, "We just use this phone for work but it's excellent we always get any messages."
- Support workers spoke positively about the management and their contributions and involvement in the way the service was delivered was encouraged. They told us, "We get lots of opportunities to feed back about things. It is a nice place to work."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care.
- The service had good links with other resources and organisations in the local community to support people's needs and enabled people to engage in the wider community.