

Alcedo Blue Limited

# Alcedo Care Liverpool

## 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

Alcedo Care Liverpool is a domiciliary care agency providing care to people living in their own homes. At the time of our inspection the service was supporting 54 people with personal care. Some of the people supported had a learning disability or autism.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

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.

#### Right Care:

Care is person-centred and promotes people's dignity, privacy and human rights. People's equality and diverse needs were consistently promoted.

#### Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

People told us they felt safe receiving care from Alcedo Care Liverpool. Comments included, "The staff are excellent" and "I cannot fault them." There were comprehensive risk assessments in place which were tailored to reflect each person's assessed need and how they chose to be supported. People confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely.

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 to eat, and drink where needed, and staff were trained, supervised and appraised in line with the policy of the organisation.

Staff treated people with kindness, compassion and dignity. People confirmed they were involved in choices and decisions regarding their care and support, including what staff come to their home to support them. People's diverse needs were catered for, including what they ate, and when they went to bed and got up.

Routines were discussed with people, and they had been involved in completing their care plans. People confirmed communication from staff was good, and staff supported people to make healthcare appointments where needed. Complaints were investigated and responded to, and staff were trained in end of life care. Care plans were person centred and reflected the needs of each person.

There were audits and quality checks in place, complete with action plans. The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC.

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

This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Alcedo Care Liverpool

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection, and consent was obtained for us to make phone calls to people during and following our inspection.

Inspection activity started on 13 October 2022 and ended 18 October 2022.

### What we did before 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 reviewed information we had received about the service since it registered with us. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We reviewed this information on 13 October 2022.

We spoke with 4 people about their experience of care by telephone. We also spoke with the registered manager and gathered information from 3 members of staff by telephone, and 3 staff by video call.

We looked at 5 people's care records and a selection of other records including quality monitoring records, recruitment and training records for 3 staff members.

We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff recruitment procedures were safely managed and all required pre-employment checks were completed.
- Staff said their call times were evenly spaced, and they did not have to 'cram calls in'.
- Rotas were developed using the Electronic Call Monitoring [ECM] system and staff were expected to 'log in and out' of their calls.
- There were enough staff in post to provide a safe and consistent service.
- Staff said they had clear communication from the coordinators if any changes were made to their rotas in advance.

### Using medicines safely

- Medication processes and systems were in place to ensure people received their medications safely.
- When people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place to guide staff.
- Medication was stored in a designated area of the person's choice. If people chose not to self-administer their medicines, these were stored securely.

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

- People were protected from the risk of abuse.
- Safeguarding referrals had been made by the registered manager when required and investigated where appropriate.
- Staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had concise, detailed and clear risk assessments in place for each person.
- People told us they felt safe using the service. Comments included, "They make me feel safe" and, "I know who is coming to see me."
- Each person's care plan had an environmental risk assessment which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting and flooring.
- There were clear processes in place to ensure lessons were learnt following accidents and incidents. This learning was communicated across the various branches of Alcedo Care to ensure processes were

embedded.

#### Preventing and controlling infection

- Infection control procedures were well managed.
- Staff had received training around COVID-19 as well as additional preventing and controlling infection training.
- People told us that staff wore appropriate PPE when carrying out personal care duties and had good hand washing techniques to minimise the spread of infection.

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

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

- People's care records contained detailed information about the level of support they needed with food and drink preparation.
- This support varied from staff making people snacks and sandwiches, to helping them plan and prepare more complex meals in line with their dietary requirements.

Staff support: induction, training, skills and experience

- Staff had completed training courses to enable them to fulfil their roles effectively.
- The completion of training was monitored by the registered manager, and the complex care team of nurses who were on hand to offer clinical advice and support.
- People we spoke with confirmed the staff had good skills, knowledge and experience. One person told us, "Nothing is too much trouble for them, they always ask me if I need anything before they go."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to restrictions on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's care plans, including what choices they could make, and where they required additional

support.

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

- People's needs and choices were well assessed, and their support preferences were reflected in the records we viewed.

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 by staff to access healthcare services and seek out support if they needed it.
- People told us staff would always offer to come back to see them or call their relative if they did not feel well during a visit. One person said, "I try to do most things myself, but they do help me contact my family if need be."
- People's care records showed staff had contacted district nurses, occupational therapists or GP's on people's behalf when they felt unwell or required further advice 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.

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

- Care plans reflected people's choices and their diverse needs.
- People made the following comments about the caring nature of the staff. One person said, "I can't say a bad word about them- very nice." Another person said, "I am very happy with the care I have."
- Care plans were written in a way which focused on promoting people's dignity and independence. People told us staff knocked on their doors, announced themselves politely, and involved them in conversations while providing personal care and support. One person said, "They do lots of other things as well- they always have a chat with me."
- There was an emphasis on the choice of words within care plans, such as 'ask', 'involve' and 'respect' to ensure staff supported people in a dignified way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People had signed their own care plans where they were able to, and told us they had been involved in the completion of their care plan. For some people, family members had signed on their behalf if they were legally allowed to do so.
- One person said, "I have the paperwork in my house, and every so often someone calls me up to check it is all still working for me."

# 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.

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 were supported to contact their relatives and friends if this was something they wanted to do.
- Staff shared various examples of how they had encouraged people to celebrate events, such as the jubilee, and had spent time making memorabilia with them for this event.
- People were visited by staff and given cakes on their birthday.
- Relatives told us staff supported people to attend appointments if they needed to.
- Staff supported people in the community to go on day trips.

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, such as the service user guide, was available in different formats to support people's understanding.
- People's care plans were written in a way which they could understand. For example, one person used a 'visual aid' which they could make choices with. There were protocols in place for staff with regards to how to use this visual aid.

Improving care quality in response to complaints or concerns

- There was an effective complaints procedure in place. There was a system in place to ensure improvements were implemented as part of learning after a complaint.
- Everyone we spoke with said they knew how to complain.
- The complaints policy was available in different formats to support people's understanding.

End of life care and support

- Staff had undergone training in end of life care.
- People's end of life wishes were discussed with them as part of their care plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and

routines. For example, how they liked to spend their time, what they enjoyed watching on TV, how they liked their home to be left, and what they liked to talk about during visits from care staff.

- Information was recorded about people's likes, dislikes and their backgrounds, such as what they liked to talk about and what mattered to them. For one person they enjoyed going on a planned activity each week with staff.

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

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

- Managers were clear about their roles and responsibilities.
- Incidents and accidents had been promptly reported to CQC when required, and the incident log showed that remedial action was taken to help mitigate re-occurrence and how learning had been implemented across the service.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more information to be added to care plans, this had been actioned and updated accordingly.
- Inspections at other locations had been used to drive improvement to quality and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others ; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People confirmed they knew who the registered manager was, and felt the service was well led. One person said, "The manager is lovely."
- Staff told us they were encouraged to succeed in their roles. One staff member said how they had been enrolled on qualifications to help them improve their practice. All of the staff we spoke with said they liked working for Alcedo Care and it was 'great' and a 'lovely' place to work. One staff member said they felt 'valued.'
- The service worked in partnership with social services, occupational therapists and positive behaviour specialist teams to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.
- The registered manager and registered provider ensured people's views and opinions of the service and the support they received was sought and obtained.

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 understood their responsibility to share information with people using their service in an open and transparent manner.

