

Alcedo Orange Limited

Alcedo Care Chester

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 is a nurse led domiciliary care agency. It provides personal care and support to people living in their own homes within the areas of Chester, Ellesmere Port, Neston and Wirral. At the time of our inspection 45 people were using the service.

Not everyone who used the service may receive 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

Recruitment procedures were safe and staffing levels were sufficient to meet the needs of the people using the service. There was a consistent induction programme that included shadowing opportunities. Staff training included e-learning and classroom sessions. People consistently said staff were kind and caring. People's privacy and dignity was respected.

Safeguarding policies and procedures were in place. People were protected from the risk of abuse. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

People's care plans and risk assessments were detailed and reviewed regularly. They reflected people's individual needs and preferences. People who used the service told us they felt well supported by some regular staff that knew them well. The staff and management team worked closely with health and social care professionals to ensure the best outcomes for people.

Medicines policies and procedures were in place. Staff were trained and regularly had their competency assessed in medicines management. Staff knew how to ensure people received their prescribed medicines on time.

The provider had quality assurance systems in place. These included care plan audits, review of daily records, analysis of accidents and incidents and staff spot checks. This information was used to drive development and improvements at the service. There was a complaints procedure in place that people and their relatives were aware of. People told us they felt confident to raise any concerns and complaints they had.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

this practice.

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

Rating at last inspection

This service was registered with us on 28 April 2021 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?

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.

Alcedo Care Chester

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure staff and people were available to speak to us.

Inspection activity started on 23 August 2022 and ended on 22 September 2022. We visited the location's office/service on 23 and 25 August 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people that used the service and three relatives about their experience of the care provided. We spoke with the registered manager, quality and operations manager, two deputy managers, regional recruitment manager, area recruitment manager, nurse, three support staff including the care ambassador.

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

After the inspection

We continued to seek 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There was a safeguarding policy and procedures accessible to all staff.
- People told us they felt safe with the staff that supported them. Their comments included; "I feel very safe with all the staff that come to visit", "Staff use a key safe to get in and this works very well."
- Staff had received safeguarding and whistleblowing training and understood how to identify and raise concerns.

Assessing risk, safety monitoring and management

- Staff effectively assessed, monitored and managed risks to people's personal safety and wellbeing.
- Care plans contained detailed risk assessments about people's individual care, support and environmental needs
- Staff had been trained and assessed as competent to use equipment. For example; when moving and handling people.
- The provider had a business continuity plan in place to ensure people would continue to receive safe and effective care in emergency situations.

Staffing and recruitment

- Staff were safely recruited. Staff records included all required information, to evidence their suitability to work with people at the service.
- There were enough staff to meet people's individual assessed needs. People told us that although their call times varied on occasions, staff always arrived and completed their call. One person commented; "Staff are generally on time and I am happy with the times of my calls." Another person said; "Staff arrive on time and stay the full time."
- Out of hours arrangements were in place and staff worked well as a team to cover unexpected absences.
- The provider stated recruitment was ongoing and they were using innovative ways to recruit new staff. They told us all office staff were trained to undertake calls to people supported should they experience staff shortages.

Using medicines safely

- Staff were trained in the safe management of medicines and had their competency regularly checked. One person told us; "They (Staff) always make sure I take my medicines at the right time and they record they have done it."
- Staff received additional clinical training to meet people's individual needs. Competencies were

completed and regularly reviewed to ensure staff knowledge remained up to date.

- Medicine administration records (MARs) were completed electronically and regularly audited.
- There were systems and procedures in place for the safe management of medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Comments from people included; "Staff all wear gloves, aprons and a mask when undertaking my personal care" and "Staff all wear PPE, this is keeping me safe from infection."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- All accidents and incidents had been recorded and reported to the local authority and the CQC, where appropriate.
- The provider reviewed and monitored all accidents and incidents to establish any trends or patterns.

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.

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

- Staff carried out comprehensive assessments of people's individual needs and choices before they started using the service. Assessments were regularly reviewed with people's involvement to ensure they received the care that met their needs.
- Care plans held details of people's health and social support needs.
- People told us they received the care and support they needed. Their comments included; "All the staff have got to know me well and understand my needs" and "Staff know my quirks and how I like things done and how important it is to me for things to be put away."

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and received regular training. Training included e-learning and classroom-based sessions. Competencies were in place and were checked regularly in key areas including manual handling and medication.
- People and their relatives were confident the staff had the right knowledge, skills and experience to provide the care and support they needed. One person told us; "I feel very confident with all the staff and the training they have received."
- Staff told us they felt supported through regular supervisions and observations.

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

- People that needed support with their eating and drinking were assessed and clear guidance was in place for staff to follow. The level of support required was detailed within the care plans.
- Staff completed records to monitor people's food and fluid intake where required.

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

- Staff worked with other agencies and professionals to support people's health and wellbeing. This was evidenced within the documentation.
- People were supported with their individual health needs. Comprehensive information was available for staff to understand people's health conditions and the support they required.

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 MCA 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.

- The service worked within the principles of the MCA.
- Staff had all received MCA training and understood to seek consent before providing support to people.
- People were supported to make as many decisions for themselves as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff treated them well. Comments included; "Staff treat me really well", "All staff are very kind and caring", "All the staff are different, some quiet, some chatty, but I love that" and "The girls (Staff) are really lovely. They are always smiling. The care I get is great."
- Staff received equality and diversity training. This enabled them to treat people equally and fairly whilst recognising and respecting their differences. People told us they were treated fairly and respectfully.
- The provider had equality and diversity policies in place.

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

- The provider had systems in place to support people to express their views and make decisions about their care.
- People's individual wishes and preferences were recorded in their care plans. People and their relatives confirmed this reflected information they had shared.
- The provider contacted people and their relatives regularly to determine if they were receiving the care and support they needed. Feedback received recently included; 'Very happy with the service', 'Very good, very fond of regular staff.' One person told us; "Alcedo Care ask me regularly if everything is okay and if I am happy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was consistently respected. Independence was promoted wherever possible and care plans reflected this. One person told us; "Staff keep me covered up when they can to respect my privacy and dignity."
- The management team ensured people had the correct equipment in place, in liaison with partner agencies. This supported people to maintain as much independence as possible.
- Staff understood and respected people's right to confidentiality. Staff knew the importance of only sharing information on a need to know basis. Care records were stored securely. The service had an up-to-date confidentiality policy and complied with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that meant they had choice and control over the support they received. Their needs and preferences were met.
- The provider carried out an individual needs assessment with people and their relatives to identify people's needs and how they would like them met. This included what people wished to achieve from the services provided.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been completed. The daily logs entries were reviewed, and any concerns highlighted and addressed.
- People were regularly contacted to review their care and support needs. Their care plans were updated to meet changing needs, with new objectives set.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred method of communication was clearly recorded within their care plans. This enabled staff to communicate with people in a way they understood.
- Where it was required, information was available to people in other formats such as large print or other languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People we spoke with were confident to raise any concerns or complaints if they needed to. Comments included; "I feel confident to raise any concerns or a complaint" and "If I have any niggles, I call the office and they sort it. Not really complaints but they are always quick to sort it out."
- The system for logging, recording and investigating complaints was robust and consistently followed. The provider used the information and learning from complaints to further develop and improve their service.

End of life care and support

- The service was able to provide end of life care and support in conjunction with other healthcare professionals. A comment from a healthcare professional stated; "I have always found Alcedo Care to be

responsive, caring and efficient in providing care to many of our patients (people) when able to be discharged home"

- Staff had received training in end of life care.

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.

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

- The provider, manager and office team promoted a positive culture within the service. People supported received person centred care with good outcomes.
- Staff said they enjoyed supporting people in their own homes. They told us there was always someone available for support and guidance when they were working. Comments from staff included; "I feel really valued and appreciated", "Management are very approachable, they listen to any concerns and are very supportive" and "Whenever I call the office I am listened too and my requests are dealt with promptly."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 provider was aware of their responsibilities regarding the duty of candour. They promoted and encouraged candour through openness. For example; responses to complaints, evidence of an open and honest culture at the service.
- The management reporting structure was clear and transparent. The registered manager and office staff made themselves available to people using the service, relatives and care staff for support. Comments from people included; "Alcedo Care ask me regularly if everything is okay and if I am happy", "All the office staff, nurses and support staff are wonderful, I feel so well supported" and "I know I can ring at any time of the day or night and someone will be available to help me."

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

- The management and staff team fully understood the requirements of their roles. They had access to a range of policies and procedures in relation to their work. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The provider had notified the CQC of all significant events, as required.
- There were clear quality assurance systems in place to monitor the safety and quality of the service. Regular audits and checks were carried out on people's care, daily records and staff performance. These were used to identify areas for development and improvement at the service.

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

characteristics

- The management team undertook reviews with people and their relatives regularly to ensure people were happy and to address any areas for development or improvement.
- People and their relatives told us the communication with the management team was good.
- Staff had at least six interactions with the management team throughout the year. This included competency checks, spot checks and supervision.

Continuous learning and improving care

- The provider demonstrated a commitment to the continuous development and improvement of the service.
- The management team completed regular spot checks and competence evaluations of support staff. These identified areas for further development including staff training needs, mentoring and support.

Working in partnership with others

- The service worked well with other agencies. There was good communication between people supported, relatives, health and social care professionals.
- Comments received from health and social care professionals included; "I have always found the duty managers very responsive and I have never had reason to raise any concerns against Alcedo Care" and "Alcedo Care are very professional, nothing is too much trouble and I have never received a complaint from a service user under their care."