

Alwdo Assist Ltd

# Alwdo Assist Ltd

## Inspection report

82 Burnell Avenue  
Welling  
DA16 3HP

Tel: 02034417007

Website: [www.alwdoassist.co.uk](http://www.alwdoassist.co.uk)

Date of inspection visit:  
15 November 2022

Date of publication:  
13 December 2022

### 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:

Alwdo Assist Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, three people were using the service of which, two people were receiving personal care.

### People's experience of using this service:

People and their relatives gave us positive feedback about their safety and told us staff treated them well. People were protected from the risk of infection. The provider completed pre employment checks for staff. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support.

The provider worked within the principles of the Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs was completed to ensure these could be met by staff. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and were supported to be as independent in their care as possible.

People's care plans reflected their current needs with sufficient guidance for staff to follow. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was supportive and approachable.

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

### Rating at last inspection and update

This service was registered with us on 20 October 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.

## 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 ●

# Alwdo Assist 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 (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.

#### Inspection team

A single inspector carried out the inspection and an expert by experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 15 November 2022 and ended on 17 November 2022. We visited the location's office on 15 November 2022.

### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection

We spoke with two people and two relatives of people who used the service about their experience of the care provided. We spoke with one member of care staff, the registered manager cum nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records, one staff recruitment file and a variety of records relating to the management of the service, including policies and procedures.

# 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.

### Staffing and recruitment

- People were supported by effectively deployed staff and received their care on time. One person told us, "A great timekeeper always on the minute, if [staff] says 8.00am they come exactly at 8.00am." Another person said, "Always arrive on time or inform me if there is a change." We looked at people's care records and found staff recorded times for log in and log out on all their visits, as agreed with people.
- The registered manager had completed robust recruitment procedures prior to staff being employed. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification.

### Assessing risk, safety monitoring and management

- The registered manager completed risk assessments and risk management plans that included guidance for staff on how best to safely support people. For example, how to manage mobility needs, catheter care, and potential risks within the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's needs. The registered manager monitored them to ensure they remained reflective of people's current needs.

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

- People were protected from the risk of abuse. One person told us, "Very safe and satisfied, you know the care is there to really look after you." Another person said, "Thoughtful and safe."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.

### Using medicines safely

- The provider was not administering medicines to people at the time of the inspection. The registered manager told us, people had capacity to self-medicate. One person told us, "Carers will check about tablets and support me very well."
- The service had a medicines policy in place and staff had completed medicines training.

### Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "Yes, [staff] wears gloves, aprons, and masks and I see [staff] washing hands and is most careful." One relative said, "Uses gloves, masks and aprons all appropriate."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to complete accident and incidents records, as well as details of who they would notify, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

# 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

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, cultural requirements, physical and mental health; mobility and nutrition.
- Where appropriate, relatives were involved in assessments and the information was used as a basis for developing personalised care plans to meet each person's needs. One person told us, "There was a meeting and we could ask questions and have a plan, most helpful." A relative said, "We were able to go through and plan, what was needed and can phone and have a chat at any time."

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "Staff are well trained, you can tell they know what they are doing and are professional, all my needs are met, [staff] is a very good listener." Another person said, "They [staff] seem to know what they have to do and always want to help."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- Staff completed training required to do their jobs. The training covered areas such as basic food hygiene, health and safety, moving and handling, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision. The registered manager told us, none of the staff had been working for over one year, so staff appraisals were not carried out. Staff told us they felt supported and could approach the registered manager at any time.

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

- People catered for themselves or had family to support with their meals. When people required this support, staff ensured they ate and drank enough to meet their needs.
- One person told us, "Yes, they [staff] will ask what I want and what I like."
- People's care plans included a section on their diet and nutritional needs. Staff told us people made choices about what food they wanted to eat, and their preferences were met.

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 maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.

- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One person told us, "My [relative] will help with all that, I had to go to the hospital the other day and they [relative and staff] all helped me."
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP.

#### 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.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them. One relative said, "Staff will always knock the door and then explain and then ask if it is ok to continue."
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

# 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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff.
- One person told us, "Kind and caring will go that extra mile and never makes me feel uncomfortable." Another person said, "They [staff] show they want to care, and they do care and make you feel alright."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One person said, "Yes, in the meeting before [staff] started we went through all the plan and what we agreed to and how we can change things if need to." Another person told us, "Everything was written down and we could say things as well."
- Staff involved people in making decisions about their care. They told us, people were asked about their choices and preference before care was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. One person said, "I'm not used to showing my body and I was worried about when I had a shower, but they [staff] make it feel ok and always treat me with respect and dignity, they sort of cover me a bit so I don't feel uncomfortable." Another person told us, "Careful and respectful, always with helping me, gentle and thoughtful."
- A member of staff said, "I do not share personal confidential information with others and make sure that I cover them with towel when washing and dressing, I close the door and window and draw the curtains when giving personal care."
- People were supported to be as independent in their care as possible.
- Staff told us they would encourage people to complete tasks for themselves as much as they were able to.

# 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

- Staff had knowledge of the support people needed when delivering care.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family and friends, and contact details of health and social care professionals.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves. One relative said, "Yes and we can add or change things, we chat to the office, we may need to relook at things, and I don't worry and they [staff] phone up about a review."
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people.
- The registered manager told us, they could produce information in a different format that met people's needs, for example, for people who required a different font size.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints. People and their relatives knew what to do, if they had a complaint. One person told us, "No complaints at all, but I would phone the office or just chat to the carer, if I needed to."
- The registered manager said they had not received any complaints about the service.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people.
- The registered manager was aware of what to do if someone required end-of life care to ensure people's

end of life needs were met.

- The registered manager told us there was no one that required end-of-life support at the time of our inspection.

# 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; 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 service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC.
- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- The registered manager carried out monthly incidents and accidents checks, to ensure people's needs were met safely.

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

- There were audits in place to monitor the quality of service including care plans, home visits and staff training.
- People and their relatives commented positively about care staff and the registered manager. One person told us, "They [staff and registered manager] have a real pride in what they do, you can tell how much they care and want to get it right." Another person said, "It is good value for money and well run." A relative commented, "Well we had an absolute disaster before with other agency carers and this agency is so different, they [staff] know what they are doing and want to help, and you can just tell it is well managed."
- Staff described the leadership at the service as approachable and supportive. One member of staff told us, "The manager is very supportive, she genuinely cares for the work, she will ask me how I am and how are people."

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

- The provider sought people's views using satisfaction surveys. We found the responses were positive. One person told us, " Staff are always there for me and sometimes will stay an extra 10 minutes they really do care."
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day

management of the service, coordination with health care professionals and any changes or developments within the service.

#### Working in partnership with others

- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority safeguarding team and healthcare professionals.