

Alliance Community Home Care Ltd

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## Inspection report

Unit 2, Gate 5  
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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

Alliance Community Home care is a domiciliary care service providing personal care. The service provides support to people living with dementia. At the time of our inspection there were 39 people using the service.

### People's experience of using this service and what we found

There were robust systems in place to safeguard people using the service and staff were able to recognise different signs of abuse. Care records evidenced risks were assessed, monitored and managed by staff. The service took actions to reduce risks of accidents and incidents reoccurring.

There were enough staff and staff were recruited safely. Management shared learning with staff. Staff were up to date with training and the registered manager had good oversight of training.

People's capacity to consent to care and support had been assessed and recorded. The registered manager and staff understood people had the right to make their own decisions about 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.

Care plans were created with people and, where appropriate, their relatives. Care was regularly reviewed. Relatives we spoke to were positive about the care their family received. Care plans were detailed and included personal history, background, family, interests and social contacts.

Staff described a positive culture and staff told us they felt listened to by the registered manager.

Quality assurance and governance systems to monitor the quality and the safety of the service were in place, regular checks were completed and were effective in identifying areas for improvements.

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 26 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.

### 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 ●

# Alliance Community Home Care Ltd

## **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 and staff.

#### Inspection team

The inspection was carried out by an inspector.

#### 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 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 a short period of notice of the inspection. This was because it is a small service and we needed to

be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 April 2023 and ended on 1 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 the registered manager, 4 relatives and 6 members of staff. We reviewed a range of records. This included 4 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# 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

- Systems and processes were in place to safeguard people from the risk of abuse. The registered manager had a policy in place to ensure people were kept safe.
- There was a safeguarding log with evidence previous safeguarding concerns had been acted upon.
- Relatives told us they felt their family was safe. One relative told us, "Yes I do feel they are safe, I do trust them."
- Staff we spoke to were able to tell us how to recognise signs of abuse. One staff member told us what process they would follow if they had concerns. This included informing the relevant safeguarding authority if they felt the registered manager hadn't acted on their concerns.

Assessing risk, safety monitoring and management

- People using the service had their risks assessed, monitored and managed. A variety of risk assessments were in place so staff were aware of how best to support people and minimise risk. This included risk related to bed rails and any home environment risks.
- Where a person had been identified as high risk of falling, robust risk assessments were in place to minimise the risk in the person's home.
- There was an accident and incident log in place. The log was detailed and documented actions taken to reduce risks of accidents and incidents reoccurring.

Staffing and recruitment

- Staff were recruited safely. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely meet people's needs. Staff were punctual and people received care from regular staff.

Using medicines safely

- Medicines were managed safely. We reviewed people's medicines administration records (MAR) and found no discrepancies or unexplained gaps. People were supported to remain independent, staff dispensed medicines safely for people to take.
- People had their 'PRN' medicines administered safely. PRN medicines are medicines that are given on a when required basis. Protocols were in place to give guidance to staff on how and when to administer.
- Staff received training and competency checks in the safe administration of medicines.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the risks associated with poor infection control. The service had processes in place to reduce the risk of infection and cross contamination.
- Staff were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection, prevention, and control.
- Learning was shared with staff. The registered manager confirmed information was shared with staff through emails, supervision and team meetings.

# 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 before they began to use the service.
- The registered manager undertook an initial assessment with people before they started providing care and support. Relatives said they were involved in the assessment process.
- Records showed that the initial assessments had considered person's health and social history and their care needs. This ensured that the service was able to meet people's needs fully.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction which included online training and shadowing of senior staff. The registered manager completed competency checks of staff knowledge to ensure they applied their learning safely in their practice.
- Staff were up to date with training. There was a training matrix in place for oversight which included dates of completion.
- Staff told us they received regular supervision and felt confident in seeking additional support from their colleagues and the registered manager if required.

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

- People were supported to eat and drink to maintain a healthy lifestyle and follow a balanced diet.
- Care plans contained detailed information about people's likes, dislikes and dietary needs.

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

- People were supported to remain as well as possible. Staff monitored people's health and referred them to relevant health professionals when their health needs changed. Staff followed advice and guidance from healthcare professionals and ensured actions were implemented so people received effective care.
- People's care plans showed that healthcare formed part of their initial assessments, which were taken into consideration when staff supported people.
- People's records contained evidence of referrals made to health professionals for specialist guidance and advice.

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.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- All staff had been trained in the MCA. The registered manager and staff understood people had the right to make their own decisions about their care.

# 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 as 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

- Relatives we spoke to were positive about the care their family received. Comments included, "Im really happy, I have no concerns" and, "I find the carer supportive and caring."
- Care plans contained information relating to people's cultures, religions, and backgrounds.
- There were systems in place to ensure people were treated well, and their equality and diversity characteristics were respected. This included staff training in equality and diversity and working in a person-centred way.

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

- Care plans were created with people and, where appropriate, their relatives. The relatives we spoke with confirmed this. When asked if they were involved in the assessment and care planning process one person told us, " Yes, we were involved in planning care."
- Relatives told us people's choices were respected. One relative told us, "Yes they are respectful, they always check what [relative] wants."
- Care plans contained details of people's care needs and how they would like to receive care.
- The registered manager met with people and their relatives regularly during support visits and sought their feedback.
- Relatives told us staff treated their family member with respect and dignity., One relative told us, " Staff ask for consent before completing new tasks."
- Staff told us they supported people to maintain their independence. One staff member told us, "We encourage people to be independent, its about supporting them to do tasks themselves where possible."

# 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's care plans were personalised to them, and people were involved in deciding what they needed from their care as much as possible.
- People's likes and dislikes were clearly stated in care plans for all staff and health professionals to be aware of.
- Information about people's health needs was recorded and how this affected them, this helped staff understand people's conditions and provide care to meet their needs. Staff told us the care plans provided enough information to provide people with good support.
- Care was being regularly reviewed with people and their relatives.

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 individual communication needs and how these were to be met were detailed within their care plan.
- Details included people's hearing, sight and whether they used words to communicate.

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's care plans provided staff with information about their personal history, background, family, interests and social contacts. This ensured staff had access to relevant information about people and what was important and of interest to them.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. Relatives stated they knew how to complain, "I do know who to contact if I need to raise any concerns."

End of life care and support

- At the time of the inspection no one using the service was in receipt of end of life care. Discussions regarding people's end of care wishes were documented in their care plans.
- Staff 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 culture within the service demonstrated a commitment to person-centred care, where people were supported to achieve their goals and aspirations.
- Staff spoke positively about working at the service. One staff member said, "I'm very happy with my work, I've got no issues."
- Staff felt listened to by the registered manager and the management team. One member of staff said, "The manager is very approachable, our problems are listened to and sorted."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance and governance systems to monitor the quality and the safety of the service were in place, regular checks were completed and were effective in identifying areas for improvements.
- There was an audit system in place which covered areas such as, daily log, IPC and accidents and incidents. When audits identified concerns, these were addressed.
- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive.
- The registered manager understood their responsibility to notify us of any incidents relating to the service.

Working in partnership with others; 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 the duty of candour. The registered manager was able to give various examples of when the service had applied the duty of candour to practice. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The provider worked well with other agencies and bodies. The provider worked in partnership with various community health and social care professionals and external agencies.

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

- The provider involved staff through regular communication. Staff stayed in touch with the registered manager through individual supervision meetings and regular team meetings.
- The service completed surveys for staff and for people who use the service.

