

AliMo Care Ltd

Alimo Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

AliMo Care is a domiciliary care agency. It provides support and personal care to people living in their own homes. The service provides support to adults who have a range of physical, cognitive or mental health needs. The service is registered to provide support to people with a learning disability or an autistic person. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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.

At the time of the inspection, 45 people were receiving personal care from the service. 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

People were protected from the risk of harm or abuse and told us they felt safe with the staff who supported them. Systems, policies and staff training helped to protect people and ensure actions would be taken if there were concerns. Staff worked with people and other agencies to manage risks.

Risks to people's health, safety and well-being were assessed and reviewed regularly. Staff knew people well and supported them to remain as independent as possible and risks were managed in people's best interests. People were supported by staff who were trained and competent in helping them with medicines.

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 and their relatives were positive about staff and the service they received. Support was usually provided by staff who knew people well. Staff received a comprehensive induction with ongoing training, supervision and monitoring. Enough staff were employed, and safe recruitment practices were in place.

There was a positive culture and staff at all levels were passionate about providing a high quality service with the person at the centre. People and their relatives told us the service was consistently well-led. Staff felt respected, valued and supported and were proud to work for the service.

Governance systems and processes were effective and helped the registered manager to monitor standards and continue providing high quality support. Actions were taken to manage risks or make changes when shortfalls were identified.

Feedback from people and their relatives was positive, and surveys and reviews were carried out regularly to check people remained happy and the service met their needs. People and their relatives told us they felt able to raise concerns or complaints with the managers, although most added that they had not needed to do this. The registered manager was open and keen to learn to continually improve the service.

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

Rating at last inspection

The last rating for this service was good (published 5 January 2018).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

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 well-led?

Good 

The service was well led.

Details are in our safe findings below.

Alimo Care 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

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 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 a short period notice of the inspection 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 5 June 2023 and ended on 20 June 2023. We visited the location's office on 20 June 2023.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

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 this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We received feedback from 2 professionals who worked with the service. We spoke with 10 members of staff, including the registered manager and support staff. Everyone's comments have been incorporated into this report.

We looked at a range of records about people's care and the running of the service. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff support. We read documents relating to the management of the service including audits, policies and procedures and training information.

We considered all of this information to help us to make a judgement about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 abuse and told us they felt safe with the staff who supported them.
- Systems and policies were in place ensure people were protected from the risk of harm or abuse.
- Safeguarding concerns were referred to other professionals and investigated as necessary.
- Staff received training and knew how to recognise signs of abuse and raise concerns. Staff told us the training and procedures helped them, they were confident they would be listened to, and knew action would be taken if they raised concerns.
- Staff knew how to raise concerns about poor care by the management team. One staff member told us, "The office staff are always available at any time, if it's out of hours they call you back very quickly."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and reviewed on a regular basis. Risk assessments were documented and these supported staff to manage risks as far as possible. We saw risk assessments for needs such as pressure care, mobility and specific health conditions. One person had a risk assessment titled, 'What worries me' because it was important for staff to understand all aspects of the individual's needs.
- Staff knew people well and liaised with other agencies to ensure people could remain as independent as possible while risks were managed in their best interests.
- Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- Staff told us they were supported to provide care that was safe. One staff member said, "We wouldn't do anything that wasn't safe. If we're not sure about anything, we just have to ring the office and they help us work it out."

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.

- Staff had received training and were working within the principles of the MCA.
- One care record contained the statement, "Please ask me if I consent to your providing care and support during your visit", and another prompted staff to check a person still consented to care at the start of each visit. This showed staff respected people's choices and empowered them to make decisions about their care and support.
- At the time of our inspection, no applications had been made to the Court of Protection and no-one was deprived of their liberty.

Staffing and recruitment

- There were enough staff to meet people's needs and staff worked regular shifts to provide a more consistent service to people.
- The registered manager was clear that they would only take on new packages of care if they had enough staff and the skills necessary to provide safe, good quality support.
- People and their relatives told us visits were carried out within agreed timeframes. Late or missed calls were monitored and were an infrequent occurrence.
- People and their relatives told us staff were skilled in supporting them. Comments included, "I didn't want care at first, but now I don't know what I'd do without them" and "I have no worries about the staff. They know exactly how I like things."
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to work with people in their homes.
- When staff started working for the service, they undertook an induction programme, were introduced to people while supported by experienced staff, and completed a period of probation with regular reviews. This meant people could be confident staff were competent, and they knew the person who was coming into their home.
- When necessary, the registered manager took disciplinary action and used performance management to keep people safe and ensure care remained of the highest quality.

Using medicines safely

- People's medicines were managed and administered safely.
- Staff were trained in the safe management and administration of medicines. Spot checks in people's homes were regularly carried out and staff competency was monitored.
- Records showed people received their medicines as prescribed. Staff documented medicines administration electronically. This ensured records were accurate and could be easily monitored.
- Some people managed their own medicines. In these cases a risk assessment was in place.
- Medicines audits were carried out to check practice and ensure standards were maintained. Action was taken if necessary to improve practice.

Preventing and controlling infection

- The provider had managed risks effectively during the recent pandemic. We were assured that people were protected by the prevention and control of infection.
- Staff received training in infection prevention and control and followed current guidance to keep people safe.
- Staff had access to personal protective equipment (PPE) and used this effectively and safely.
- The provider had an infection prevention and control policy which was up to date and reflected current practice.

Learning lessons when things go wrong

- Accidents and incidents were managed and recorded effectively. A process was in place to identify how the event occurred, record the investigation and the outcomes. Themes were highlighted and actions shared to

improve people's experience or prevent similar incidents in the future.

- The management team were open and keen to learn and take actions when things went wrong. Lessons learned were shared in staff meetings, supervision and update messages as required.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People and their relatives told us the service was consistently well-led. They were positive about the support they received. Comments included, "Absolutely fantastic" and "I would highly recommend the company." One relative was less positive about the service overall and noted, "On the whole they're ok. They do well in some areas."
- The registered manager was passionate and prioritised the delivery of safe, high quality care which held people at the heart of the service. The management team shaped the culture in line with the service's vision and values. These focused on care, respect, compassion, honesty and involvement.
- People's needs and preferences were considered, and respect given to protected characteristics such as gender, sexual orientation and religion. People were asked about issues such as intimacy needs to ensure a holistic approach to support was observed.
- People and their relatives told us the management team were approachable and helpful. One relative said, "I have their contact details. I just have to call them, they're very supportive."
- Staff felt respected, valued and supported. They were proud of working for the service. Comments from staff included, "Amazing", "I can't fault them" and "AliMo Care is a fantastic company to work for." All the staff we asked said they would be happy for a friend or family member to have support from AliMo Care if needed.
- The management team aimed to retain staff, invested in them and recognised their achievements. For example, through pay increases and awards, training, gifts and gestures, such as paying for drinks and ice creams for staff during spells of hot weather.

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 was open and honest and understood their responsibilities following an incident.
- Throughout the inspection, the registered manager was transparent about the performance of the service and the challenges it faced.
- Relatives and professionals told us they found communication with the service to be clear and responsive.

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

- A registered manager was in post, and they were clear about the responsibilities of their role. Staff understood their responsibilities and the role they played in providing a good quality service.

- Legal requirements were met by the registered manager. For example, keeping up to date with best practice and government guidance and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.
- Governance, management and accountability arrangements were clear. Electronic systems supported the registered manager to monitor, analyse and learn from data and information about the service. They carried out regular audits of care plans, staff files and medicines management.
- Records relating to the support people received were reviewed regularly and the management team received alerts if there were any gaps in performance or missing entries.
- Risks and quality were also monitored in regular spot checks carried out during visits. These were recorded, and actions were taken to improve the service when necessary.

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

- People and their relatives had regular contact with the management team. They were supported to give feedback about the service and identify areas for improvement. People told us, "A senior person sometimes pops in. I could tell them if I had any worries" and "There's nothing I would change. Everything's good really."
- A survey had recently been carried out by the provider. Satisfaction scores were high, and people's comments were positive.
- The service had received a number of compliments. One message read, "Thank you for the care, concern and respect you showed to [Name]. You are all such lovely individuals with your own infectious personalities, impossible not to warm to. You do such amazing work and make a huge difference to people's lives. Can't thank you enough."
- Staff were encouraged to give feedback informally as well as through regular meetings and supervision
- Staff told us they felt able to raise concerns or make suggestions. One staff member said, "I feel comfortable and trust them enough to tell them any concerns I may have."

Continuous learning and improving care

- The registered manager was keen to learn in order continually improve the service.
- People and their relatives told us they felt able to raise concerns or complaints with the managers, although most added that they had not needed to do this.
- A procedure was in place for managing complaints. A log was kept to outline the investigation undertaken, any outcome and whether the complainant was happy with this.

Working in partnership with others

- The service worked closely with health and social care professionals to ensure that people received support which met their assessed needs. This included specialist nurses, GPs and social workers.
- Professionals were positive about the service provided and the staff team.
- The registered manager ensured the service was involved in the wider community by donating to local organisations and supporting charities.