Areli Care Ltd

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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:

Areli Care Limited is a franchise of 'Caremark'. It provides personal care to people living in their own homes in the community. It provides support to older people and younger adults with physical disabilities, learning difficulties, sensory impairments and mental health needs. At the time of the inspection 16 people were receiving personal care.

People's experience of using this service:

People and their relatives were very positive about their experiences of Areli Care. One person told us, "All the staff are very well trained and know my likes and dislikes. Staff show kindness and empathy, and everyone works hard, it's a pleasure to have them. If they are running late I always get a call to keep me up to date. I am never rushed, and I am so chuffed how well the service works with me, it is so different on every level, one of the best."

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

People received their medicines safely and on time. Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us that staff treated them with kindness and we observed friendly interactions. People received person centred care that was responsive to their needs and people and relatives knew how to raise a complaint.

Quality assurance systems were in place to monitor the service and drive improvements.

More information is in Detailed Findings below.

Rating at last inspection: This was the first inspection of Areli Care Limited since it was registered by the Care Quality Commission (CQC) on 30 May 2018. New services are assessed to check they are likely to be safe,

effective, caring, responsive and well-led when registering.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 Responsive findings below.

Areli 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

Areli Care Limited is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and people would be available to talk to us.

What we did:

Before inspection:

We reviewed information we had received about the service since it registered with the CQC in May 2018. 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. 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 used all this information to plan our inspection.

During the inspection:

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, field care supervisor and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. 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. We sought feedback from three health and social care professionals.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•Systems were in place to ensure staff had the right guidance to keep people safe from harm. People told us they had no concerns about their safety and that staff made them feel comfortable. One person told us, "Every time the staff leave they always check my property to make sure the windows and doors are locked which makes me feel safe. I feel 100% safe with the staff."
•Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority.
•Staff received safeguarding training and knew the potential signs of abuse. Staff told us, they would document any changes in the persons physical appearance or behaviour and report any concerns to the registered manager. Staff were confident to call the emergency services if the person needed medical attention or if a crime had been committed.
•The registered manager gave an example, where a member of the public visited a person's home pretending to be a care worker from another service. Staff reported this to the registered manager who contacted the police and the local authority to raise a safeguarding concern. The registered manager worked with the person to come up with a 'safe' word so the person only let people into their home who knew the 'safe' word.

Assessing risk, safety monitoring and management

•Risks to people were assessed and their safety was monitored and managed to support people to stay safe.
•Care plans detailed people's individual risks and gave clear guidance to staff highlighting how the person should be supported to minimise the potential risk such as, medication, falls and risks around self-neglect. A member of staff told us, "I talk to the person about their well-being and risks for example, if they were high risk of falls I will remind people to use their mobility aids."
•One relative told us, "A member of staff contacted me as they thought dad's breathing was a bit wheezy, so I contacted GP and he had bronchitis. I was so grateful to the member of staff for bringing this to my attention."
•Risks associated with the safety of the person's home and equipment were identified and known to staff. For example, how to evacuate the person in the event of a fire.

Staffing and recruitment

•The service had sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us, staff visited at the agreed times and how they never felt rushed during their care call. One person told us, "The staff don't clock watch and I never feel rushed."

•Staff told us that changes to the rota were communicated by phone and that the office was very prompt at responding and informing staff about any changes to the rota. One member of staff told us, "Rotas are flexible and generally the same hours with the same people to support to ensure consistency."
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•Staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).
•New staff completed an induction, this included a competency checklist to ensure staff were safe and competent to work with people.

Using medicines safely

•The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe.
•Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering medications 'as and when' required.
•We checked the Medicine Administration Records in a person's home and found these were correctly recorded. One person told us, "I have a blister pack and staff dispense the medication for me. Staff show me the blister pack and pop the medication out in front of me to offer me reassurance. Staff have set up a verbal reminder on my Alexa to remind me when staff don't support me to take my medicines."

Preventing and controlling infection

•People were protected from the risk of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "Staff are very conscious of infection control."
•Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. One member of staff told us, "It is really important when visiting people who are vulnerable, our hygiene could affect people's health and we need to protect ourselves and them."

Learning lessons when things go wrong

•Systems were in place to record and identify lessons learned and improvements were made when things went wrong. For example, the registered manager told us, how one person left the gas cooker on and fell asleep. When the staff member arrived, there was a strong smell of gas, so they opened the windows and door, called the fire service and an ambulance. The registered manager contacted the family to discuss the gas cooker being disconnected, to prevent the situation happening again.
•Staff understood their responsibilities to raise concerns, record incidents and near misses.

Good

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.

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

•The registered manager carried out a pre-assessment before people received care from the service. This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences. For example, people's care plans outlined the tasks that needed to be completed at each care visit.
•Staff provided us with examples of how people wanted to be cared for, including the choices they made around their daily routines and personal care. Staff respected people's wishes if they did not want male carers to support with personal care.
•Protected characteristics under the Equality Act (2010), such as religion and disability were discussed and recorded as part of this process, if people wished to discuss these.
•People used technology to support their independence. Some people had access to technology such as tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'care pendent'. This meant that people could remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.

Staff support: induction, training, skills and experience

•Staff completed a comprehensive induction and training programme and had access to face to face and online courses. One member of staff told us, "I am very satisfied with the training. The training is always very interactive and comprehensive."
•The registered manager had good systems to monitor training to ensure staff training was up to date and staff received regular refresher training. Staff received training in key areas such as, moving and handling, safeguarding, medication and health and safety. The registered manager told us, "I tailor training based on the needs of the person."
•People told us they thought staff were knowledgeable and skilled. One person told us, "The staff have lots of training and do lots of shadowing before they support on their own."
•Staff received regular supervision and told us they felt supported on a day to day basis.

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

•People were supported to eat and drink enough to maintain a balanced diet. Where people needed support with eating and meal preparation, this was detailed in their care plan. One member of staff told us, "I try to promote healthy choices such as, fruit and vegetables rather than chocolate. I cook home cooked meals such bangers and mash and roast dinner's rather than microwave meals. I always leave the person

with a jug of water or juice, offer teas and coffee, hot chocolate and make sure it is accessible."
•One person told us, "Staff check that I have a drink and always ask if I want breakfast and they will pop to the shop to get what I want. The food is presented nicely and cooked how I like it. Staff support me to go shopping so I can choose what I want to eat."
•Staff knew to report and record any risks to people's nutrition and hydration and seek appropriate advice from the GP to ensure staff supported people effectively.

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

•People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing. A member of staff gave an example, where they noticed that one person had not been sleeping or not eating, they shared the information with the registered manager and the person's family. The family arranged for the person to see the doctor.
•Staff's knowledge of people and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health. One health professional told us, "Following the care the service has provided, my patient has been much better. Their pressure sores have healed and been managed well, and they have not had any acute hospital admissions. All contacts from Areli Care requesting medical advice or visits have been appropriate and timely."
•People were supported to live healthier lives and had access to healthcare services and support to receive ongoing healthcare. Referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses and GP's.

Ensuring consent to care and treatment in line with law and guidance

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•We checked whether the service was working within the principles of the MCA. Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
•Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care. One member told us, "We have the five MCA principals on the back of our identity cards. We have received training and I will always give people choice and make sure they have informed choices."
•The providers policies and systems in the service supported this practice.

Good

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.

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 were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this.
•Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people. One person told us, "I get on really well with the staff and if they don't have another call to go to, the staff will sit with me and have a cuppa and a chat. I have a very good relationship with all the staff."
•Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs. One member of staff told us, "I try and make a connection straight away, I read the person's care plan before and look for conversation starters to build a rapport. for example, I support someone who was in the Marines and we talk about this."
•People were supported to maintain their identity and personal appearance, in accordance with their own wishes.
•Staff knew people's preferences and used this knowledge to care for them in the way they liked. One person told us, "I feel at ease with the staff. I worry lots and staff ask me if everything is ok and listen to me."
•Staff had a good understanding of equality, diversity and human rights and people's differences were respected. For example, one person's care plan stated that they go to church every Sunday to observe their faith.

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

•People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible.
•One person told us, "I Regularly meet with the registered manager to talk about my care needs and when new staff are being introduced. Very well informed, one of the best care companies I have had to date."
•People and relatives were involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals, such as GPs, specialist nurses and social workers where possible.
•Relatives and people spoke highly about communication from the office which enabled them to be fully involved and understand the decisions made about their care.
•Staff adapted their communication to overcome communication barriers with people. One member of staff told us, "One lady has poor communication due to her condition. She has a number and letter boards to assist with communication."

Respecting and promoting people's privacy, dignity and independence

•People's privacy was protected. Staff gave examples, of how they respected people's privacy by ensuring they closed the doors and curtains when supporting with personal care and using towels to maintain people's dignity.
•Care plans provided guidance to staff to promote people's independence and they had a good understanding of the importance of supporting people to remain independent. A relative told us, "Dad has gone from going out every day to staying at home and staff have encouraged him to walk to the shops."
•People's private information was secure. Care documentation was held confidentially, and sensitive information was stored securely in the office which was locked when staff were not present.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care that was responsive to their needs. People, their relatives and healthcare professionals told us they were involved in developing and reviewing care plans.
•One member of staff told us, "I ask questions and tell people what I will be doing and make sure they are happy with the way I am supporting them. I check in with people and follow their care plan."
•People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. One person told us, "I am in control of my life, what I want and what I don't want. They meet my needs by making sure I have female carers rather than male carers as I have not had good experiences. This agency is so much more personal and special, I am always shown respect and treated like any other person regardless of my disability."
•People were encouraged and supported to pursue their interests and hobbies, and these were detailed in people's care plans. For example, one person's care plan detailed the people that were important to them and the visits they had from family, neighbours and a local voluntary group.
•The registered manager gave an example, where one person was socially isolated due to fears about their personal appearance and how they would be perceived by society. Staff supported the person to feel better about themselves, by helping them to access some courses and activities that they were interested in. The person has gone from never leaving their home, to going out on every visit.
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
•People's communication needs were identified, recorded and highlighted in people's care plans. For example, if people had a physical or sensory impairment and how the person should be supported.

Improving care quality in response to complaints or concerns

•People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.
•People had a copy of the complaint's procedure in their home. One person told us, "I would be happy to make a complaint if I needed to, but I have only raised little niggles such as, can the staff wipe the sides down. The office responds very quickly and let staff know."
•Systems were in place to manage and responded to complaints. Since the service began in May 2018 the registered manager had not received any complaints.

End of life care and support

•One person was receiving end of life care and was supported to make decisions about their preferences and wishes for end of life care.
•People were supported by staff who were trained in end of life care, who were skilled and competent to support them.
•People's wishes for resuscitation was recorded and known to staff. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.

Good

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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•The registered manager placed high value on providing good quality care and staff knew people well to deliver person centred care and support. One member of staff told us, "I really appreciate their open-door policy, the staff and managers are really supportive and give me confidence in what I do. Great company to work for."
•A relative told us, "The staff are matched to people so well in terms of interests and my relative looks forward to the staff coming in, It's the whole package. We went on a recommendation and after meeting the registered manager everything just felt right, I don't think there is anyone better."
•The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
•The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

•Staff understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
•The care field supervisor carried out regular spot checks to ensure that staff were providing good quality care.
• Areli Care is part of the 'Caremark' franchise, a regional development manager carried out regular quality assurance audits, producing action plans for areas of improvements.
•Each staff member was given an 'employees manual' which included key information, policies and procedures to support staff in understanding their role and responsibilities. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
•The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the service.

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

characteristics

•People, relatives and visiting professionals were given opportunities to be involved, through daily feedback with staff and regular reviews about their care
•The service had systems in place for people, their relatives, staff and professionals to take part in yearly surveys. These were due to be sent out following the service being in operation for one year.
•Staff meetings were held regularly, and staff used people's daily communications books to share key information about the person with other staff.
•The provider had a 'suggestions box' in the reception area at the office, for staff to make suggestions.

Continuous learning and improving care

•The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation.
•Systems were in place to continuously learn, improve, innovate and ensure sustainability. One staff member told us, "I will give suggestions to improve care for people if their care needs change, such as equipment or routine."
•Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.

Working in partnership with others

•Staff worked in partnership with people, relatives and other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations, such as GP's and district nurses. The registered manager gave an example, where one person came to the service with serious pressure sores, the district nurse was visiting the person four to six times a week. Through working with the district nurse staff have supported the person to improve their pressure sores and the district nurse has visited twice in the past six months.
•The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.