

Idea Alliance Ltd

# Idea Alliance Ltd

## 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: Idea Alliance Ltd (also known as Heritage Healthcare Tandridge) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the service was providing support to five people, four of whom received the regulated activity personal care.

People's experience of using this service:

- People were protected against the risk of avoidable harm and abuse, as staff received on-going safeguarding training and knew how to identify, respond to and escalate suspected abuse. Risk management plans in place gave staff clear guidance on how to reduce risks.
- People received their medicines as intended by the prescribing Pharmacist. Medicines audits were carried out to ensure issues identified were acted on in a timely manner.
- People were protected against the risk of cross contamination as the provider had clear infection control measures in place.
- The registered manager deployed sufficient numbers of suitably vetted staff to keep people safe. Staff received on-going training to enhance their skills and experience. Staff reflected on their working practices through regular supervisions.
- People were supported to access sufficient amounts of food and drink that met their dietary needs and requirements. Where concerns were raised regarding people's health needs, information was shared with their relatives and healthcare professionals to monitor and maintain their health.
- Staff members were knowledgeable about and adhered to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought and respected.
- People were treated equally and had their diversity respected. People and their relatives spoke positively about staff, describing them as caring and brilliant.
- People's dependency levels were regularly monitored and support provided adjusted according to people's needs. People's privacy was respected and their dignity maintained.
- Care plans were person-centred and gave staff clear guidance on how people wished to be supported. People were encouraged to develop their care plans, which were regularly reviewed to reflect people's changing needs. Changes to care plans were shared immediately with staff to ensure care and support was in line with people's preferences.
- People told us they were aware of how to raise any concerns or complaints and that these would be addressed swiftly.
- At the time of the inspection, the service were not providing palliative care to people. However, the provider had procedures in place should end of life care support be required.
- The registered manager was aware of their roles and responsibility in relation to notifying the CQC of notifiable incidents.

- People spoke positively about the management of the service. The registered manager was a visible presence and approachable. The management structure in place enabled all staff to be accountable for their roles and responsibilities.
- People's views were sought to drive improvements and develop the service. The registered manager encouraged and sought partnership working to drive improvements. The registered manager carried out regular audits to monitor the service and take swift action when issues were identified.

Rating at last inspection: This is the service's first inspection since their registration with the Care Quality Commission (CQC) on 9 April 2018.

Why we inspected: This was a planned inspection in line with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Idea Alliance 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 inspection was carried out by one inspector.

#### Service and service type:

Idea Alliance Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The service had a manager registered with the CQC. 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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 April 2019 and ended on 2 May 2019. We visited the office location on 30 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed information we held about the service, for example the provider information return (PIR) and information shared with us by members of the public. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people, two relatives, two staff members, the registered manager,

the area manager and the provider. We looked at three care plans, two medicines administration records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as the provider had clear safeguarding policies in place and staff were aware of their responsibilities in identifying, responding to and escalating suspected abuse.
- One person told us, "I feel safe because the support and attention that's paid to the things I need is done thoroughly and that makes me feel safe. There's no reason not to feel safe."
- A staff member told us, "I would first of all reassure [the person] to help them stay calm and feel safe. I would document it and report to the registered manager. If the registered manager doesn't do anything about it, I would raise a safeguarding, I would whistle blow."
- Records confirmed staff received safeguarding training and the registered manager was aware of the local authorities safeguarding procedure.
- At the time of the inspection, there had been no safeguarding alerts in the last 12 months.

Assessing risk, safety monitoring and management

- At the time of the inspection we identified there were risk management plans in place to keep people safe. However, risk management plans were not comprehensive and did not give clear and robust guidance for staff to follow when faced with identified risks. We shared our concerns with the registered manager who after the inspection submitted updated risk management plans that were comprehensive.
- A staff member told us, "We risk assess if there's anything that could cause [people] harm. I would report any new risks to the [registered] manager and we will help deal with it. I read the risk assessments when I go on visits. Any changes are always documented in the notes on our phones [so we are aware instantly]."
- Risk management plans covered, for example, moving and handling and medicines.

Staffing and recruitment

- People received care and support from adequate numbers of suitable staff to keep them safe.
- One person told us, "They [staff members] always turn up on time, sometimes they may be a couple of minutes earlier. They haven't been late but if they were they would let us know. I always get the same carer unless they are on holiday, but the other staff member is someone that's been before."
- The service used an electronic monitoring system [EMS] that notified the office staff as to when there were late visits. This meant that the registered manager was able to monitor the staffing levels in real time.
- A staff member told us, "If you can't do the call [the office staff] will always find cover. If you're going to be late for a visit, I ring the registered manager and let them know. They then call the client or their relative to let them know."
- Staff underwent robust pre-employment checks to ensure people's suitability for the role. Records confirmed staff files contained a completed application form, full employment history, satisfactory references, proof of identity and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal

records check employers undertake to make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as intended by the prescribing pharmacist and in line with good practice.
- A staff member told us, "We are always doing training, when we first started we had in-house medicines training. I feel confident administering medicines. I would report any medicines errors to the registered manager who would then investigate. I would contact the GP for advice."
- Staff received on-going medicines training and had their medicines competencies assessed to ensure they followed good practice.
- Medicines Administration Records [MARs] were completed electronically by staff which meant that staff had to complete the administration of medicines before moving on to their next task. The registered manager also carried out a regular medicines audit, which meant that any issues identified were acted on in a timely manner.

#### Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
- A staff member told us, "Before we start any personal care, we always put on our gloves and aprons. We don't use the same gloves for more than one job so we don't contaminate things. We always try to apply good hygiene methods. We are given enough gloves, we can come to the office and collect more or the office staff will deliver more to us."
- Records confirmed staff received on-going training in infection control; and had been enrolled on a food hygiene course.

#### Learning lessons when things go wrong

- Although there had been no incidents, accidents or near misses in the last 12 months, the registered manager and staff were aware of the appropriate steps to minimise the risk of repeat incidents.



# 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

Good      People's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

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

- People's consent to care and treatment was sought prior to being delivered. People's consent was respected.
- One person told us, "Yes, they [staff members] seek my consent before they do things and respect my decisions." A relative said, "Yes, that's right they [staff members] do that [seek consent]."
- One staff member told us, "The MCA means everyone is deemed to have capacity to make decisions and choices for themselves and it is our job to support them to make decisions."
- Care plans detailed people's capacity to make decisions.

Staff support: induction, training, skills and experience

- People received care and support from staff that had undergone a comprehensive induction and on-going training to enhance their skills and experiences.
- A staff member told us, "I've had manual handling, medicines, first aid, safeguarding, MCA training, I've had lots of training. Some training is classroom based and some is online. The training has made me more confident." A second staff member said, "The provider will send us on additional information sessions as it is beneficial to have as much knowledge as possible."
- Records demonstrated staff training included, for example, medicines, manual handling, infection control, safeguarding, mental capacity act and dementia.
- Staff confirmed they could request additional training and this would be provided.
- Staff reflected on their working practices through regular one-to-one supervisions. Supervisions looked at all aspects of staff roles; and gave staff the opportunity to set obtainable goals to achieve in the coming months.

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

- Care plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- People's dependency needs were regularly reviewed to ensure the care and support provided met their

needs.

- Care plans clearly detailed people's preferences, which enabled staff members to offer people choices in line with their preferences.

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

- People were supported to access food and drink that met their dietary needs and requirements, as agreed in their care package.
- One person told us, "They [staff members] help prepare my breakfast and its always foods that I like."
- A staff member told us, "I don't support anyone at the moment with a specialist dietary requirement. We do have people that we support, with meal preparation. We will make a meal if required."
- Care plans detailed people's preferences in relation to food and drink.

Supporting people to live healthier lives, access healthcare services and support

- Care plans detailed people's health needs and diagnosis.
- One person said, "I don't need help with going to the appointments as my relative takes me."
- A staff member told us, "If I was concerned about someone's health, I would contact the G.P or other healthcare professional for advice and let the registered manager know."
- Although staff did not support people to attend healthcare professional appointments staff confirmed they would do so if required.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated equally and had their human rights and diversity respected.
- One person told us, "Everything is done to my satisfaction, they [staff members] are very nice." A relative said, "The staff are brilliant." Another relative said, "The [staff members] are really nice. We all seem to get on alright, I have no concerns. They are a nice bunch."
- A staff member said, "At the moment we don't have anyone with any specific cultural or faith needs. But we will support them with whatever they need."
- Records confirmed staff received training in equality and diversity and were aware of how to put this into practice.

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

- People confirmed they were encouraged to make decisions about the care and support they received and have their decisions respected.
- A staff member told us, "We support [people] in making choices, we give them options and ask them what it is they would like to do. Options include, if they want to go out or stay in, what they would like to eat. Sometimes I'll show them options. Support them to make decisions in a way they can understand."
- Care plans clearly identified how people communicated and how they expressed both their physical and emotional needs. This therefore enabled staff to support people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed people were treated respectfully.
- A staff member told us, "One person I support likes to do things for herself and I encourage that. If you do things for her she wouldn't be happy. It's good for them to be independent. I encourage them to do the things they are capable of doing."
- Care plans detailed people's dependency levels and the support required was adjusted according to people's changing needs.

# Is the service responsive?

## Our findings

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

Good: 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 tailored to their individual needs.
- People and their relatives were encouraged to develop their care plans.
- One person told us, "The care plan is here if I want to look at it but I don't want to. The care plan was worked out between myself and the management." A relative said, "They [the service] did speak with us about it and took our views on board."
- A staff member said, "The care plan is there so that we know how the person likes things to be done. How they wish their personal care is done, that way we are able to understand them more and meet their needs." A second staff member told us, "A care plan is agreed with the person as it's all about [delivering care that's] person-centred; and how they want to receive their care."
- Care plans detailed people's wishes, preferences, medical, health and support needs. Care plans were regularly reviewed to reflect people's changing needs.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place which detailed what action the service would take when in receipt of complaints.
- People were aware of the complaints policy and how to raise any concerns or complaints they may have. For example, one person told us, "I would ring the service and tell them if I wasn't satisfied, but so far I've not had to." A relative said, "I haven't done so but I am aware of how to."
- A staff member said, "Reassure them that their complaint will be dealt with and pass it on to the manager."
- At the time of the inspection the provider had not received any complaints in the last 12 months.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- The provider had an end of life policy in place, which staff were aware of and could refer to should the need arise. However, people's end of life care and support wishes were not documented, nor had staff members received end of life care training. We shared our concerns with the registered manager.
- After the inspection the registered manager sent us confirmation that all staff had been enrolled on end of life care training. We were also informed the new admission assessments would contain reference to end of life care and would be annually reviewed. We were satisfied with the registered manager's response.

# 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

Good: ☐ 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; and how the provider understands and acts on duty of candour responsibility and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received personalised care from staff members that had the skills, experience and knowledge to carry out their role.
- People, their relatives and staff spoke highly of the registered manager and provider. Comments included, for example, 'I have seen [the registered manager] quite a bit and she is very nice. We always have a chat and a giggle', 'They [the management] are open and transparent' and 'Even if it is the weekend, the [registered] manager will pick up your calls. They are both very approachable.'
- During the inspection we observed staff calling the registered manager and provider for advice and guidance, which was given readily.
- The registered manager carried out regular audits of the service to drive improvement and monitor the service provision. Audits included, for example, medicines management, care plans, staff files and training. Issues identified during the audit process were managed quickly to minimise the impact on people.
- Staff were aware of the service's visions and values which were clearly displayed in the office and were share with staff through the induction process.
- Although the registered manager had so far not needed to submit any statutory notifications to the CQC, in line with the Health and Social Care Act 2014, the registered manager was aware of what notifications to send us.

Continuous learning and improving care

- The registered manager was keen to improve the service and ensure that the service was managed effectively.
- The registered manager carried out regular spot checks and telephone monitoring to ascertain people's views and where issues were identified action was taken swiftly. By doing this, the registered manager ensured that the service was continually improving.
- The registered manager also carried out a quarterly audit that looked into any action that was required, outcomes and analysis and points for future learning.

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

- People and their relatives told us their views were sought and acted on. One person told us, "They [the service] asked my views a while ago."

- One spot check comment documented stated, 'The service is carried out to my satisfaction. We as a family are very happy with the service and our carer, who is very punctual.'
- A staff member told us, "We have team meetings and can share our views, which are listened to."
- We reviewed the satisfaction surveys received and found all contained positive comments and feedback, indicating people were satisfied with the care and support provided.

#### Working in partnership with others

- The registered manager told us they encouraged and sought partnership working to enhance people's lives. The registered manager said, "It's important to work in partnership with others. I have attended the registered managers forum. We get to meet different registered managers and discuss any changes in regulation. We share information and work collaboratively and share ideas. We also work with healthcare professionals as and when required."