

Alchita Care Limited

# Alchita Care Limited of Bradford

## 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

Alchita Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults and older adults. CQC only inspects the service being received by people provided with 'personal care.' At the time of the inspection the service was providing three people with personal care.

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

Staff understood how to keep people in their care safe from harm. Where risks to people had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. Staff had been recruited safely and there were enough staff to provide people with timely care and support.

Staff received appropriate training and support. Staff provided people with support to meet their nutrition, hydration and health care needs. 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 received support from staff who were kind and caring. People were involved in making decisions about their care and were treated with dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

People's care needs were assessed before a service was offered, to make sure staff would be able to meet their needs. Care plans were developed to make sure staff knew what they needed to do to meet those needs. This meant people received person centred care. A complaints procedure was in place and people said they would speak to the registered manager if they had any concerns.

The provider had effective governance and auditing systems in place to ensure people received safe care and treatment. This meant the provider was identifying and rectifying any short falls in the service. People were positive about the registered manager and the service which was being provided. People told us they would recommend the service to others and as an organisation to work for.

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

### Why we inspected

This service was registered with us on 9 August 2018 and this is the first inspection.

### Follow up

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

## 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.

# Alchita Care Limited of Bradford

## **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 Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

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

The service had a registered manager who was 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 August 2019 and ended on 6 August 2019. We visited the office location on 6 August 2019.

#### What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding

team and commissioners. 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 of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with two care workers and the registered manager. At the office base we spent time looking at the people's care plans, we also looked at staff records and various documents relating to the service's quality assurance systems.

# 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 for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. Staff had completed safeguarding training and understood how to keep people safe.
- Staff told us they would report any concerns to the registered manager.
- The registered manager was aware of the safeguarding reporting procedures but had not needed to use them.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people.
- There were risk assessments in place for people which covered, for example, what mobility aids they used, together with any specific safety equipment.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People told us care and support was provided by a consistent group of carers. One person said, "I have been using the service for about three months and they are very reliable." "The staff have time to spend with [name] and are staying for the full allocated time and have also been going in over and above the planned calls."
- The registered manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- People using the service were supported to take their medicines by staff who had been trained to do this safely. One person said, "They [staff] get my pills out for me in the morning. I do the rest myself. They [staff] tell me it is most important I take them." A relative told us, "Staff administer medicines on an evening and this is working well. I can see the medication administration charts have been filled in and [name] is getting their medicines as prescribed. At the assessment I told them [staff] they needed to make sure [name] took their tablets and they do this."
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

#### Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves, aprons and overshoe covers were available for staff to use.

#### Learning lessons when things go wrong

- Systems were in place to analyse accidents and incidents to look as ways of preventing a re-occurrence.

# 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 as 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

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. People told us, "They [staff] came to talk to me and my daughter before the service started to find out what I needed" and "Before the service started two staff came to assess Mum and spent about an hour going through what we wanted from them."

Staff support: induction, training, skills and experience

- Care workers told us they received training to ensure they had the skills to meet people's needs. Training included areas such as first aid, health and safety and moving and handling. One relative told us, "Staff are skilled, caring and have a nice way about them. They understand Alzheimer's."
- New staff received an induction which included shadowing the registered manager.
- Staff had supervision meetings with the registered manager. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the persons home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package.
- Staff were pro-active to make sure people received good nutrition and hydration. A relative told us, "Staff show initiative. They noticed [name] was not eating their cereal in the morning and asked if they could try [name] with porridge. [Name] is eating the porridge and also boiled or scrambled eggs."

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

- People told us that they were supported to maintain their wellbeing and had access to health care professionals if this was needed.
- Staff told us that if they were concerned about a person's health they would relay these concerns to the office or speak with health professionals directly to ensure that the person received the care they needed.
- The agency liaised with a range of health professionals such as district nurses, GPs and occupational therapists.

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



The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure that decisions made were in the person's best interests.

# 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

- People's views about the staff were positive. Comments included, "Very nice people, very kind and very pleasant," "Staff are reliable and [Name] gets the care they need" and "The staff are compassionate."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Care records were written in a respectful way.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff knew people's daily routines and could tell us about them.
- People were consulted and asked for their opinions the registered manager had daily contact with people who were using the service.
- People told us they were supported and involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us, "I get help with a shower two to three times a week and staff are very much mindful of my privacy and dignity," and "There are no issues in relation to privacy and dignity. The staff are really, really good."
- Care plans gave information about encouraging people to be independent. A relative told us, "[Name] has a whiteboard in the lounge so they can see what day it is and anything which is planned for the day. For example, if the cleaner is coming there is a picture of [name] with the cleaner. The staff make sure the information on the board is changed every day without fail."

# 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 as 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 and their relatives were consulted about every aspect of their support. Care plans were person-centred and explained exactly how people liked to be supported. A relative told us, "There is a copy of [Name's] care plan in the house and the daily records. There is also a note pad so I can leave messages for the carers or vice versa."
- Care plans were reviewed every month, or sooner if people's needs had changed. People and their relatives were involved in these reviews.
- Care workers knew people well and how they liked their care and support to be delivered.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- The registered manager was aware they needed to develop end of life care plans with people to ensure they were aware of people's personal wishes and preferences.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were given information about how to complain when the service started.
- People told us they would speak to the registered manager if they had a complaint. Comments included, "I could tell the manager if there were any problems," and "I haven't had to raise any concerns but would feel able to if I needed to."
- The registered manager had not received any complaints.

Meeting people's communication needs

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

- The 'service user guide' informed people information could be provided in a format of their choice. For example, large print, easy read and audio version.
- People's communication needs were addressed through the care planning process.

# 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 as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing the registered manager.
- Various quality checks were made to ensure people were receiving the service they wanted and that their needs were being met.

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

- The registered manager was committed to providing a high-quality service and promoted a positive, open and person-centred culture. People spoke positively about the registered manager and their comments included, "The service is definitely well managed the standard of paperwork is excellent. They are ahead of the game. First impressions are excellent. I can't tell you how impressed I am with them," and "I am really happy to be working for them [Name of registered manager]. [Name] is a good boss, I feel valued and respected. [Name] is very considerate, makes sure we [staff] are okay. [Name] really wants to make sure clients are getting good service."
- People told us they would recommend the service to others and also as a company to work for.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

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 provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- People's views were sought through direct contact from the registered manager and annual surveys.
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service.

#### Continuous learning and improving care

- The registered manager used CQC's and The Social Care Institute for Excellence (SCIE) web sites to keep themselves informed about best practice.
- The registered manager subscribed to an external provider for their policies and procedures. This company provided also provided updates on any changes to legislation and best practice.

#### Working in partnership with others

- The registered manager had been working in partnership with North Yorkshire Council and was intending to go to their provider forum meetings.