

Alexandra House Diamond Life Healthcare Ltd

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Inspection report

Unit 4
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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

What life is like for people using this service:

People were safe in their home and there were enough staff to fulfil the visits to people.

People received the medicines they needed safely.

Staff understood their responsibilities about keeping people safe.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service.

Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.

Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were content with the care they received.

Risks associated with nutritional needs were identified and managed. People received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

There was a clear management structure that supported staff well.

Governance arrangements were embedded within practice. Regular audits identified any shortfalls in provision of care.

More information is in Detailed Findings below

Rating at last inspection: Good (report published June 2016)

About the service: Alexandra House Diamond Life Healthcare Limited provides care and support to people in their own homes.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service

remained rated Good overall

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Alexandra House Diamond Life Healthcare 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The provider is a domiciliary care agency. People receive a personal care service within their own home and this is regulated by CQC.

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:

Inspection site visit activity was announced so that we would be sure that someone was in the office. It started and ended on 10 January 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and two relatives to ask about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed a range of records. This included three people's care records. We also looked at three staff files in relation to recruitment, training and supervision records. We looked at records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- One person told us, "I am very safe. Before the carers leave they close my bedroom window and go around making sure everything is secure and I am safe."
- Staff understood how to recognise and report abuse. Concerns had been reported appropriately to the local authority safeguarding team for review. Any advice was put into place and the safety of the person monitored.

Assessing risk, safety monitoring and management

- One person said, "As I need four double up calls a day I do talk to them about risks and things. As with any new staff, it takes them a while to get in the routine so we discuss that as well."
- People had individual risks to their health, safety and wellbeing assessed and plans were in place to mitigate these risks.
- Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care given continued to be safe.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.

Staffing levels

- Staff had been through a robust recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff members starting to work with people who used the service.
- People were supported by sufficient numbers of safely recruited staff to meet their needs.
- People had access to staff support 24 hours a day via an on-call system.

Using medicines safely

- One person told us, "Staff give me my medication four times a day when they come to me. They always wear gloves and give them to me on time with a drink."
- Staff provided varied support for people to take their medicines based on people's abilities and wishes. For example, staff reminded some people to take their medicines and administered medicines for others.
- The medicines were checked routinely to help minimise any risk of error.
- Staff received training and their competency to provide this support was assessed.

Preventing and controlling infection

- Staff received training to give them the skills and knowledge to maintain good infection control standards.
- Personal protective equipment was available and people told us that staff used this appropriately in their

work.

Learning lessons when things go wrong

- Staff understood their responsibilities in the event of an emergency such as a person collapsing. They learned from any accidents and incidents as these were discussed in team meetings together with sharing examples of good practice.
- A staff member told us that team meetings and handovers included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have team meetings regularly and they are focussed on how we can do things well and improve."

Is the service effective?

Our findings

Effective – this means 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.

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

- One person said, "They know what I like to have done and treat me very well indeed."
- The management assessed people's needs and choices prior to delivering a service. The registered manager told us, "We involve people, and where appropriate, their relatives in the assessment before we start their care to be sure we can meet their needs." Staff then continued to monitor people's progress and involved them in regular reviews.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them.

Staff skills, knowledge and experience

- People were supported by staff who had received training for their role. Staff said they felt well equipped to carry out their role. The registered manager showed us how the training matrix flagged up when refresher training was due.
- Staff told us that training was delivered as a mixture of face-to-face and e-learning.
- Staff reported being well supported in their roles and described having supervision meetings.
- Staff confirmed they felt confident they could access the support they needed. We saw records that supported this. One staff member said, "The manager and the team leaders are very approachable for anything."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff assisted people with making their breakfast and some snacks. People told us they had meals delivered which they reheated when they wished to eat them.

Staff providing consistent, effective, timely care

- One person said, "Staff will make any appointments for me that I need and have even taken me to the dentist."
- Another person commented, "They are always on time. Once they were only running ten minutes late but still called me to let me know. They have never missed coming to me and always stay the full time."
- Staff told us the service worked closely with external professionals such as the dialysis team to help ensure people received the right support.

Adapting service, design, decoration to meet people's needs

- This KLOE does not apply to this provider as they do not provide accommodation

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". We checked whether the service was working within the principles of the MCA and found they were.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.

Is the service caring?

Our findings

Caring – this means 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

- Staff had developed positive relationships with people and knew them well. People told us that staff were respectful and polite.
- One person said, "The carers are all excellent. All so nice, considerate and friendly. They always acknowledge me if I am out and about and ask how I am."

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- The service continued to be inclusive and to provide person centred care. People told us they were happy with the service. They told us they were consulted on how the service was run to ensure continuity of care.

Respecting and promoting people's privacy, dignity and independence

- One person said, "As I can only do a little at a time they will coax me to try to do what I can for myself which I appreciate."
- People's needs and wishes continued to be at the heart of the service. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and treating people as individuals.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

How people's needs are met

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported.
- The provider ensured people's needs could be met in a way they liked. Care and support plans were written with clear guidance for staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe.

Personalised care

- A staff member explained to us about how they delivered care in a person-centred way, describing what was important to people. They said they had discussions about people's past life so they got to know people well.
- The service was responsive to people's changing needs. We saw that care plans were regularly reviewed in consultation with the person.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and this information was available to them in their care plans.
- People felt assured their concerns would be responded to.
- We viewed the provider's complaints record and saw that issues had been dealt with and resolved for the person.

End of life care and support

- We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in their care plans to ensure staff would know what to do when the time came.

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

- The registered manager encouraged feedback and acted on it to continuously improve the service. They were passionate about the care they provided to people.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff had received training in how to support people's diverse needs.
- The registered manager 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 guidelines providers must follow if things go wrong with care and treatment.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear management structure and staff were clear about their roles and responsibilities. People continued to be supported by a team of staff who were part of an open and inclusive leadership.
- Staff felt they could speak to the manager and be open about new ideas they would like to be considered.
- The quality of the service continued to be monitored. We saw there were audits carried out on all aspects of the service.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had conspicuously displayed this in the office.

Engaging and involving people using the service, the public and staff

- The service continued to put people, their needs and wishes at the centre of the service. They assured they captured those wishes in a variety of ways, such as, day to day contact, review meetings and questionnaires.
- People and staff felt supported and felt their views were sought, listened to and responded to.

Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed.
- The provider had introduced technology via a mobile system. This provided staff with care plan details, any changes to the days routine and the relay of urgent messages. This meant the communication between staff and office was improved.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as G. P's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.