

Alcedo Orange Limited

Alcedo Care Lancaster and Wyre

Inspection report

Riverway House
Morecambe Road
Lancaster
Lancashire
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11 March 2022

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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

Alcedo Care Lancaster and Wyre provides personal care and treatment for disease, disorder and injury to people in their own homes. The service provides support to people in Lancaster, Wyre and South Lakeland areas. The service supported 76 people at the time of our inspection.

Not everyone who used the service received personal care or treatment for disease, disorder or injury. CQC only inspects where people receive a regulated activity. Personal care is help with tasks related to personal hygiene and eating. Treatment of disease, disorder or injury is treatment provided by, or under the supervision of, a health care professional related to disease, disorder or injury. Where people receive a regulated activity we also consider any wider social care provided.

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

People were safe and protected from abuse and avoidable harm. The registered managers identified risks to people's safety and gave staff guidance on how to keep people safe. Staff followed robust infection prevention and control procedures to protect people from COVID-19 and other infections. The provider used safe procedures when new staff were recruited. There were enough staff to provide people's care and support. Staff were trained to support people with their medicines. The provider had systems to learn from incidents to further improve the safety of the service.

The registered managers assessed people's needs and people received the support they required. Staff were trained and skilled to provide people's care. They supported people as they needed with preparing their meals and drinks. Staff identified if people required medical assistance and supported them to access appropriate healthcare services. People made decisions about their care and their rights were protected. 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.

Staff were kind and caring towards people. Staff and the registered managers asked people for their views about their care and respected the decisions they made. Staff protected people's privacy and dignity and promoted their independence.

People received person-centred care that met their needs and took account of their wishes. The provider had an effective procedure for receiving and managing complaints about the service. People received the support they needed at the end of their lives.

People knew the registered managers and said the service was well managed. The registered managers had developed a positive culture and staff provided people with person-centred care which met their needs. The provider and registered managers understood their responsibilities under the duty of candour. They had been open and honest with people when incidents occurred. People were asked for their views and said

they would recommend the service.

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

Rating at last inspection. This service was registered with us on 10 September 2020 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 

Alcedo Care Lancaster and Wyre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and 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

This service is a domiciliary care agency. It provides personal care and treatment for disease, disorder and injury to people living in their own homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

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 managers would be in the office to support the inspection.

Inspection activity started on 2 March 2022 and ended on 11 March 2022. We visited the location's office on 2

March 2022. We contacted people who used the service, their relatives and care staff between 7 March 2022 and 11 March 2022 to gather their views.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with both registered managers of the service. We also spoke with two members of the provider's Quality and Compliance Team. We contacted seven people who received support from the service and 14 people's relatives. We also contacted five staff members to gather their views 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. The staff had received training to identify and report abuse and to provide people's care safely.
- Relatives told us they were confident the staff ensured their family members' safety. One relative said, "We definitely feel safe with the carers [care staff]; they are very good." Another person said, "We feel one hundred percent safe with the carers."
- Staff said they would raise any concerns about a person's safety with the registered managers. They were confident action would be taken.
- The provider had robust systems to thoroughly investigate any concerns raised with them. They had notified us of concerns and the outcomes of their investigations. This meant we could check appropriate actions had been taken.

Assessing risk, safety monitoring and management

- The registered managers had identified and managed risks to people's safety. People's care records included guidance for staff about how to support people in a safe way.
- The registered managers reviewed risk assessments if people's support needs changed to ensure they gave staff accurate and up to date guidance.

Staffing and recruitment

- There were enough staff to support people. Most people received support from a small team of care staff who they knew. One relative told us, "We have three or four regular carers and we are happy with that."
- The provider used digital technology to give people and their families up to date information about the staff who would be providing their support. People who used the digital technology said it was effective in keeping them updated.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's homes. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff supported people, as they needed, to take their medicines. People were supported to take their medicines as their doctors had prescribed.
- Staff were trained in how to support people with their medicines. They completed thorough records of the

support they had given to people.

Preventing and controlling infection

- Staff protected people from the risk of infection. They were trained in infection prevention and control and handling food safely.
- Throughout the COVID-19 pandemic, the provider had ensured staff had access to appropriate Personal Protective Equipment, (PPE), to protect them and the people they cared for. People told us the staff who visited their homes always wore appropriate PPE.
- Staff told us they were provided with appropriate PPE including face masks, disposable gloves and aprons. One staff member told us, "All PPE is provided by the office. You can get as much as you want whenever you want." Staff were trained in how to put on and remove PPE in the correct order to reduce the risk of transmission of infection.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included investigating incidents thoroughly and sharing learning from incidents with the staff team to further improve the safety of the service.

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 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 managers carried out a thorough assessment of people's needs before agreeing to provide their care. People and their families were included in developing their needs assessments. One person told us, "I was involved in the assessment before the service started."
- The registered manager used the needs assessments to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. One person told us, "I feel staff are sufficiently skilled and experienced to do their job and are well trained."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and training to meet people's needs. Staff said they felt well supported by the service management team.

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

- Staff provided the support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person told us, "The carers [care staff] make my breakfast and drink of choice."

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

- Staff worked with appropriate agencies to ensure people received the support they needed. They identified if people required medical assistance and gave them the support they needed to access appropriate healthcare services.
- People's care records included details of the healthcare services which supported them. They also included guidance for staff to monitor people's health, where people required this support.
- Staff provided appropriate support when people required urgent medical assistance. They contacted the ambulance service and remained with people until the ambulance arrived. One relative told us, "[Relative] was poorly so they [care staff] called for an ambulance and stayed."

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

- People made decisions about their care and their rights were protected. The registered managers understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions people made. People confirmed staff asked for consent before providing their care. One person told us, "The carers ask for my consent before doing things."
- Staff understood the need to gain consent before providing care to people. They told us they would respect a person's right to refuse aspects of their planned care. They said they would inform the registered managers if someone refused an important aspect of their care. This meant the registered managers could take action if refusing care placed a person at risk.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff treated them with respect and were kind and caring towards them. One person said, "The carers [care staff] are excellent, thoughtful, kind, caring and cheerful; they make me feel my care is important and they do not rush me." Another person said, "The carers are very kind and caring; they are nice to talk to and do everything they should."
- Staff engaged people in conversation as they supported them. This gave them the opportunity to learn about people and what was important to them. One person said, "The carers sit and have a nice chat with my relative and get to know her." Another person said, "The carers sit and have a nice chat with my relative about her past and her family, they are really good."
- Staff asked people for their views about their care and respected the decisions they made. One person told us, "I feel staff very much listen to me and act on what I say."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity and independence. People told us the staff knew how to provide their personal care in a manner which respected their privacy and dignity. Staff ensured personal care was carried out in private.
- Staff understood the importance of supporting people to maintain their independence. They gave people the time and guidance they needed to carry out tasks themselves. One person told us, "Staff encourage me to be independent." Another person said, "They [care staff] are fully aware that I like to be as independent as possible but help if required."

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 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

- Staff provided people with person-centred care that met their needs and took account of their wishes. People told us the registered managers had included them in planning their care and said staff listened to their views and wishes.
- People had been asked if they had a preference about the gender of staff who carried out their care. Where people had expressed a preference, their wishes were respected. One person told us, "I was given a choice of male or female carer [care staff]; I chose females."
- If people needed changes to their planned visits, this was agreed where possible. One person said, "I can easily change or cancel call times; I just phone up."
- Each person had a care plan to guide staff on how to provide their care. They told us the care plans were reviewed if their needs changed. One person told us, "I have the care plan in the folder; it was revised when I needed extra care." Staff told us people's care plans gave them the information they needed to provide people's care.
- The provider used digital technology to give people and their families access to information including their care plans and visit rotas. Relatives told us they used the digital technology and found it helpful. One told us, "I can see the care plan on the App."

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 registered managers assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The registered provider had an effective procedure for receiving and managing complaints about the service. People told us they knew how they could make a formal complaint if they needed to. They said if they raised a concern, action was taken to resolve the issue. One person said, "Alcedo [Alcedo Care Lancaster and Wyre] take notice and rectify any problems."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- People were supported, where possible, to remain in their homes as they reach the end of their lives. Staff worked with community and specialist services to support people to remain comfortable as they reached the end of life.

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

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

- The registered managers had developed a positive culture and staff provided people with person-centred care which met their needs. One person told us, "They [staff] care and are interested in me as a person." A relative told us the staff, "Get on with my wife as if they are one of her relatives; they make her feel wanted and have won her over."
- People knew the members of the service management team and said they would be confident speaking to them. One person told us, "The manager is [name], she is approachable." A relative said, "The managers are [names], they are approachable."
- Everyone told us they would recommend the service to other people.

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

- The provider and registered managers were clear about their roles and responsibilities and understood their responsibilities under the duty of candour.
- The registered managers had notified us of significant events, such as incidents reported to the local safeguarding authority, as required. The notifications showed the provider and registered managers had been open and honest and shared information about incidents with relevant people.
- People told us the service was well managed. One person told us, "I think the service is managed well; when I ring up, the lasses in the office are really helpful." Another person said, "I think the service is managed well."

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

- The provider and registered managers had systems to gather people's views about the service. They had asked people to complete quality surveys to share their views of the service they received. People were also asked for their views by telephone. One person told us, "I was asked to give feedback about the service via a survey about twelve and six months ago." Another person said, "I am asked to give feedback about the service via the phone."
- Staff told us they felt well supported by the management team. They said they could share their views about how the service could be further improved.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to the continuous improvement of the service. They employed senior managers to assess the quality of the service and how it complied with legal requirements. Where areas were identified which could be further improved, the provider took prompt action.
- The registered managers also assessed the quality of the service to identify any areas which could be further improved. They took advice from partner organisations to learn and improve the service provided.
- The staff worked with appropriate services to ensure people consistently received care that met their needs. They identified if a person needed support from healthcare services and reported any concerns to the appropriate service. The staff knew the other services which supported people and worked cooperatively with them.