

Caring Alternatives Limited

# Caring Alternatives

## Inspection report

Unit B7  
Stanlaw Abbey Business Centre, Dover Drive  
Ellesmere Port  
CH65 9BF

Date of inspection visit:  
22 July 2022  
28 July 2022  
02 August 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Caring Alternatives is registered as a homecare agency to provide personal care to people who have a learning disability and/or autistic spectrum disorder in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were six people receiving personal care in different 'supported living' settings with 24/7-hour support.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The service was wholly person centred. It encouraged and promoted people's rights to pursue those activities they wished to pursue. People were encouraged to be as independent as possible. The service consulted with people about the quality of the support they received, and people confirmed that they felt able to influence their support and were listened to. The service worked hand in hand with people and their families to provide a good quality of support.

### Right Care

The dignity and human rights of people were fully promoted by the service. People were supported by a staff team who knew their needs and preferences well. Support was holistic and focussed on positive risk taking within people's house or the wider community.

### Right culture

The management team were experienced and demonstrated knowledge in successfully supporting people with learning disabilities and/or autism. They had developed an open and transparent culture where the preferences and protected characteristics of people were fully considered and acted upon. Staff felt supported by the management team.

People felt safe with the staff team and many positive relationships had developed. People told us that staff were knowledgeable about their personal needs and preferences. Care was consistently provided in a

person centred manner with dignity, privacy and human rights.

The communication preferences of people were respected and while people did not have any complaints; they felt confident that the management team would act upon them.

The service was well managed with an open and transparent culture being fostered by an experienced management team who maintained a presence for people who used the service.

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

This service was registered with us on 20 April 2021 and this is the first inspection.

The last rating for the service at a previous location was Good, published on 25 November 2017.

#### Why we inspected

This was a planned inspection to give the service its first rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Alternatives on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 outlined 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 ●

# Caring Alternatives

## 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.

#### Service and service type

This service provides care and support to six people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 July 2022 and ended on 2 August 2022. We visited the location's office on 22 July 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 three people who used the service about their experience of the care provided.

We spoke with three members of staff including the nominated individual/registered manager and two members of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. 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.

# 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.
- People told us that they felt "safe" when being supported.
- Staff were able to outline the process for reporting any concerns, recognised the types of abuse that could occur and had received training in safeguarding.

Assessing risk, safety monitoring and management

- People were protected by up to date risk assessments devised by the service with their co-operation.
- These included the risks people faced in their daily lives, and those posed by certain health conditions or for safely accessing the local community.
- Staff managed the safety of the living environment and equipment in it well. Checks were in place to minimise risk. Fire evacuation plans were in place and reviewed.

Staffing and recruitment

- Staff levels reflected the needs of people.
- People told us that staff were always there to assist and support them.
- People were very complimentary of the staff; they said "[name] is very good "and "They [staff] Always help me".
- Staff told us that there was always enough staff available and that they worked well as a team.
- Recruitment checks on new staff were robust.

Using medicines safely

- Medication management was safe.
- People told us, "Yes, [staff] always help me to take tablets and I always get them on time".
- Staff had received training in safe medication administration and had their competency checked.
- People confirmed that while staff managed their medicines; they would be involved in this.

Preventing and controlling infection

- Measures were in place to prevent the spread of infection.
- Staff had access to personal protective equipment (PPE) if required.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- People were supported to carry out domestic tasks within their homes with staff providing support to ensure that their home was clean and hygienic.

- Where people had been tested and found to be COVID-19 positive, appropriate measures were in place to keep them well and prevent spread.
- Staff had received training in infection control.

#### Learning lessons when things go wrong

- Lessons were learned following incidents.
- All incidents were recorded and included triggers to any behaviours.
- Measures to prevent re-occurrence were in place.

# 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

- People had their needs assessed prior to them using the service.
- Assessments included the main strengths and needs of people as well as how their independence in daily living could be developed.
- The needs of people were central to the support provided and they had an influence during reviews of their support plans.

Staff support: induction, training, skills and experience

- Staff had the skills to meet people's needs.
- Newly recruited staff told us that they had undergone an induction and shadowing process. They said that this had prepared them for their new role.
- People told us " [staff] know what they are doing".
- Staff undertook the Care certificate as part of their induction and initial time with the service.
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form of a robust induction programme.

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

- The nutritional needs of people were met.
- People planned their own menu and went shopping with support.
- People were involved in preparing their own meals with support.
- Food and fluid charts were maintained. Fluid levels were increased during a recent period of very hot weather. Where people's fluid intake was limited, staff liaised with medical services to determine whether increased fluids at that time to ensure that no-one was medically compromised.
- Care plans included information about nutritional needs.
- Staff received training in food hygiene.

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

- People's health needs were met.
- People told us, "If I am not well, I can see a doctor". People told us that they felt well.
- Records were in place evidencing when people had had specific treatment or routine checks. Outcomes were recorded.

- People had health passports which provided health professionals with an account of the person's needs, for example, if they needed to be admitted to hospital.

#### 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 MCA 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.

- The service took the capacity of individuals into account.
- Each person's capacity to make decisions was recorded in their care plan.
- Staff always gained the consent of people before supporting them.
- Staff had received training in the Mental Capacity Act.

# 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

- People were seen receiving kind and compassionate support which they appreciated and responded well to.
- People told us, "They [staff] are very good", and, "I am happy with the help they give me".
- The protected characteristics of people were recognised with equality and diversity respected
- Staff demonstrated a committed, caring and relaxed approach to supporting people.

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

- People were supported to express their views and each had a voice to influence their support.
- The preferred method of communication for each person was assessed and acted upon.
- This enabled staff and individuals to communicate effectively and develop a rapport.
- Staff were seen taking their time to gain the preferences of individuals and gave people time to express themselves.
- People told us, "Yes I do feel involved in my support." This view was reflected in surveys from all people in receipt of personal care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect
- People told us that staff acknowledged that they were working in their home and that this was always respected.
- People were encouraged to be as independent as possible. This included supporting people to become more independent with their mobility and while accessing their local community.
- Staff were observed supporting individuals in a dignified manner and worked in partnership with them.

# 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

- People received person-centred support.
- Support plans contained all the information required for staff to appropriately support people.
- These were reviewed regularly in conjunction with individuals.
- Support plans focused on positive quality of life outcomes and how they were to be achieved.
- People told us "I am very happy with the help [staff] give me. [name] is very good".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People receive information in line with their communication needs.
- They told us, "[staff] always let me know what is going on".
- Where people required bespoke formats to receive and understand information; this was provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue interests in order to reduce social isolation.
- People told us about the variety of activities they were involved in and how they were actively supported by staff to pursue these.
- Support plans included a significant emphasis on activities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place.
- People told us that they knew who to speak to if they had any concerns.

End of life care and support

- No-one using the service was being supported with end of life care.
- People could outline their future wishes when they reached the end of their lives if they wished.

# 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; 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 registered manager and management team demonstrated a commitment to ensure that the rights of people they supported were upheld and promoted.
- This ethos was reflected in staff practice ensuring people had meaningful choice and were provided with new opportunities and experiences in their lives.
- Staff felt supported by the management team. They felt considered and supported that the service was run with the interests of people in mind.
- There was an emphasis on providing good quality and consistent support that put the needs, wishes and preferences of people first.
- The management team were open and transparent and sought to promote good practice as well as recognise when things needed to be addressed.
- People told us that they were happy with the approach of the staff team and "they [staff] are very good" and "they look after me well".

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

- The management team were experienced in supporting people with learning disabilities and/or autism.
- The provider/manager was clear about their roles and responsibilities as a registered person and always informed CQC of any events that adversely affected the people who were supported by the service.
- Staff were clear about their responsibilities and reported any concerns or changes in people's needs to their manager without delay.
- Quality assurance systems and processes were in place to ensure people received safe, effective and high-quality support from a staff team very familiar with their needs.

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

- People were fully involved in their support.
- People were actively encouraged to express choices and the specific communication needs of people were fully taken into account by staff.

- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service.
- The protected characteristics of people were respected.

#### Working in partnership with others

- The provider supported people by liaising with housing associations.
- The provider worked with commissioners and other professionals.