

Alcedo Orange Limited

# Alcedo Care Preston

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Alcedo Care Preston provides home care services enabling people to be cared for while living their own homes. The service is managed from the registered office in Preston and services are provided to people living in parts of Lancashire. At the time of this inspection 102 people were receiving care and support from the service. 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.

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

More than half the people we spoke with told us they had experienced problems with the consistency of their visit times. Where people had late visits, these were investigated by the registered manager. Some staff told us they did struggle at times to maintain consistent visit times due to a variety of reasons including travel distance between people's homes not being calculated in their rota's. The provider had recognised people were unhappy and implemented a standby/rapid response team specifically to respond to late visits and/or staffing issues.

We have made a recommendation that the provider reviews their systems in order to provide consistent visits times.

There were systems in place to assess the quality and safety of the service. However, some quality monitoring records we looked at had not always been completed in their entirety. This meant the oversight of quality monitoring information was not always meaningful.

We have made a recommendation that the provider ensures quality monitoring systems used are consistently completed.

Staff supported people to take their medicines as they had been prescribed. People's needs had been assessed and people received the level of support they required. Systems were in place to protect people from abuse and harm. Lessons were learned from any incidents to maintain and improve the safety of the service.

We looked at infection prevention and control measures under the safe key question. We were assured the infection prevention and control practises were satisfactory. Staff were trained and their competencies had been checked to ensure they could provide appropriate care. The staff supported people as they needed when 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.

People told us the staff treated them with respect and dignity and were kind and caring towards them. People were regularly asked for their views about their care and the service they received. People's care plans were written in a person-centred way that took account of their preferences. The provider had an effective procedure for receiving and managing complaints about the service. People had received the support they needed at the end of their lives and families were complimentary about the support that had been given.

The registered managers and staff team worked closely with other agencies and healthcare professionals to make sure people received good care. The provider and registered managers understood their responsibilities under the duty of candour. Staff told us they felt supported by the management team and received regular support and supervision.

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 8 July 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about visit times. We have found some evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. We found no evidence during this inspection that people were at risk of harm from these concerns.

#### 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?

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Alcedo Care Preston

## 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 was conducted by an 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 to people living in their own houses and flats.

The service had two managers 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 24 hours' notice of the inspection. This was because we wanted to be sure the registered managers would be available to speak with us. Inspection activity started on 21 September 2021 and ended on 4 October 2021. We visited the office location on 21 September 2021 and 27 September 2021.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We reviewed information we had received about the service since the service had been registered with us. 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 eight people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the two registered managers, the company compliance manager, care coordinator and care workers. We reviewed a range of records. This included nine people's care records and medication records. We looked at seven 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. We looked at training data and quality assurance records.

# 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 good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People's experiences about the consistency of visit times was not always good. One person said, "They [care staff] always arrive at different times." Another person told us, "When they are going to be late they should ring me but they often don't." Some people told us their visits were sometimes more than 30 minutes early or late.
- The registered managers and compliance manager told us they would look at the feedback and auditing of the visit times and take action to try to remedy any issues.

We recommend the provider reviews their systems in order to provide consistent visits times.

- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's own homes.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I feel safe with them. I have got to know them, I feel confident when they help me get up."
- Staff told us they were comfortable raising any concerns with the managers.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had identified and managed risks to people's safety appropriately.
- The registered managers reviewed all incidents to ensure appropriate actions were taken. A root cause analysis was completed, and risks were reassessed to prevent any recurrence. Where lessons had been learned these were shared throughout the staff team.

### Using medicines safely

- The staff supported people to take their medicines as their doctors had prescribed them. There were written protocols for staff to follow to ensure the 'as and when required' (PRN) medicines were used safely and effectively.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 gave negative feedback about the consistency of visit times they told us they were either too early or late and sometimes outside of the contracted agreed times. We have addressed this under the sections for safe and well-led.
- The staff team carried out a thorough assessment of people's needs before agreeing to provide their care. People were regularly included in developing their needs assessment and care plans.
- The registered managers were referencing current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- People told us they were happy with the care they received. One person told us, "They [staff] know all about my specific medical condition and know me so well." A relative said, "They [staff] know and understand my relative's dementia. They know what they are doing."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support.

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

- Staff provided the level of support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person told us, "They [staff] understand me, they prepare a sandwich for me. I have choices and they give me what I want."

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the staff team worked closely with health care services including GPs, and district nurses.

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

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.

# 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said of the staff, "They [staff] are always polite and ask me what I want, when they have finished their tasks they spend time talking to me."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "They [staff] are very respectful." A relative said, "They [staff] treat my relative with dignity." Staff had received training in equality and diversity.

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

- People were asked for their views about their care and staff respected the decisions people made. One person told us, "They [staff] always ask my preferences."
- We saw people had been asked for their views at meetings to review their care. The registered manager and staff in the service office also asked people for their views if they spoke to them on the telephone.

# 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's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us "I was involved in my care plan and I have my own folder, if there are new staff I can show them what to do. I have a choice of male and female carers."

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 staff assessed people's communication needs and they were recorded as part of the initial assessment and care planning process.

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 knew how to make a complaint about the service. Staff said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant training and experience of caring for people at the end of their 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 requires improvement. This meant systems in place did not always support the delivery of high-quality, person-centred care.

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

- The provider, registered managers and staff were clear about their roles and responsibilities. The staff felt well supported and were confident they provided good care to people. One staff member said, "I always do my best and people I care for seem very happy."
- The provider used quality assurance systems to ensure the safety, quality and improvement of the service were monitored. However, we found some records for the oversight of quality monitoring were not always completed in full.

We recommend the provider ensures quality monitoring systems used are consistently completed.

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

- People told us they were unhappy with the organisation and management of their visit times. One person said, "The management needs to get itself sorted out, get their timings better and stop changing carers around." Another person said of their visit times, "The managers are at fault, the carers are faultless." We were also told "The service is well managed but there is a shortage of carers."
- People and their relatives spoke highly about the care and support provided by the care staff.

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 managers regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.
- The provider and registered managers understood their responsibilities under the duty of candour. The registered managers had informed us of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems to gather people's views about the service. They had asked people to complete a quality survey to share their views of the service they received. People were also asked for their views by telephone and at meetings held to review their care.
- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

- The staff told us the management listened to them and said they could bring their ideas to meetings.