

Alves iCare Ltd

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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

Alves iCare Ltd is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to older adults, some of whom are living with dementia, younger people and people with a physical disability. At the time of the inspection nine people were supported by 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

Staff had the knowledge and skills to recognise and report any potential harm to people, or the risk of this occurring. Risks to people were identified and managed well. One relative told us, "Staff risk assess situations and prevent unsafe things from happening." Competent staff administered and managed people's medicines as well as promoting people's independence to do this themselves.

A robust process helped ensure enough suitable and skilled staff were recruited safely. There were policies and procedures in place which promoted good infection prevention and control (IPC) practices. One person said, "Staff always put their used gloves, mask and aprons in the bin outside when they leave." There was an open culture and lessons were learned and shared amongst the staff team when things went wrong.

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.

The approach to people's care and support was focused on the needs of the person. Staff respected people's choice of communication and upheld confidentiality. This helped ensure every person was treated equally well. People's care was compassionate, respectful, and staff promoted independence and privacy as much as possible. One relative said, "Staff are always absolutely lovely, they even stayed a bit longer to ensure my [family member] ate and drank something."

Concerns were acted on before they became a complaint and compliments were used to implement good practice. Policies and procedures were in place for end of life care, and staff ensured people's end of life care was dignified.

The registered manager understood their responsibilities, and supported staff to promote the provider's values about being open and honest. People, their relatives and staff had a say in how the service was run and managed. Monitoring systems and oversight of the service were effective in driving improvements. The provider worked well with others involved in people's care to help ensure their care was joined up.

Rating at last inspection

This service was registered with us on 03 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

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

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 well-led.

Details are in our well-led findings below.

Good ●

Alves iCare 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 (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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

We gave the service four days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. This was as well as ensuring people could consent to us speaking with them.

Inspection activity started on 26 September 2021 and ended on 6 October 2021. We visited the office location on 6 October 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us, such as deaths. 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 received feedback from a social worker, a commissioner of the service and a health professional. We used all this

information to plan our inspection.

During the inspection

We spoke with four people who used the service and three people's relatives. We spoke with five staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at two people's care records and two staff files in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents, staff training and supervision planning records and medicines administration records.

After the inspection

We reviewed records in relation to safeguarding allegations.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard the people they cared for. This was without discrimination and helped keep people safe.
- Staff knew how to recognise any signs of harm, such as unexplained bruising, and actions were taken, including reporting to the local safeguarding authority. One staff member told us, "I always check for any signs of harm or abuse, such as skin reddening. I reported this to the [registered] manager and action was taken by referring the person to a GP."
- People were given information about what keeping safe meant to them, and processes were implemented to do this safely. For instance, changes to care visit durations, additional repositioning or the administration of medicines.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, falls, skin integrity and medicines administration were identified and well managed.
- Risks were reviewed regularly, and changes were made to help ensure staff had the latest information to keep people safe. For instance, for moving and handling equipment. One person said, "[Staff] are always encouraging me to eat enough. I also use a walking frame and they put this within easy reach."
- Staff were quick to identify changes to people's needs. They knew when to involve other professionals, such as a community nurse or occupational therapist. This helped mitigate risks to people and keep them safer.

Staffing and recruitment

- The provider had a robust process in place, and only recruited staff who were suitable and skilled for their job role. Recruitment checks were completed in line with legislation.
- One staff member said, "I had an interview over the phone due to the COVID-19 situation. I was asked for references from my previous employers and a character reference."
- People told us they always had enough staff who undertook their care and support without rushing. One person told us, "I always get a call if [staff] are running a little late and why this is. I like to know they are coming though."
- Staff were deployed in a way which meant they had enough time for travel between care visits. A relative said, "It's important we get the same consistent staff for my [family member] as this could otherwise cause anxieties."

Using medicines safely

- Trained and competent staff administered people's prescribed medicines safely. Guidance was provided to staff for as and when required medicines, such as for constipation or pain.
- Staff were kept up to date with guidance for administering medicines in the community. This included time specific medication, topical skin creams and eye drops.
- People were supported as much as possible to take their medicines independently. One staff member told us, "I prompt some people and also help others in the whole process of administering their medicines. Then I record this."

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff were trained how to prevent infections and how to correctly wear and use personal protective equipment (PPE). One person said, "[Staff] are ever so good. They always wear their masks, gloves and aprons. They change their gloves when needed."
- Staff ensured they maintained good standards of hygiene including how to safely dispose of PPE, and ensuring keeping people's home environment was kept clean.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred. The provider used their electronic care system to instantly share learning, and the actions staff needed to take to help prevent recurrences. Staff told us this was effective in reducing the likelihood of incidents reoccurring.
- The registered manager told us about how open staff were in reporting incidents such as, falls which had the potential to cause harm to people. This showed that there was an open learning culture.

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

- A detailed assessment of people's needs was undertaken based on national standards, such as for people living with learning disabilities, safeguards for younger people, and dementia care.
- People's needs were effectively met by staff who understood how best to meet these. One relative told us how well staff knew their family member, and how skilled they were in ensuring the care provided met their needs. This meant the person's choices were respected.
- Staff ensured each person was treated equally well, and without discrimination. Examples of this included the use of technology, strategies to help prevent any behaviours which could challenge others, and staff's understanding of applying equality and diversity policies.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs. These included the completion of The Care Certificate (a nationally recognised qualification in care), and support from the registered manager as a qualified trainer.
- Staff also undertook training on specialist subjects including dementia care, autism, children's care, and various health conditions. A relative said, "We have a team of staff who did all relevant courses. Staff know what structure needs to be in place with a routine getting to know [family member]. This has worked really well."
- Staff spoke highly of the support the registered manager provided including regular supervision. This could be office based, when providing care and support, or through reflective practice. One staff member told us, "I shadowed experience staff doing shifts with them. I got an in depth knowledge about the person I supported."

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

- People were, as far as practicable, supported to eat and drink independently and to make healthy choices. One person told us, "I choose the one I want for dinner out of the freezer and staff heat up my meals. I like a hot drink of lemon tea. Staff fill up my flask for a hot drink later on. I can have squash too if I want."
- Systems were in place to ensure people at risk of malnutrition ate and drank enough.
- The registered manager told us about how staff gave people enough time to eat. One relative had praised staff for how well they had encouraged their family member to eat, by staying a bit longer than planned.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team took prompt action to support people. This included having the right equipment for people to use, access to community nurses and support to people who needed

specialist care at short notice.

- A commissioner of the service told us, "Alves iCare quickly established themselves as an extremely professional and dedicated provider within a very challenging and demanding package of support. They have been flexible beyond expectations to meet the need of this person and have worked in an entirely person focused manner to identify the best strategies for working with them."
- People benefitted from this. In one situation the registered manager and a specific staff team had supported a person to be calmer with significantly less anxieties. This had resulted in the person being able to complete a preferred activity. This was Something not previously achieved without the person becoming distressed.

Supporting people to live healthier lives, access healthcare services and support

- Staff, and people's representatives, such as family members, supported people to access healthcare services including GPs, and community nurses.
- People had ongoing healthcare support but were able to continue living at home. One relative said, "My [family member] has a visit from a community nurse to check for any pressure sore areas. Staff are excellent at preventing these."
- The registered manager reviewed people's care and support needs after any changes in people's health conditions. For example, an increase or decrease in mobility. People were referred to the most appropriate health professional. One relative told us that if it had not been for actions taken by the provider, their family member would not be able to live at home.

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 had a thorough knowledge in how to apply the principles of the MCA. They were skilled in offering people a choice where people could not always make decisions for themselves. One person said, "I am always asked what I want. Staff never assume what I want. It's my choice after all."
- People who lacked mental capacity for decisions had these made for them in their best interest. This was with a legal document known as a lasting power of attorney. People gave individuals they trusted the authority to manage their affairs. One relative told us, "[Family member] can't tell us when they are in pain. Staff are so good at seeing the signs I can't. They then administer pain relief which I know is the right thing."

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

- Staff supported people to live a life they wanted at home and listened to what people said, no matter how people communicated. Staff did this respectfully, with kindness and compassion.
- One person told us how careful staff were to promote dignity. The person said, "Staff are very careful, helping me to walk at my pace. They check my emergency lifeline pendant and place my walking aid within reach. They are kind sincere and compassionate."
- Staff provided people's care at a pace and in an environment, people felt comfortable with. A staff member told us, "I make sure windows and doors are closed with curtains drawn. I get clothes ready. I also give non-verbal people a choice and look at their body language and eyes." We found this had resulted in staff respecting equality and diversity by treating people equally well.

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

- Staff took every opportunity to involve people in their care and ensured people were listened to equally well. This was with assistance from relatives or other advocates to determine how best to support people.
- Staff listened to what people said or communicated with them. One relative told us how good staff were at understanding what their family member was communicating.

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, and in a way which promoted independence.
- Staff were consistent in their approach to people's care by ensuring people could do as much for themselves as possible. One person said, "I don't want just any staff touching me. My [staff] listen and see what I can do and where I need help, they never moan, they are really respectful, kind and gentle, they remember what you tell 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's care plans were developed with the person or their representative, and provided staff with a detailed record of what individualised care meant to the person.
- Records and guidance for staff included what the person's interests were, what made a difference to their lives, and how staff could help people achieve their goals. For example, assistance with moving and handling for independence, and the use of technology where this was a known way to reduce anxieties.
- Staff helped people choose their interests, pastimes and hobbies. One person told us how staff liked to listen to the work they had done in the past. Another person said how much they enjoyed their favourite brand of porridge, cooked to perfection.

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.

- Staff were skilled and knowledgeable about how each person communicated. Staff knew when to listen and when to support people so their care was person centred.
- Staff communicated effectively with people. For example, giving people as much time as they needed. One staff member told us how they avoided words which were known to cause distress and used short sentences in a calm but firm tone. The person's relative told us the difference this made had been amazing in promoting less anxiety for their family member.
- Staff got to know people well. For those people living with dementia they used various means to encourage people to communicate. For example, by giving people a few choices or using strategies which enabled people to eat and drink better.

Improving care quality in response to complaints or concerns

- Staff knew when, and how, to support people to access the complaints process. Concerns were acted on before they became a complaint. Compliments were used to identify what worked well.
- Some examples of compliments from people included, "I always have a laugh with [staff]. I know I can rely on them to (report any concerns) if I need to." Another praised staff for their reliability and how the provider did not shy away from difficult situations, but always took actions to mitigate any future risk of recurrence.
- One staff member said, "Some people tell you with body language that they are unhappy about something. Others ring the office, but most just tell you. Then we make changes or improvements. I always

record these."

End of life care and support

- At the time of inspection no person was in receipt of end of life care. However, policies and procedures were in place, and staff were able to support people if this was needed.
- People's end of life decisions were recorded. The registered manager supported people in various ways to make decisions about resuscitation by explaining to people in an easily understood manner what their options could be.
- People's care plans gave staff guidance about end of life decisions, including funeral arrangements, religious considerations, and how the person wanted to be supported at the time.

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 manager told us about the challenges they had faced in the past 12 months, and also their successes. They told us, "It is not just being clinical about things, it's about listening and showing we value people and how this makes a difference. We fully involve people and make sure their care is always of high quality.
- The nominated individual told us how this approach to high quality care had resulted in positive outcomes. This meant people were valued and listened to.
- One relative told us that their family member was only able to live at home with the correct equipment. This was because the provider had been committed in ensuring that quality care was a top priority.
- For another person staff had taken several months, with patience and perseverance to help a person do things they previously couldn't. This was with a regular staff team who were successful in promoting personal hygiene and enabling the person to do a preferred pastime. The person's relative told us how much this meant seeing previously unachievable goals being turned into successes.
- A commissioner of the service had praised the provider for their cautious approach to ensuring high quality care. They had fed back to the provider stating how committed staff were. This had resulted in stability and meeting a person's needs well in a calm, professional manner.

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

- Staff had a shared and positive view about the way they were supported. Staff told us they learned when things went wrong using the provider's information sharing platform. This enabled staff to be aware of actions taken and what needed to be done differently or better next time. As a result, records were kept up to date and were relevant to people's needs.
- The registered manager monitored the culture of the service and staff team by various means including working with staff, unannounced observations whilst staff provided care, and formal meetings.

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

- The registered manager understood their responsibilities, and supported staff to have the same high standards and values. This meant suitable staff were recruited who shared this approach to care.
- Staff were reminded of their responsibilities as well as being praised when things went well. One staff member told us they didn't have to wait for a formal supervision, but if they contacted the registered

manager, support was always provided.

- The registered manager had notified the CQC about various incidents such as expected deaths, and knew when to also inform the local safeguarding authority about any concerns.

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

- All practicable means possible were used to ensure people were listened to. This included using technology, e-mails, and staff interactions with people during the provision of care.
- The nominated individual told us they maintained an open dialogue with people, relatives or advocates. This was to help ensure people were treated equally well without discrimination and concerns were responded to effectively.
- One person told us, "I have never had any problems. I know I can call (provider) in the office. I get calls to check if everything is going well. I have never been let down."

Continuous learning and improving care

- Audits, monitoring systems and governance of the service were effective in identifying and driving improvements.
- Areas monitored included staff recruitment, medicines administration, incidents and compliments. The provider analysed these areas for trends and where actions taken had been effective, that care records were person centred and accurate.
- People told us that the systems in place helped ensure that their quality of care remained high and met their needs.
- People complimented the service and examples given were, "I would recommend them. My [family member] used to work in care so they know what staff should be doing. I tell him everything is okay" and, "[The provider and registered manager] have been brilliant. They have changed our family in a positive way. [Family member] now going out. This means so much to them to see how big their smile is."

Working in partnership with others

- The registered manager worked with a wide range of stakeholders involved in people's care. These included occupational therapists, commissioners and health professionals
- The success of this joined up working meant people could remain living safely and well at home.
- Successful joined up care enabled people to live a full and healthier life. A commissioner of the service had complimented the provider stating, "Their communication has been exceptional within the wider multi-agency team." A health professional told us, "Based purely on what I have observed I would highly recommend this care service."