

Alpha Health & Social Care Services Ltd

Alpha Health & Social Care Services Cambridgeshire

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

Alpha Health & Social Care Services Cambridgeshire is a domiciliary care agency registered to provide personal care to people living in their own homes or other care services. The service supports a variety of people and these were younger and older people; some who were living with dementia, people with a learning disability or autistic support needs and people with a sensory impairment. At the time of the inspection, 17 people were using the service.

The service also provides some people with live-in care. This is where staff spend a large proportion of the day and night supporting people.

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.

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.

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

Right Support

People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. The service and the staff team took on board learning 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 service gave people care and support in a safe environment that they helped people keep clean. Staff complied with measures designed to reduce risk of infections.

Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead meaningful lives. One relative told us how good staff were at prompting independence.

Staff whenever possible, supported people to achieve aspirations and goals. The service worked well with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure people had as much freedom, choice and control over their lives as possible. One person told us they had all the equipment they needed to live more independently and staff ensured it was used safely.

Staff received effective training in how to manage people's emotions, distress or anxieties and were confident in their ability to effectively use this training. At the time of our inspection practices involving any form of restraint were not required. However, the policy in place detailed that, any restraint would only be used in an emergency situation as a last resort and for the shortest time possible to protect people from harm. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. One relative said, "Staff fully understand my [family member] who can't verbalise their needs."

Staff enabled people to access the community. Staff supported people to achieve the best possible health outcomes.

Right Care

Staff focused on and promoted people's equality and diversity, supporting and responding well to their individual needs. This changed people's lives for the better. People were supported to take part in pastimes they enjoyed such as puzzles, a favourite TV programme, going into the community and celebrating special events in their life.

Staff had training on how to recognise and report abuse, and had the skills protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this.

Staff had a good understanding of people's individual ways of communicating and this enabled people to be listened to. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity, respect and promoted people's independence.

Right Culture:

Staff knew how to positively manage risk and support people to keep them safe. Enough suitably skilled staff had been safely recruited. People were supported by staff who understood best practice in relation strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew people exceptionally well and responded to their needs and wishes.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. Apologies were offered when things went wrong, and the provider was open to learning as well as using compliments to identify what worked well. The provider worked well with other organisations, to provide people with joined up care.

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 5 August 2021 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alpha Health & Social Care Services Cambridgeshire

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 undertaken by one inspector.

Service type

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

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 was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf.

Inspection activity started on 5 January 2023 and ended on 10 January 2023. We visited the office location on 10 January 2023.

What we did before the inspection

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 reviewed information we had received about the service since its last inspection. We sought feedback from the local authority safeguarding team and one person's advocate. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 2 of their relatives. We also spoke with 4 other people's relatives and 9 staff including the registered manager, care coordinator, senior care staff and care staff.

We reviewed a range of records. We looked at three people's care plans, various medicine administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various policies and procedures.

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 and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One relative said, "Staff are very, very careful with any repositioning of my [family member]. There are always two staff who I trust implicitly."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us they always reported incidents involving people and that the registered manager took action to prevent recurrences.

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed safety well. Risks assessment were detailed and provided staff with sufficient guidance. For example, for safe moving and handling.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks well, using restrictions only when essential.
- Staff managed safety within people's homes and used equipment in it well through checks and actions to minimise risk. One person said, "I do need help with some tasks. I don't always do what I am supposed to. I can make unwise choices sometimes, but that's up to me. Staff prompt me what to do and what not to do."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people who had live-in care for support during the day and night. One person said, "[Staff] are pretty much always on time. If they are late they call and let me know. It has never been a problem."
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. All staff told us they provided people's care without rushing.

Using medicines safely

- The service ensured people had their medicines administered as prescribed by trained and competent staff.
- However, where people needed medicines administered in a specific way and time, there was no guidance on the medicines administration records (MAR). Staff had nonetheless adhered to the prescriber's

guidance and had been sent regular reminders how to administer these medicines. The registered manager added this information promptly to the MAR's and records showed safe administration.

- Staff made sure people received information about medicines in a way they could understand. One relative told us, "My [family member] has all their medicines in liquid format. I administer it with the equipment. Staff are there to check in case of any issues, such as if medicines are not being effective."
- Staff followed robust processes involving good communication to ensure people understood risks of taking medicines themselves, such as with an automated medicines dispenser.

Preventing and controlling infection

- The service had effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep people's home clean.
- Staff used personal protective equipment (PPE) effectively and safely. One staff member said, "I wash my hands first, use PPE and change gloves and aprons, such as after applying topical skin creams."
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. One person told us staff checked that all foods were in date before supporting people to eat.

Learning lessons when things go wrong

- People received safe care because staff had been supported with lessons learned from any incidents.
- The service managed incidents well which could affect people's safety. Staff recognised incidents and reported them appropriately. The registered manager investigated and shared lessons learned. One staff member told us, "We have a [social media] group where the latest information is shared with us. If it is an urgent matter or confidential the [registered] manager would call us into the office."
- When things went wrong, an apology was given. We saw letters of apology, even if it was a minor matter, each incident response showed that the learning was effective in preventing recurrences.
- Staff recorded any near misses, and this helped keep people safe. A staff member said, "We always record every incident. This helps inform any potential trends or changes in people's emotions."

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

- Relatives told us they, and their family member as much as practicable, had been involved in the care planning and the assessment of needs process. One relative told us, "[Registered] manager came to see us. We were asked lots of questions. [The care] is going really well. Nothing has needed changing so far." This enabled the registered manager to determine how best people's needs could be planned to be met.
- Care plans indicated the level of support people required and how this was provided.
- People at an increased risk of malnutrition had details in their care plan as to how this was minimised. One staff member told us how the speech and language therapist (SALT) guidance was followed for avoiding certain foods for a person due to their health condition.
- People and relatives were positive about the way people were supported to eat well and healthily. One person said, "I can only eat softer foods. Sometimes I try things I shouldn't have, and staff tell me it is not advisable." A relative told us, "Staff are very good at encouraging eating and drinking. They might have to try again after a few minutes, but they never rush."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as food and medicines administration, learning disabilities, equality and diversity, various health conditions people lived with, moving and handling, and how to communicate with people with a sensory impairment or learning disability.
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff completed an induction based on the 15 minimum standards in The Care Certificate. This 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.
- New staff also worked with experienced staff to get to know people before they worked alone. One staff member told us, "I was given time to learn about each person I would support and everything I needed to know." The staff member said they also had face to face learning, such as for moving and handling equipment. If they asked for additional support they got this.

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

- People were supported when needed to see health professionals, such as a SALT, GP or community nurses. One staff member told us, "Some people have healthcare support from community nurses such as

for diabetes or wound dressing changes. We have processes to follow if we recognise signs of a stroke such as slurred speech." Records showed us where staff had requested emergency or other healthcare support for people.

- Incident records showed how staff had responded to people falling or pressure sore concerns. A person told us, "I haven't ever needed an ambulance when staff have been with me, but I am sure they would call one for me. They check with me regularly if I am feeling okay."
- The registered manager worked closely with various health professionals. Guidance from these professionals in managing people's health conditions and wellbeing had been followed.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A staff member described to us how they were asking a person to keep their arms crossed, out of harm's way when using an equipment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways. People's choices were respected even if people wanted to take risks in a safe way.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests. A relative said staff were respectful of their family member's decisions, including the use of body language or giving people longer to understand a question or decision.
- Staff received training in the MCA and had a good knowledge of what this meant supporting people. One staff member described the key principles of the MCA, how they were applied and when reviews of people's mental capacity was needed. The staff member said that people could make decisions for themselves or they would act in people's best interests. For instance, offering a small selection of different foods, clothes or activities to do. The staff told us they used different strategies to encourage independence but never rushing.

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 of 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

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. Staff ensured people received care that was dignified, respectful and compassionate. A relative told us, "My [family member] is happy with the care provided by staff and that is the main thing, taking good care of them and the care plan is good reflection of their needs."
- All those we spoke with praised staff for the way they treated people equally well no matter what their care needs were, being there for a chat; always listening.
- Staff told us how they respected people's diversities and included them in everything they did. This helped support people to be heard and understood. A positive and common theme was several people telling us they enjoyed cheerful banter with staff. A person told us staff knew when they were in pain and how they managed this with cushions and adjusting their position in bed carefully.

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

- People were offered choices in their day to day support. For instance, with regard to the time and duration of their care call visits and gender of care staff. The registered manager told us how they would always aim to meet people's needs with staff who developed a good rapport. A relative told us, "We have had changes to staff. It wasn't anything personal about them, but there just wasn't a bond and it is important for my [family member]." This meant staff responded better to people's choices and needs.
- People felt involved in decisions about their care. One person said their preference for female care staff had in the main been facilitated. One person told us staff were very caring in all aspects of their care. The person said, "Staff do understand me. If I am confused or anxious, they give me some time alone and then try another approach."
- People and their relatives said care was being provided as agreed, or changes had been made when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they needed assistance. Staff were polite and respectful speaking with people and gave them time to be in private.
- Staff supported people to live fulfilling lives. People and other people's relatives told us how people's independence was promoted. For instance, with different forms of communication such as body language and pointing to objects of reference.
- Staff encouraged people to be as independent as practicable. They did this by ensuring people had effective use of equipment including mobility aids. This meant people remained living at home having a

better quality of life.. One person said, "Staff always encourage me to keep trying and help prevent me from losing skills I still have."

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 of 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 understood and focused on people's preferences and choices as well as their physical support needs. Staff helped people achieve their potential with skill and perseverance. One example was a person who, due to their health condition, needed various items of equipment. They said, "Staff's skills and knowledge of me made a difference in me being able to live with family members having all my wishes respected."
- People and relatives were in the main positive about the support provided. One relative told us, "It was all a bit sudden having to find care. Alpha were suggested, and over time things have improved. The [registered] manager has worked with us and we now have all the equipment and support in place as well as [healthcare professional] visiting."
- Relatives told us about the personalised support that their family members had received, such as the specific food people needed. A staff member told us, "I have got to know each person's preferences. Some people like to chat and be put at ease, but we always ask permission and explain exactly what we are doing and going to do next. One day the person could clean their teeth but the next day they would need us to help dispense the toothpaste. It's up to them."

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.

- People were supported to communicate in various ways, such as using the most appropriate form of communication. Staff were adept at providing support based on people's mental capacity. One staff said, "One person doesn't speak due to [health condition]. They can however fully understand every word by nodding for yes, or shaking their head for no. We understand each other well."
- Staff broke down the barriers that could impact how people communicated. This enabled people to live a more fulfilling life as well as being able to access important information about their care and support needs.
- Training was in place for staff to use technology effectively. Staff understand people's communications, such as through facial expressions, emotions, or facial expressions and body language. This helped ensure people had their needs met in a way they wanted.

Improving care quality in response to complaints or concerns

- People were supported to access and make complaints when needed. Alternative formats were available in for people as required. One relative told us they had reported concerns about staff's demeanour and

professionalism, and after a change of staff this had been resolved. The provider also followed up to ensure changes made were to people's satisfaction.

- All people and relatives told us if they had any concerns, they would contact the provider's management staff who would address matters before they became a complaint.
- Complaints were analysed for trends and responded to through the provider's complaints process. Apologies were offered when needed. One relative told us they had not needed to complain but changes to care call visit timings had been made after this had been raised with the registered manager.

End of life care and support

- At the time of our inspection, no person was in receipt of end of life care. However, policies and procedures and trained staff were in place should this ever be needed.
- The registered manager told us they approached this subject with relatives if they felt there was a change in people's health conditions and do not resuscitate orders had been recorded.
- Where people had decisions about their health and welfare made by a relative or advocate with a valid power of attorney, their wishes were respected. Decisions were recorded if it was in people's best interest to be resuscitated or not.

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 of 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.

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

- The provider had in the main notified us about incidents they are required to do so. However, we found one safeguarding incident which had not been reported. The registered manager told us that all relevant authorities were involved including the safeguarding team and social workers. All appropriate actions had been taken. This was a one off which we were respectively notified about.
- In the main, audit processes identified where improvements were needed. Examples included staff not always recording they had administered medicines or recorded people's skin condition or not always communicating well with people during a care call visit. However, some people's MAR charts lacked detail. Audits included this subject but had not identified this omission. The registered manager completed this action adding information from people's prescriptions for when and how medicines had to be administered.
- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon. People were involved and asked if they were satisfied where changes had been made. One person was pleased with changes to their care staff and developing a better rapport with them.
- Records evidenced to us how improvements had been made to identify changes in people's care call visit timings and medicines recording. A staff member told us, "We do try to cater for popular care visit times and compromise in the middle. We can offer a window of 15-20 minutes. It's a balance people were happy with."
- People and relatives told us the registered manager always acted promptly to any concerns raised and then checked everything was working well after changes were made.
- The registered manager told us their analysis of incidents including infections, falls, reasons for hospital admission helped them plan and respond to people's changing needs.

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 had promoted a positive culture within the staff. Relatives were positive about the care and support they received. Compliments included people's and relatives' satisfaction with the provider, in 'how very polite, patient, and caring staff were', ... 'having so much trust in staff providing personal care' and ... 'how staff provided the best possible care in a thoughtful and professional manner'.
- One staff member told us how they instilled good quality care into new staff so they started with high expectations which continued to be upheld.

- The registered manager understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. They also implemented changes. For example, undertaking investigations and holding staff to account as soon as practicable where staff had not always provided high quality care.
- The provider's procedures ensured that the standards of staff's care was regularly monitored. A relative told us, "We occasionally get a later than expected care call visit. The office staff ring if it is over 15 minutes late. It only happened once. If there has been an emergency, we are given options, such as other care staff."
- Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about health conditions, such as a stroke, pressure sore prevention and learning disabilities.
- People and their relatives were complimentary and praised the support provided. All those we spoke with would recommend the service to others due to the good quality of care. One relative told us they had been impressed how staff could interpret people's distress and emotions through body language, and always acting in a person-centred way.

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

- People were involved as much as practicable in how the service was run and also through relatives and court appointed deputies in aspects of their care and support. This included quality monitoring surveys, best interest decisions with relatives and also day to day discussions people had with staff.
- Relatives and people were regularly asked for their views about, and involvement with, the service. An advocate fed back to us how well the service had responded in changing communications from phone to e-mails which was working well. This had resulted in there being no further advocacy support.
- All staff told us they felt supported and listened to, that their feedback was taken on board and it was acted on. The registered manager said, "If there are any urgent matters I send a private [social media] message to staff. I then decide if staff need to attend the office and if actions needed to be taken."

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as community nursing teams, SALTs, safeguarding teams and social workers. This helped support better outcomes for people.
- Health professionals, advocates, legal representatives and social workers were involved when needed and guidance from them was implemented and adhered to.
- The registered manager fully understood their duty to cooperate with safeguarding authorities should the need arise. This was confirmed to us by the safeguarding authority in ensuring people were safe.