

Alpha Health & Care Services Limited

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Inspection report

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08 March 2023
10 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alpha Health and Care Services Limited provides personal care and support to people who require assistance in their own home. At the time of our inspection approximately 59 people were being supported by the service. 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

Feedback on the service was varied. We received mostly negative feedback on the timings of care calls and people were unsure how long carers should stay and did not know in advance which carers would be visiting them. One person said, "I have a good rapport with the carers, but they never come for more than two days and it could be a different carer every visit which means they never get to know me."

Care and treatment was not recorded in detail or person-centred way to provide safe support to people. Care plans and risk assessments did not contain enough guidance to staff to mitigate risks to people. Medicine practices needed to improve to insure people were supported safely. Recruitment processes needed to be more robust to ensure the safe recruitment of staff.

The registered manager had not implemented effective systems to provide oversight of the service to monitor and improve care. Care needed to be planned in a more person-centred way to ensure people had the support they wanted.

The registered manager had an action plan in place they were working towards to improve outcomes for people and provide an effective oversight of the service.

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

Rating at last inspection was requires improvement (published 15 May 2021.) The overall rating for the service has remained requires improvement based on the findings of this inspection. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

We received concerns in relation to the safe care of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alpha Health and Care Services Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, including medicines management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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 team consisted of 2 inspectors and 1 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.

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

We gave the service 48 hours' 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.

Inspection activity started on 8 March 2023 and ended on 10 March 2023. We visited the location's office on 8 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed the last 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

During the inspection we spoke with 12 people and 5 relatives. We spoke with 5 members of staff including the registered manager and director.

We reviewed a range of records. This included 6 people's support records. We reviewed 5 staff records in relation to recruitment, training and supervision. We also reviewed the service's medicine and quality assurance arrangements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care documentation did not contain all the details staff needed to support people safely. This placed people at risk of receiving unsafe care and support.
- Health needs people may need support with, such as diabetes had no supporting documentation, care plans or risk assessments for staff to follow. This placed people at risk of staff not having adequate guidance on how to identify if their health conditions deteriorated and what they should do to support them.
- There were no care documentation or guidance in place for staff to follow to support people with catheter care. This placed people at risk of not receiving prompt and timely support should their catheters become blocked or if they had signs of an infection.
- Where people needed their skin integrity to be monitored to prevent breakdown and pressure sores, there was no clear guidance in place for staff to follow. Risk assessments in place did not describe how to mitigate the risks of skin breakdowns. This placed people at risk of not receiving prompt interventions.

Using medicines safely

- People did not always receive their medicines safely. We found where people were being supported by staff to receive their medicines there was not always a medicine administration chart (MAR) and accompanying risk assessment in place. This placed people at risk of their medicines not being managed safely.
- One person told us, "I have to take my medicine every four hours, but if the morning call is not till 10am, my last lot of medicines is 10pm which is too late for me. Staff leave the medicine in a pot, but I have fallen asleep without taking them."
- We found where a person had been supported to have as required medicine (PRN) there was no explanation as to why this medicine had been given or the effects this had on the person. This meant we could not be assured the medicine was being used effectively or as prescribed.
- Audits had not been completed consistently. We found audits of medication records lacked detail of any actions taken for example to explain gaps in recording, excessive use of PRN or if time specific medicines were administered at appropriate times.

Risks management and medicine systems were not robust and placed people at risk of unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager was in the process of improving their recruitment records. Issues had been highlighted during a local authority inspection and the registered manager was working through an action

plan to address these areas.

- Staff recruitment files we reviewed we noted 2 references had been obtained after the members of staff had started to work for the service. We noted Disclosure and Barring service (DBS) checks had not always been completed by the service and there had been a reliance on new staff already having a valid DBS in place from a previous employer. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We had mostly negative feedback from people and relatives on times of care calls. One person said, "Sometimes staff are late which means my medicines can be late, there may only be an hour gap between the morning and lunch call because the morning call is so late." This meant people were at risk of not receiving support at a time they needed.
- Another relative told use, "The time between calls can be over 14 hours especially if there has been an early evening call then a late morning call, the next day." This place people at risk of being without care and support for extended periods of time.
- People told us they did not know which carer would be coming to provide care as they were not given any rota or timings for care calls. One person said, "You never know who is coming or what time, the morning visit seems to be fairly regular, but after that they just turn up." Call times were not specific to people's needs or planned in a person-centred way to support people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to monitor and investigate safeguarding concerns.
- We found safeguarding concerns had been raised appropriately with the local authority. The registered manager had worked with them to investigate these concerns.
- Staff told us if they had a safeguarding concern they would raise this with the registered manager. One member of staff said, "I would raise a concern with the family and record in their notes and let the office know."

Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC).
- Personal protective equipment (PPE) was available for staff to use during care visits.

Learning lessons when things go wrong

- We saw evidence the registered manager had been holding meetings with staff to discuss any issues or concerns that had been raised. Staff also shared information through applications on their phones which allowed them to send alerts if needed.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to notify the Commission when safeguarding alerts had been raised. This was a breach of regulation 18 (Notifications of other incidents) Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider had made improvements and was raising safeguarding concerns and notifications in line with regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been a lack of management oversight at the service. The registered manager told us they had employed a manager to cover whilst they had been away from the service. However, the registered manager had maintained the overall responsibility for the service.
- There had not been robust governance systems in place at the service over the previous 12 months. The registered manager had recently set up some processes for auditing MAR charts and staff recruitment folders. We found these needed to be improved to ensure all issues were identified and acted upon, such as issues highlighted in the safe section of this report.
- Care had not been planned in a person-centred way, with people being given 2-hour call windows of when they may receive care. People told us they did not know which staff would be attending their care call as they did not receive this information in advance.
- Care documentation did not always contain all the information staff needed to support people safely and promote positive outcomes for them.
- We found limited evidence of staff supervision, or spot checks being completed consistently, and staff did not have an induction to the service recorded.
- Staff training had not always been consistently completed or their competency checked. One member of staff told us they had not received practical moving and handling training until a few months after they commenced work. The registered manager had been addressing training over the past 2 months to update all staff training.

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Management had a good understanding of their legal responsibilities relating to being honest and open with people when something went wrong.
- The registered manager recently sent a survey to people and staff to gain their feedback on the service. We saw where issues had been raised the registered manager had responded to these. However, one person told us they did not feel the survey was anonymous as they handed the response back to care staff.
- People and relatives told us they had not had regular reviews but had received a recent survey on the running of the service. One person told us, "I did not have an assessment before I started using the service, carers just turned up."
- We had mixed feedback on communication with the service some people told us they had difficulty contacting the office and found staff could be unhelpful. The registered manager had supplied contact numbers to people and checked the on-call phone worked.
- Over the past few months, the registered manager had been working with the local authority to address issues they had raised and were working with them to complete an action plan.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and care documentation needed to contain more detail to provide safe care. Improvements were needed with medicine management to ensure people received the medicines as prescribed.

The enforcement action we took:

We have served a requirement notice for the service to implement improvements.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems needed to improve to provide better oversight and improve outcomes for people.

The enforcement action we took:

We have served a requirement notice for the service to implement improvements.