Alpha Health & Care Services Limited

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Inspection report

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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 & Care Services is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of inspection, 39 people were using the service.

The Care Quality Commission 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
The provider had systems and processes in place to monitor the safety and quality of the service. However, we found these were not always operated effectively and had not identified the shortfalls we found during our inspection.

Risks to people's safety associated with their health conditions were not always effectively assessed and managed. Care records did not provide staff with detailed guidance on how to manage individual risks to people.

We have made a recommendation about risk assessment and care recording processes to ensure a safe and consistent approach to risk management.

People's medicines were not always managed safely. Although staff had received training to administer medicines, checks of their ongoing competency had not been undertaken. We also found conflicting information in one person's medicine care plan.

We have made a recommendation that the provider reviews their systems and processes to ensure best practice guidance in the safe management of medicines is followed.

Most people told us, although they had experienced some late care call visits, they were satisfied with the standard of care they received. One person told us, "The carers treat us with respect. They are very kind and compassionate and thoughtful towards me. I feel safe when they are in our home."

Safe staff recruitment processes were in place. Staff felt valued and enjoyed working at the service. They shared the provider's commitment and passion to providing high quality care.

Staff had been trained in infection control and had access to enough supplies of personal protective equipment (PPE).

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 28 January 2020) and there was a breach of regulation 18 (Notifications of other incidents) Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had not been made and the provider continued to be in breach of this regulation.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to regulation 18 (Notifications of other incidents) Care Quality Commission (Registration) Regulations 2009 and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

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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 Care Act 2014.

Inspection team
The inspection was conducted by two inspectors.

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 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
This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 1 April 2021 and ended on 15 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection
We reviewed information we had received about the service since our last inspection. We sought feedback

from health and social care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, operations manager and care workers. We received feedback from two health and social care professionals.

We reviewed a range of records. This included three people's care records and medication 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, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Risks to people's safety associated with their health conditions were not always effectively assessed.
- Care records lacked detailed information and/or guidance for staff to follow to mitigate individual risks to people.
- For example, risks associated with moving and handling did not provide detailed information to guide staff on the use of equipment such as the hoist and body sling. Another person had a catheter, but no care plan or risk assessment was in place to identify the risks associated with their catheter care.
- We discussed our findings with the registered manager and operations manager. They assured us they would take immediate action to rectify the shortfalls we found.

We recommend the provider review their risk assessment and care recording processes to ensure a safe and consistent approach to risk management.

- The provider had recently implemented a new electronic care planning system. Staff told us they were aware of the care they had to provide to each person. One member of staff told us the introduction of the electronic system had made a significant difference. They said, "Care plans can be updated quickly and everything is easier to access."

Staffing and recruitment

At our last inspection we recommended the provider ensured staff recruitment processes were more robust and care call visit times were reviewed with people. The provider had made some improvements.

- People told us they did not always know which carers would be attending and had experienced late care call visits. Comments included, "They send in different carers whereas we had permanent ones before which is good as they understand everything." And, "The only snag is irregularity of timing that's down to the rotas. We have nothing to complain about but twice we had calls so late they were positively a nuisance."
- The operations manager informed us staffing levels had fluctuated during the COVID-19 pandemic and this had impacted on the timings of care call visits. They had shared this information with the local authority who had commissioned the care packages. They went on to say staffing levels had now improved and rotas could be given out to people upon request. Shortly after our inspection the registered manager confirmed to us people were receiving their care call visits within 15 minutes of their allocated visit time.
- Safe recruitment procedures were in place.
- Since our last inspection, the provider had developed a checklist to ensure appropriate pre-employment checks were carried out. This included a check with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

● Where required people were supported with the administration of their medicine.

● We could not be assured medicines were being managed safely. For example, one person's care records contained conflicting information as to whether the person was being prompted or assisted to take their medicine. We discussed this with the operations manager and registered manager who told us they would take immediate action to review the person's needs and ensure the correct information was recorded in their care plan.

● Staff had received training in the administration of medicines, but no on-going competency checks had been completed. The operations manager told us, "Over the last 12 months medication competency has been assessed using the spot checks and supervision/telephone monitoring calls due to our commitment to reducing face to face activity where possible." This approach is not in line with best practice.

We recommend the provider review their systems and processes to ensure best practice guidance is followed.

Systems and processes to safeguard people from the risk of abuse

● People consistently told us they felt safe when staff were in their homes.

● Staff had received safeguarding training and were able to describe the actions they would take if they suspected a person was at risk of abuse. One member of staff told us, "I've had training and have reported concerns. This was dealt with appropriately. If there was an issue and I felt that it wasn't being dealt with by my manager I would report it to CQC."

Preventing and controlling infection

● Staff took appropriate measures to protect themselves and people from the risk of infection. They had completed training in infection control and understood their responsibilities to prevent the spread of infection whilst working between people's homes.

● Staff had access to sufficient supplies of personal protective equipment (PPE).

Learning lessons when things go wrong

● The operations manager provided examples of lessons learned and actions taken to reduce the risk of reoccurrence.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

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. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

● Since our last inspection, two safeguards had been raised against the service. The provider had failed to submit the relevant notifications to CQC.

Although the operations manager gave us assurances this was an oversight and would ensure notifications would be submitted in the future, the above demonstrated a continued breach of regulation 18 (Notifications of other incidents) Care Quality Commission (Registration) Regulations 2009.

● Systems were in place to monitor the quality of the service, including reviewing care records, management of medicines and checking staff's competencies. However, they had not been consistently undertaken and did not demonstrate that quality or safety was being monitored effectively. Furthermore, they had not identified the shortfalls we found during our inspection as highlighted in the safe section of this report.
● The provider's auditing systems had failed to recognise the omission of detailed information and guidance relating to the specific health needs of people, for example chronic disease management, or conflicting information in relation to the support people required with the administration of their medicine.
● Whilst we did not identify any direct impact, the lack of robust quality assurance placed people at risk of receiving poor quality care.

The above demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Shortly before our inspection, the provider had introduced a new electronic monitoring system. This provided 'live' updates and alerted office staff if staff had not completed tasks or people had not received their medicines.

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

● The registered manager and operations manager openly shared with us the challenges they had experienced during the past 12 months relating to the impact of the COVID-19 pandemic. The operations manager told us, "I genuinely feel that at points last year staff were scared but we continued to support people in their homes. What could potentially have been a very hard time was eased by our involvement. In speaking with some relatives and clients they have appreciated what we have done."

● Throughout our inspection, the registered manager and operations manager demonstrated their commitment and passion to promote person centred care.

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

● Management had a good understanding of their legal responsibilities relating to being honest and open with people when something went wrong.

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

● With the exception of the timings of care call visits, people told us they were happy with the quality of the service. Feedback included, "The level of care I get I cannot fault them. They are all wonderful." And, "They are very good. I am not just saying that. They are very professional and caring."

● The operations manager told us they were in the process of undertaking a survey to gain people's feedback on the quality of the service. They said responses would be analysed and, if required, an action plan developed to help drive improvement. One person said, "They regularly ask for feedback. I had a letter from them this week to see if we are satisfied. This is a regular occurrence and [staff member] comes in too to check we are happy."

● Staff enjoyed working at the service and felt valued and supported. Comments included, "You can always contact management 24/7. There is an on-call phone and someone will always get back to you." And, "If I have an issue I voice it and feel listened to."

● During the COVID-19 pandemic, regular virtual staff meetings had been held. One member of staff said, "You can discuss anything at the calls and [registered manager] always listens."

Continuous learning and improving care; Working in partnership with others

● Throughout our inspection, the registered manager and operations manager was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service, ensuring people received safe care and treatment.

● Since our last inspection the provider had introduced electronic care planning software. This enabled families, particularly those who were unable to visit their loved ones, to access care notes. They said, "This had a real impact particularly during COVID-19 and gave people peace of mind."

● The service worked in partnership with health and social care professionals. One health care professional told us, "I have carried out several joint visits with carers and had frequent contact with the Care Coordinator. I have found them to be very helpful, efficient and professional in the difficult and complex circumstances for this patient. [Name] always returns calls in a timely manner. They are responsive to Occupational Therapy recommendations regarding health and safety and moving and handling risks and techniques."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Failure to submit statutory notifications in a timely way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of robust quality assurance meaning people were at potential risk of receiving poor quality care.