

Alpha Health & Care Services Limited

RCS Business Centre

Thamesgate House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

RCS Business Centre Thamesgate House is a domiciliary care service providing personal care to people in their own homes. At the time of inspection, the service was supporting 20 people. The service had been registered for a year and supporting people since August 2019. This was a relatively short period of service, and although we have made recommendations for improvement, the registered manager was enthusiastic and passionate about providing quality care.

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

People and their relatives told us they felt safe using the service and staff were caring and kind. Although staff always attended, with no missed calls, people told us that the calls were sometimes later than expected which had an impact on other health services people were receiving or medicine administration times.

We recommended that people are reviewed to agree an approximate visit time.

Staff recruitment process was not robust in relation to application form completion and references, although all staff received a Disclosure and Barring System (DBS) check. Staff received an induction to the service and spent time shadowing experienced staff. Although staff had received training and the registered manager sometimes worked alongside staff, there were few recordings of competency-based observational supervisions.

We recommended a review of the recruitment process and recording of supervisions.

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.

Care plan content varied, and although person-centred they did not always provide enough guidance for staff in the management of some health conditions. There was an imminent introduction of electronic care plans which would provide 'live-time' recording. We were told that the care plans would be transferred to the new system and be more in-depth. During the inspection we saw entries were already being made into the computerised system in preparation for full introduction.

Staff told us the registered manager was approachable, and they were confident that any concerns raised would be dealt with appropriately. The service user guide contained information on how to make a

complaint, and one relative told us they raised a concern with the registered manager and it was dealt with.

This is a new service and where areas of practice for improvement were raised with the registered manager, they were attended to promptly. Safeguarding notifications had not been forwarded to us at the time the safeguarding had been raised, however, the registered manager followed this up immediately. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

We recommended the registered manager introduce all appropriate documentation and audits to ensure systems are in place as the service develops.

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

Why we inspected

This service was registered with us on 21 November 2018 and this is the first inspection.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

RCS Business Centre Thamesgate House

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 team consisted of 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.

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.

For this service, the provider was also the registered manager.

Notice of inspection

We gave a short notice period 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.

What we did before the inspection

We reviewed information we held about 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.

During the inspection

We spoke with the provider/registered manager, five care staff, four people who used the service and five relatives. We visited two people in their own assisted-living flats.

We reviewed a range of records. This included five people's care and medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly liaised with the service.

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 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.

Systems and processes to safeguard people from the risk of abuse

- Staff could demonstrate knowledge of safeguarding procedures and how to report an allegation of abuse.
- There were safeguarding and whistle blowing policies and procedures in place.
- People told us they felt safe with the staff. They said they would report any concerns to the registered manager and were confident it would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Risk assessments carried out identified any environmental risks including security and safety.
- People were risk assessed for their health and social care needs. Although some care plans were comprehensive, others did not contain enough guidance information relating to the specific health needs of people, for example chronic disease management.
- Care plan documentation varied. Some care plans were completed fully, whilst others had minimal information. The initial assessment undertaken by the registered manager was not always documented in detail. We saw care plans in people's homes and they did not contain the same amount of detail as we reviewed in the office. Some care plans only contained the initial information from the local authority assessment report, which was issued during the commissioning process when the person was first introduced to the service. Whilst this was informative, it did not provide comprehensive guidance for staff to administer care practice. However, we spoke with staff about care plans and they stated they were easy to follow, and they were aware of the care they had to provide for each person.
- We asked the registered manager about the care plans. We were told they were introducing a computerised system which would be more informative and robust, providing 'live-time' information to enable closer monitoring. We were told this should be in place soon, and at the time of inspection entries were being made onto the computerised system.

Staffing and recruitment

- Staff recruitment process was not robust. All staff had received a Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. However, aspects such as full employment history on the application form was not completed and references were not always obtained from the last employer.
- There was no audit process in place for a responsible person to 'sign-off' the recruitment files as completed. This process would have highlighted the incomplete files we reviewed at the time of inspection. We were told by the registered manager, that this procedure would be implemented immediately.
- People told us that staff were sometimes late for their call visits. One person told us they took their concern to the registered manager and staff now ring and say when they would be late. Whilst lateness was

sometimes unavoidable, which people understood, they told us this affected medicine and meal times. One person told us they would cancel visits if staff were too late as late calls interfered with other arrangements with health professionals.

- Most people told us staff spent the correct amount of time with them, however one relative said staff were sometimes rushed and didn't stay for the full time allocated.
- Staff told us, they did not feel rushed and had enough time to undertake care provision. They said if people required more time they would discuss with the registered manager.
- People did not always have the same carers. Whilst some people told us the staff were "Lovely and very caring" and "We can always have a laugh with them", others told us communication with some staff was difficult due to language differences. Some people and relatives we spoke with complained that sometimes staff spoke together during the visit in a language which was not English. People told us they felt uncomfortable and did tell the staff only to speak English during the visit. We did speak to the registered manager about this and action was taken.

We recommend that the recruitment process is made more robust. We also recommend that people are reviewed to agree an approximate visit time.

Using medicines safely

- The medicine administration records (MAR) seen for those who required support were completed and showed people received their medicines as prescribed. However, one person told us they did not always receive their medicines as prescribed due to visit times being too close together. We spoke with the registered manager who was going to review visit times.
- Medicine audits were completed monthly. Where issues were found such as one MAR chart showed that there was a missing signature following administration, the audit form stated the registered manager had spoken with the staff member to ensure they were aware of the importance of completing records accurately.
- One person confirmed they received medicines from a Dossett box and their MAR chart had been signed. This is a type of compliance aid people can use to help them take their medicines correctly.
- Guidance for the administration of the medicines were written in the care plan providing staff with clear instructions.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) such as gloves and aprons. Staff told us they had enough PPE to carry out their work safely to prevent cross infection.
- People and their relatives told us staff always wore gloves and aprons when attending to personal care.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned and where concerns had been raised, action was taken and outcomes shared with staff. For example, where concerns had been raised about visit times, staff were now calling people if they were going to be late.

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

- The registered manager visited people in their homes to undertake the initial assessment to enable care planning.
- The registered manager knew each person and their health and social history in-depth. The care plans however, did not reflect the same information the registered manager relayed to us, which limited the guidance for staff. For instance, the care plan stated the person's health condition, however there was limited guidance for staff on how to manage the condition.
- People told us they were asked about their preferences when care was being delivered. Care plans identified consent to care and support, which were signed by the person receiving the care or their advocate.

Staff support: induction, training, skills and experience

- Staff received an induction when first employed, and this was supported by shadowing experienced staff. However, the induction was an orientation to the company and did not include competency supervisions at the end of the recruitment process.
- The service was planning to introduce the Care Certificate for staff new to care. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Some staff had achieved Qualifications and Credit Framework (QCF) in health and social care prior to joining the service.
- The service used a local training company to deliver practical subjects as well as on-line courses.
- Staff who had received training provided by the service told us it was good and prepared them for the role. The training matrix showed that all staff had completed the basic mandatory training. Some had completed mandatory training during previous employment and training certificates were seen in personnel files.
- Staff files demonstrated some staff had received observational supervision for care practices to ensure competency and to highlight if further training was required. Staff and people told us the registered manager did visit and worked alongside staff, however these observations were not recorded. There were no records of formal supervisions. The service had developed supervision and appraisal forms which they were about to introduce.

We recommend the service begin to use the supervision forms and all observational supervisions are recorded as evidence of senior management oversight.

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

- Care plans demonstrated what people liked and disliked relating to their meals.
- Clear instructions were provided for staff about serving meals.
- People confirmed staff prepared the meal they asked for, and staff always offered to serve a drink before they left.

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

- The registered manager told us the service worked closely with other professionals and referred people where necessary, for example the occupational therapist and community nurse.
- Staff spoken with said they would not hesitate to contact the GP or dial emergency services if the person they were visiting was unwell.
- People confirmed the staff would take the appropriate action in the event of needing assistance from a professional.

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 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

- People's mental capacity had been assessed and documented by the local authority during the commissioning assessment process and the service referred to this record. Most people had mental capacity to make a choice, and some required prompting.
- Capacity was assessed generally, however the service did not have their own MCA assessment forms to ensure staff knew how to provide people with choices. We discussed this with the registered manager and were assured this was part of the new computerised system.

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

- People told us they were treated with kindness and respect. One person said, "We always have a laugh when they visit" and another said, "The staff are lovely, I always feel safe with them."
- Most relatives spoken with told us they were happy with the service. One relative said, "Staff are always kind and very pleasant." Another relative said, "Staff are very professional."

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

- Initial assessments were carried out by the registered manager who discussed with the person and relatives about care planning. One person said, "The manager did the assessment. My relative was present and we were consulted throughout."
- Care plans held at the office demonstrated that consent to care provision was asked and agreed with signatures.
- People confirmed staff always asked their consent before they carried out care practices. One person told us, "Staff do my breakfast, they always ask what I want."
- Relatives said they were confident if there were any health or social care concerns, the registered manager would contact them.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted their independence and gave them an opportunity to be involved in their personal care.
- The registered manager was respectful to the people we visited and had asked their permission before our visit. People knew the registered manager and confirmed they often worked alongside staff.
- One professional told us, "Staff are a good team, they always turn up and never let people down. They are always smiling, polite and respectful."

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

- Care plans demonstrated choice and consent with forms outlining consent to care and information sharing.
- People and relatives told us they were asked about their care in the initial assessment. The service planned to review care plans at six-monthly intervals.
- A section of the care plan related to diversity, and some of these were completed with religious preference.
- People told us they were asked about their preferred gender of the care staff who attended to their needs.

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.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A section of the care plan related to communication. We saw in one care plan, information for care staff which stated that the person used gestures at times to communicate. It continued that the person would require prompts when supporting with homecare activities.
- The service had introduced a comprehensive support plan with pictorial and written guidance for those with a learning disability. The registered manager told us they were planning more easy-read information for people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process in place. There were no complaints documented.
- One relative told us they did have a concern about staff visit times. They spoke with the registered manager and now the staff ring them if they were going to be late due to unforeseen circumstances.
- The service user guide provided information on how to raise a complaint or concern. People and relatives spoken with stated they were confident that if they raised a complaint, the registered manager would take it seriously and deal with it appropriately. The registered manager told us they could produce the service user guide in large print if required.

End of life care and support

- The service had an end of life policy which provided guidance for staff.

- The service worked with the end of life nursing team.
- At the time of inspection, there were no people receiving end of life care. The registered manager discussed the need for end of life training for the staff and this would be arranged.

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 as 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.

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

- People and their relatives told us they were involved in care planning. The registered manager completed the first assessment however these were not always documented fully.
- The service gained people's opinion through telephone calls as well as spot checks through visiting people in their homes.
- We saw new questionnaires which the service was planning to send out to people and their relatives to gain feedback of the service provided.

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 provider/registered manager understood their duty of candour and had dealt with concerns raised, such as staff contacting people when their visit would be later than expected.

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

- The registered manager led by example through supporting and working alongside staff. They were enthusiastic and compassionate about service development in relation to quality.
- Staff spoke positively about the registered manager, and told us they were approachable, caring and supportive. One staff member told us, "The manager is a lovely person, who encourages staff development and wants us to work well."
- Staff understood their role. They told us they were happy working for the service and would recommend it as a good place to work.
- We were informed by a professional that two safeguarding alert referrals had been raised with the local authority which we were unaware of.

Providers must forward notifications of incidents that affect the health, safety and welfare of the people who use the service. This was a breach of regulation 18 (Notifications of other incidents) Care Quality Commission (Registration) Regulations 2009.

We spoke with the registered manager, as we had not received the statutory notification that the provider must forward to us when a safeguarding alert has been raised. The registered manager responded promptly, and the notifications were completed.

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

- The service worked closely with other professionals including GP, community nurses, local authority, continuing health care team and specialist health and social care advisors.
- One professional informed us they had concerns around recording when they first commissioned the service. However, they told us, "The registered manager is responsive when concerns have been raised and action taken to resolve any issues."

Continuous learning and improving care

- The registered manager was keen to improve care practices through management processes and responded immediately to any areas we highlighted during the inspection, such as forwarding statutory notifications.
- The service was new and had not completed or introduced all relevant documentation such as computerised care plans, supervisions, appraisals, quality questionnaires and care certificate.
- Staff recruitment process seen was not robust. After discussion with the registered manager, they began introducing a system where oversight of the completed process was the responsibility of the registered manager.

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 forward statutory notifications in a timely manner