

Alpha May Care First Ltd

Alpha May Care First

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 May Care First is a domiciliary care agency providing personal and nursing care to people in their own homes. The service covers two areas, Brighton and Hove, and Wakefield offering support to both children and adults with complex physical disabilities. 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. At the time of our inspection, there were six people using the service.

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

People were safe. Staff had received training in safeguarding and how to recognise the signs of harm or abuse. There had been no safeguarding issues since the service was registered. The registered manager kept oversight of any incidents and accidents to formulate learning and improvement.

People were involved in decisions about their care and this was delivered in a way which met their needs and preferences. One person told us, "We discussed [care plan] beforehand, and I went over it when it was written to ensure I was happy with it."

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.

Staff knew people well and there were sufficient, appropriately trained staff to meet people's needs effectively. Risks to people were assessed and clear guidance provided to staff in how to minimise these. People's nutritional and hydration needs were met.

People were respected and consent sought before support started. Staff showed good awareness of people's individual personalised needs, including those around protected characteristics such as religion.

The organisation was well-led by a proactive registered manager and provider. They promoted a positive staff culture where staff were valued and supported. Systems were in place to monitor and review the quality of the service. People and staff were able to give their views on how to drive improvement. Professionals spoke positively about the partnership working they experienced with Alpha May Care First.

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 4 May 2020 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, 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alpha May Care First

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

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period of 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 17 March 2022 and ended on 24 March 2022. We visited the location's office on 21 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 used all this information to plan our inspection.

During the inspection

We spoke with two staff members, including the registered manager. We reviewed a range of records, some of which were provided electronically to assess remotely. This included three people's care and medicine

administration records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We spoke with two people who use the service and two representatives of those unable to speak with us. We spoke with two further staff members who work at the service. We sought feedback from three professionals, including a local authority representative. We continued to review evidence which the registered manager and provider supplied.

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 were protected from the risk of abuse. Staff had completed specific training in safeguarding for both adult and children including how to recognise the signs of harm or abuse. Staff demonstrated a good knowledge of what to do if they suspected someone was at risk. Staff knowledge in this area was checked during regular competency assessments to ensure it was up to date and effective.
- People and relatives told us they felt safe with staff who visited them. One person said, "Yes, I feel safe and comfortable with them all."
- The provider had robust systems and processes in place for staff to report any concerns. Appropriate follow up had been made into any issues raised and lessons that could be learnt from these were fully documented and shared with the wider staff team.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and care plans contained guidance for staff in how to minimise these risks. Staff reported any new and emerging risks to the registered manager and action was taken to address any potential harm.
- People had specific risk assessments which were appropriate for their individual needs such as requiring assistance with specialist feeding equipment or people who were at risk of falls. Specialist training had been sourced from appropriate healthcare professionals to ensure staff were able to minimise risks.
- For those with nursing needs, detailed risk assessments were seen to guide staff how to support people and minimise risks, for example choking or risks associated with epilepsy. A clinically trained nurse had oversight of this practice and regularly reviewed these risk assessments to ensure accuracy.
- Staff told us that management were reactive to risk and ensure changes are made quickly to keep people safe. One said, "I have no negatives regarding Alpha May. [Registered manager] attends to any queries or problems we raise straight away and they are sorted and not left."

Staffing and recruitment

- The provider had robust recruitment processes. This included obtaining a full employment history, requesting references from previous employers and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they had not experienced missed visits and that staff attend during agreed timeframes. One person told us, "I have regular carers. I know the climate for recruiting care staff is difficult but Alpha May do everything they can to cover my calls."
- The provider and registered manager had a contingency plan in place to cover staff shortfalls in the event

of sickness or other short-notice absences. Staff feedback about staffing levels was positive and they spoke highly of being able to consistently visit the same people.

Using medicines safely

- People were supported to have their medicines safely and on time. Information on what medicines people needed and when was clearly documented in their care plans.
- People and their relatives felt staff supported them well with their medicines. One person told us, "I can mostly do it myself but they will check that I have taken everything I need to in order to monitor my health. A relative said, "Everything is locked away, its managed safely."
- Medicine administration records (MARs) were accurately completed. Senior carers, the registered nurse and management carried out regular audits of the MARs to ensure any errors were identified and addressed quickly to minimise any reoccurrence.

Preventing and controlling infection

- The provider had suitable policies and procedures in place to minimise risk of infection spread. Staff demonstrated good knowledge of this and people confirmed personal protective equipment (PPE) was worn appropriately during care calls.
- Staff had completed specific training in infection prevention and control (IPC). They were also engaged in a robust testing regime in relation to COVID-19, in line with government guidance.
- The registered manager had ensured unannounced 'spot checks' were undertaken to check staff were following IPC guidelines to keep people safe.

Learning lessons when things go wrong

- Incidents and accidents had been reported by staff and were fully documented and recorded. The registered manager also kept oversight of these to identify if there were any trends or any shortfalls which needed addressing. If a specific individual was involved, we saw evidence of additional supervision.
- Where issues had been identified, appropriate actions were taken to minimise further concerns and learning was shared with staff. For example, the medicine administration record cards were adapted to make them easier for staff to understand and follow, minimising medicine errors.

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 undertook thorough assessments prior to providing care and support to people. This allowed a detailed care plan and risk assessment to be drawn up which was in line with people's needs and wishes. The service have designed people's care plans to be age specific to promote involvement of children in their own care planning. The registered manager said, "It is very important to us that [children] voices are heard and that they are involved in the decision making process. The children we support often now refer to their care plan as 'my story book'."
- Staff worked in line with National Institute for Health and Care Excellence (NICE) guidance to ensure they supported adults and children effectively. For example, specific guidance was followed when supporting children with diabetes or epilepsy. We saw evidence in supervision and performance reviews of staff knowledge of this being checked.
- People told us they were involved in the assessment process and their choices and preferences were responded to. One person said, "We discussed [care plan] beforehand, and I went over it when it was written to ensure I was happy with it."

Staff support: induction, training, skills and experience

- People using the service and their relatives told us they felt staff had the relevant skills and were competent in their role. One person told us, "They are well trained, I'm confident that they know what they are doing."
- Staff received an induction when they first started working for the agency. This included various training courses and "shadow" shifts. This helped staff deliver effective support.
- Staff training was relevant and up to date. This included specialist training for staff who supported people with specific needs, for example diabetes awareness and training how to use medical equipment.
- Specialist training in how to best to support children had also been undertaken. For example, recognition & management of an acutely unwell child and safeguarding children.
- Staff had received regular supervisions to assess performance, discuss any areas of development and raise any concerns they may have. Regular competency checks were done to ensure staff practice remained safe and up to date. One member of staff told us, "We catch up regularly to see how things are. I am supported."

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

- Care plans contained detailed information in how to support people who needed help with eating and drinking. This included any allergies or guidance provided by other healthcare professionals such as speech and language therapists.
- People's preferences around food and drink were documented. For example, one person did not eat pork

due to religious needs. This was clearly documented in their care plan. Where necessary, food and drink intake was closely monitored to ensure people were not at risk of dehydration or malnutrition.

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

- People and their relatives told us staff supported them to access healthcare professionals when they needed this. One relative told us, "They have frequent communication with the [funding authority]. They really advocate for us as a family to get us support we need."
- People's records showed healthcare professionals had been contacted appropriately on people's behalf and relevant information was shared with staff to effectively support people. For example, where a new medicine had been prescribed, this change was clearly recorded for staff to take into account.
- Staff demonstrated that they knew what to do if they had a concern that requires the attention of a healthcare professional. Staff told us they would inform the on call manager if this was a non-urgent issue but felt able to contact healthcare professionals directly if there was an urgent issue. One member of staff told us, "I'm confident to do this, although the registered manager is always swift to respond."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us they were asked for their consent prior to being supported. One person told us, "They are flexible around how I feel on the day. Some days I need more help but they always ask me if I'm ready."
- Staff had received specific training and demonstrated a good knowledge of MCA when we spoke with them. One member of staff told us, "It doesn't matter, I always ask people before I do tasks, I let them know I am there to support them. It's about giving choice and getting consent."
- Where a person lacked capacity to make decisions related to their care, this was clearly recorded in their care plan. We saw relatives and advocates had been involved in decisions and there were instructions for staff on which representative should be contacted if staff had concerns in relation to a person's capacity.

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 well treated and the feedback we received was positive. One person told us, "They are very kind, responsive and dedicated to the job."
- Staff placed value on the things that were important to people. For example, we saw details in care plans of how to support people with prayer and following their religious beliefs. There were also details of hobbies, interests and relationships and friendships.
- Staff told us how important it was to treat people with respect and kindness in order to build rapport and best support people.

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

- People and their relatives, where appropriate, were involved in decision making about their care. One person told us, "They always defer to me on what needs to be done. I never feel rushed."
- People were involved in regular reviews of their care, and were given opportunities to give feedback both over the telephone and during the spot checks which were completed.
- People confirmed that a copy of their care plan was readily available for them in their home so they could ensure this fully reflected their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. We saw evidence in care plans of staff supporting people in a flexible way to encourage independence when a person is well enough to complete a task themselves. A compliment received from a professional read, 'They offer an excellent service and demonstrate a lot of flexibility and willingness to adapt to [person's] changing needs.'
- Staff ensured people's privacy and dignity was upheld. One relative told us, "Privacy can be a double edged sword when you have carers in your home. But they are all very 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 were personalised with a person's social history and information about how best to support the individual. They included information on the individual's family background, hobbies, interests, dislikes and healthcare needs. One person told us, "Staff know me. I get the same carers all the time so they are very well versed in my routine and what I like."
- Care plans were written in different formats dependent on age and choice. For example, we saw a child's care plan which was mainly pictorial in order for the young person to understand and be involved in their own care. There was also a specific format for teenagers and adults. Choices and preferences of how the person wanted their care delivered was evident throughout.
- Staff told us they knew people's needs and had time to read care plans prior to supporting people. One member of staff told us, "I read the care plan but we only tend to work with the same person so we can really get to know them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans. This enable staff to support people to communicate effectively. For example, sensory impairments and preferred methods of communication were recorded in care plans including details on how best to approach someone in order not to cause distress.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain and would feel confident that any concerns would be addressed appropriately. One person said, "I feel comfortable talking to them. I've never been in a position where I need to complain but would know how to."
- Complaints had been dealt with proactively by the registered manager. There was a system in place to log any concerns raised and these had been addressed in line with the company policy. Suitable investigations had been completed where necessary and positive outcomes achieved with people who use the service.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. The registered manager had a good knowledge of what would be required should a person need this level of support, and people's advanced

wishes were documented as appropriate in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager's priority was the importance of providing high standards of personalised care. Care plans contained personalised details to guide staff how to support people in line with the preferences and wishes.
- People, their relatives and staff all spoke highly of the registered manager and the person-centred, inclusive culture they had developed within the service. One person told us, "[Registered manager] are incredibly dedicated, and always on call if there are any issues such as a carer being delayed or unwell."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 demonstrated that they understood their regulatory role and responsibilities.
- There was a clear management structure in place to ensure full oversight of the care in both Brighton and Wakefield. People and staff knew who to contact should they have any concerns and spoke of the registered manager always being readily available.
- The provider had clear policies in place, which staff were given protected time to read and digest. This including policies specific to supporting children, for example safeguarding children and whistleblowing.
- The registered manager was linked in with support sources, for example manager forums and local networks where information and learning could be shared.
- The service complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager was aware of telling us about notifiable events.

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

- People received regular checks and telephone calls from the office. This ensured they were consulted and given opportunities to comment about their care. One person told us, "We are in frequent communication with the managers, I've never had to raise a concern but I would easily be able to if I needed."
- The registered manager made additional arrangements for those who did not have English as their first language, to ensure they could still be involved and give feedback on their care.
- Staff confirmed that they were encouraged to give feedback via supervision and team meetings. They also used an electronic messaging service to share ideas which were not confidential in nature.

Continuous learning and improving care; Working in partnership with others

- Staff were given the opportunity to develop their skills. One staff member told us, "I remember a time where I was asked to support someone with a specific need, so [registered manager] arranged additional training for me to make sure I could help them."
- The registered manager had utilised their professional skills and expertise to build networks and source support from other health and social care professionals. This close partnership working enabled them to support people with complex health conditions.
- Professionals we spoke with provided positive feedback regarding Alpha May and the registered manager. One told us, "They are the best agency to work with. Communication is excellent and they are 100% reliable. [Registered manager] is very proactive and will cover calls themselves if ever need be. They are great to work with."