

Ms Amanda Gaunt

# Alpha Care Services

## Inspection report

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Date of inspection visit:

06 February 2019

11 February 2019

Date of publication:

08 March 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Alpha Care Services provides personal care and support to people living in their own home. At the time of the inspection, the service was supporting 12 people who required personal care.

People's experience of using this service:

- People and their relatives told us they were happy with the service they received and felt safe amongst the staff who supported them.
- People highly praised the caring nature of staff and told us staff were polite and they respected people's dignity and privacy.
- Examples were provided of how the service had provided additional support and care such as supporting people to access the local community and maintaining contact with their family.
- People were involved in the assessment of their care and encouraged to retain their independence. Their care plans provided staff with the information they needed to support people. People's support needs were met. Staff always asked for people's consent before they supported them.
- There were sufficient staff available to ensure people were supported by familiar staff who understood their needs. Improvement had been made to the records relating to the recruitment of staff.
- People's support needs and risks had been assessed and were managed well, although more detail was required in the hazards and plans relating to people's risks.
- People received their medicines in a safe and timely manner and were referred to health care services when their needs changed.
- Staff were trained and supported to carry out their role and were knowledgeable about good care practices and their responsibilities to protect people from harm and abuse.
- Improvement had been made in the quality assurance systems to monitor the quality of the service. However, further systems and tools needed to be implemented to ensure good quality assurance practices would be followed to avoid breaching a legal requirement in future. This would evidence that the registered manager was effectively monitoring and recording their checks and the actions they had taken when shortfalls were identified.

We have made a recommendation about demonstrating positive outcomes for people.

Rating at last inspection: Requires Improvement (Last report was published on 9 January 2018). Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions of 'Is the service safe' and 'Is the service well led' to at least good. The provider had taken action to address our concerns to ensure people received a service which was safe and well led.

Why we inspected: This was a planned inspection based on the previous rating at the last inspection. We also followed up on the actions taken by the provider to meet the breach of regulations at our previous inspection.

Follow up: The rating of this inspection and the information and intelligence that we receive about the

service will determine the timeframe of our next inspection.

## 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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Alpha Care Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an 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 in the community. It provides a service to older adults and younger disabled adults.

The service had a manager who was 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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. However, the register manager was not available on the day of our inspection so three team leaders supported us with the inspection.

#### What we did:

Before the inspection, we reviewed the Provider Information Return (PIR) submitted by the provider. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

We also reviewed other information we held about the service including previous inspection reports and

information about important events that the service is legally required to submit to CQC. We also reviewed the provider's action plan from their previous inspection.

Inspection site visit activity started on 6th February and ended 11th February 2019. We visited the office location on 6th February 2019 to speak to the team leaders and review people's care records and policies and procedures. After the office visit we contacted and received feedback from five people/relatives and three care staff either by telephone or email.

During our visit to the service's office we looked at four people's care records and those files relating to staff development and the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection on 6 November 2017, we asked the provider to take action to make improvements to the recruitment of staff and the management of people's medicines and this action has been completed.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe when staff visited and supported them with their personal care. One person said, "Yes, I feel safe, they are so good, I would be lost without them."
- Staff told us they had received safeguarding training and were aware of the different types of abuse. They were clear of the provider's safeguarding procedure and to report any suspicions of abuse or if they had any concerns about quality of care or people's safety.
- Senior staff were aware of their responsibilities to share any information of concern or alleged abuse to the relevant safeguarding authorities and CQC.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- People's risks had been identified, assessed and recorded during their initial assessment. However, the assessments had not always been reviewed as part of people's review of their care needs. People's risks were being managed and as staff were knowledgeable about people's individual risks and could explain how they supported people to minimise their personal risks. For example, staff supported people with their mobility and knew when people required additional assistance.
- Staff told us they had referred people to health care professionals for support when people's needs had changed and their risks of harm or injury had increased. For example, one person had been referred to an Occupational Therapist who recommended the installation of a shower rail to reduce the risk of falling while entering the shower.
- Staff and people told us that wherever possible, people's independence in relation to their personal hygiene was promoted.
- Risks to the safety of staff had been identified and assessed when working in people's homes.
- Staff reflected on incidents when things went wrong. Effective communication systems were in place to discuss the incidents and ensure that staff were fully informed if any changes were needed to people's support.

Staffing and recruitment.

- Sufficient numbers of staff were made available to meet the needs of people who required support from the service.
- People reported that staff generally arrived at the expected allocated time or within 15 minutes and stayed for the scheduled amount of time.
- An electronic system was used to inform staff of their visit schedule. The system also monitored staff's arrival and departure times and alerted the office if staff had not arrived or failed to log in to the system. Any alerts or missed calls were immediately investigated.

- We were told that the service continually evaluated their staffing capacity to meet people's needs and any new requests for care and support.
- An effective on call system was in place to provide out of hours support to staff.
- Contingency plans were in place to support people during adverse weather conditions such as those people who were at greatest risk if they did not receive support. This had recently been implemented successfully.
- Since our last inspection, the registered manager had reviewed their staff recruitment systems. Staff files now included sufficient evidence to show that the provider met the regulations relating to the employment of fit and proper people. The interview process ensured that the managers explored staff's full previous employment histories, including employment gaps and reasons for leaving previous employment when determining staff's suitability.
- All staff had completed a health questionnaire to check if they were mentally and physically well to meet people's needs.

#### Using medicines safely.

- People who required support with medicines received assistance by staff who had been trained and assessed as being competent to do so. One relative confirmed that staff always administered their relative's medicines on time.
- People's care records recorded the medicines they were prescribed and how care staff should administer and support people with their medicines.
- Separate medicines care plans and protocols were in place for people who required additional short-term medicines such as antibiotics.
- Staff had a good understanding of the support people required with their medicines and how each person's medicines were reordered, collected and stored.

#### Preventing and controlling infection.

- Staff had been trained in infection control and effective hand washing to help reduce the risk of spread of infection.
- Staff had access to personal protective equipment such as gloves and aprons and took appropriate actions when spills and accidents occurred to ensure people remained safe.

# 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

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.

- People's needs and choices were assessed as part of their initial assessment and reviewed on a regular basis.
- People praised the service on delivering effective care with positive outcomes.

Staff support: induction, training, skills and experience.

- Families told us they felt the staff were adequately skilled and trained to meet their relative's needs. One person said, "The carers seem very knowledgeable. I have no concerns at all in that area."
- Staff told us they felt supported and were in constant contact with the registered manager, team leaders and their colleagues. One staff member said, "There is always someone at the end of the phone if I need any support or advice. We are a very supportive team – from the management down."
- Plans were in place for staff to have regular and more formal one to one supervision meetings with their line managers. Senior staff were considering the format of the supervision meetings. This would ensure staff's individual practices and development as well as improve and standardise the quality of care across the service would be regularly reviewed and discussed with staff.
- Staff had received relevant training to be able to meet people's needs and choices safely and in line with current best practice. The registered manager used a training matrix to monitor the training requirements of staff. Staff confirmed they felt trained to do their role. One staff member said, "Training is good, I am happy that I am trained well enough to do my job".
- All new staff completed an induction programme including shadowing more experienced staff and training regardless of their prior experience in care. Staff with no care experience were required to complete the Care Certificate as part of their training. The Care Certificate training allowed the registered manager to monitor all care staff competences against the expected standards of care.
- The skills and care practices of staff were regularly observed and recorded by their line manager to ensure that they delivered good quality care in line with the service's policies and mission statement.

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

- Where people needed support with their meals, they were given choice by staff and encouraged to have healthier choices. People told us they enjoyed their meals and were always provided with food which they requested and enjoyed.
- People's care records documented the support they needed with their nutritional requirements. Staff were aware of people's dietary needs and preferences.

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

- Staff told us they had a good working relationship with health care services linked with the local GP surgeries.
- Staff provided examples of how they had effectively worked jointly with health care professionals such as district nurses when people's needs had changed. Staff worked on behalf of people with their consent or in collaboration with people's families to ensure people received appropriate and timely support as needed.

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

- People and their relatives told us they were always consulted about the care and support staff provided.
- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- When people lacked the mental capacity to make day to day decisions about their care, staff made decisions on behalf of people based on people's known preferences and in their best interests.
- Staff were aware of their responsibility to assess people's mental capacity when significant decisions about the care they received from the service was required.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence.

- We found staff to be highly motivated to deliver high quality care. People and their relatives told us staff were caring and their warm nature was genuine and consistent. One relative said, "They couldn't be any better. They are top class, as good as you can get." Another relative wrote to us and told us, "I have nothing but praise for the standard of care she is given. The staff are obviously chosen with great care."
- Staff spoke with kindness and respect when speaking about people. They knew people well, including their personal histories, what was important to them; their personal preferences and preferred routines which were recorded in people's care plans. They adapted their approach according to people's needs. For example, one relative wrote to us and said, "I can report that Alpha care staff are caring and careful. They are sensitive and diplomatic with mum who has Alzheimer's and who doesn't always wish to do whatever is being organised at that moment. They seem to know how to step around any issue and approach things in a manner that brings mum around."
- The registered manager provided us with several of examples of how the service had provided people with additional compassionate support and care. These included supporting people to take walks in the local community and visiting the local church or cafes. The service also recognised people's birthdays by baking them a cake and helped one person to remain contact with their family via video link.
- Staff provided examples of how they assisted people with their personal care and worked in conjunction with people's families to ensure people's personal care needs were met. People were told that they were fully involved in decisions about their care.
- Staff supported people in a personalised and individual manner. They ensured things that were important to people such as their pets were considered as part of their care package.
- People valued their relationships with the staff team and felt safe and relaxed when in the presence of the staff. really cared for and that they mattered. People expressed their gratitude of the caring nature of staff and how they enabled them to stay living independently within their own home.
- People and their relatives spoke extremely positively about the care they received and the care staff supporting them. They told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments included: "They are very respectful, joyful and they chat to my wife"; "The carers have become like my friends, so kind and caring" and "The carers are truly wonderful, they do a marvellous job".
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, ethnicity and faith. For example, staff had adjusted their visits times to allow some people to be ready to attend their chosen religious service.

We recommend the provider continues to develop and embed their good practices and demonstrates how their care and support have positive and outstanding outcomes for people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's personal care and their treatment was assessed and planned with their involvement or, where appropriate, with the involvement of a representative and someone who knew them well.
- Improvements had been made to details of people's care plans. People's care plans were mainly person centred and provided staff with details about people's preferred care routines. Staff confirmed that people's care plans provided them with the information they needed to support people.
- Staff had been responsive to people's changing needs and provided people with additional support when required. Any changes or concerns relating to people's well-being was communicated to representatives of the person and reported to the registered manager.
- Staff told us they were introduced to new people and informed of people's care plans and support requirements before they started visiting them.

Improving care quality in response to complaints or concerns.

- People and their relatives told us they knew how to make a complaint. They spoke confidently about raising their concerns and felt they were listened to. One person told us they would have no problem in complaining if they had a complaint and added "They are all so good".
- Any concerns raised were immediately addresses by the staff and the registered manager which ensured that concerns were not escalated to a formal complaint. No complaints had been received by the registered manager since our last inspection.
- The service had received many compliments from people and their relatives about the quality of care delivered by Alpha Care Services.

End of life care and support.

- At the time of inspection no one was receiving end of life care from the service. However, we were given examples of how the service had previously provided additional support to people who required end of life care in their own homes.
- Staff had supported people's relatives and worked jointly with other health care professionals to ensure people had a comfortable, dignified and pain-free death, including helping people to fulfil their final wishes.
- People's end of life care, wishes and plans were discussed with people during their initial assessment.

# 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.

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 the last inspection on 6 November 2017, we asked the provider to take action to make improvements to the quality monitoring of the service and people's care records. This action has been completed, however further improvement was required in some areas of the quality monitoring of the service.

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

- The registered manager and team leaders had good insight into the care being delivered to ensure people received safe and effective care. For example, the quality of care being delivered and the care practices of staff were frequently checked by regular monitoring visits and action was taken when people voiced concerns about their care.
- Since our last inspection, the registered manager had taken on board our concerns and had made improvements to the governance and monitoring of the service to ensure people received effective and responsive care.
- However, further improvement was needed in the effectiveness and recording of the auditing of some parts of the service. This would provide the team leaders with the information they required to help monitor the service when the registered manager was absent from their role. For example, a more consistent and frequent approach was needed in the monitoring of people's medicines administration records (MAR) to identify and investigate gaps in people's MARs in a timely manner. We were told that the team leaders checked the MARs every month for the people whom they supported with medicines. However, we found that their findings and actions were not always recorded.
- The system for reviewing people's care records still needed some improvement to ensure records remained up to date. For example, not all people's medicines records provided guidance on when PRN medicines should be used (medicines used as required).
- People's care plans were reviewed with people however the frequency of the reviews and the incorporation of reviewing people's risk assessments were not consistent
- An audit of staff recruitment documents would ensure that the registered manager could evidence that all the required recruitment documents were available.
- Some of the provider's policies were not sufficiently detailed and comprehensive to provide staff with the guidance they may require to carry out their role. For example, the provider's medicines policy was not comprehensive and detailed enough to provide staff with clear directions and guidance to support people with their medicines.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; continuous learning and improving care.

- The registered manager, team leaders and staff were passionate about delivering high quality care in their

local community. The culture of the service was to focus on people's individual needs and embed their mission statement into their practices. The service's mission statement states: "Our aim is to enable clients of any age or disability to remain in their home, to enjoy and appreciate everyday activities, whilst receiving professional and sympathetic support.

- People and their relatives praised the management team and felt the service was well managed and communication was good from the office.
- There was an open approach in investigating and learning from accidents, incidents and near misses. The registered manager and team leaders were open to new challenges and learning to help improve the quality of the service they delivered.