

Alpha Care Specialists Ltd

# Alpha Care Specialists Ltd

## Inspection report

Community House  
311 Fore Street, Edmonton  
London  
N9 0PZ

Tel: 02083736299

Website: [www.alphacares.org.uk](http://www.alphacares.org.uk)

Date of inspection visit:  
17 April 2019

Date of publication:  
29 August 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?

Good ●

# Summary of findings

## Overall summary

About the service: Alpha Care Specialists is a domiciliary care service offering personal care and support to people in their own homes. At the time of this inspection the service was providing care to adults of all ages. The service specialises in services for people from the Greek and Greek Cypriot community but offers services to people from any cultural background.

People's experience of using this service: People had an exceptionally good experience using this service. They and their relatives told us they found the care workers to be reliable and caring and they had formed meaningful relationships with them. They felt the service they received was of a high standard.

The service had introduced some additional services which supported people after hospital stays and to prevent re-admissions to hospital. The service included collecting the person from hospital, taking them home and providing short and medium term care and practical support. They also operated some drop-in day services and support and transport for people to attend these. There was a commitment to meeting people's holistic needs.

The service addressed risks to people's safety. People had individual risk assessments which provided guidance to staff on how to ensure people were cared for safely. People said they felt safe with their care workers.

Staff were trained in safeguarding and had a good understanding of how to recognise abuse and how to respond to it. Staff found their training helpful and felt well supported by the registered manager and the Chief Executive.

People's medicines were managed safely and the service supported them with their health needs.

Care workers showed a caring and person-centred attitude towards their work and enjoyed their jobs. They developed meaningful relationships with people they provided care to. People were involved in planning their care and making any changes they wished to their service.

The service was responsive to people's holistic needs and provided extra innovative services to meet the needs of people in the local community. Staff spent quality time with people as well as providing personal care and household task support.

The registered manager had a good oversight of the service and, with support from the Chief Executive for the organisation, operated quality monitoring systems which ensured people were satisfied with their care.

The service met the characteristics of a good service in all areas. More information is in the full report.

Rating at last inspection: The rating at the last inspection was Good (report published in October 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Care Specialists Ltd

## 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 adult social care inspector and two experts 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. The experts by experience and a Greek speaking inspector made telephone calls to people using the service and their relatives.

#### Service and service type:

Alpha Care Specialists is a domiciliary care agency offering a range of services including personal care to people who need support due to age, ill-health or disabilities. 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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available. We visited the office location on 17 April 2019 to see the registered manager and some care staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection reviewed the provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with the registered manager, Chief Executive and four care workers in person. After the inspection we spoke with ten people using the service and relatives of eight other people

using the service to seek their views.

We looked at a range of records; five people's care files, three people's medicines records, three staff files, staff training, supervision and appraisals, records of complaints and incidents, policies and quality assurance monitoring records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse.
- Safeguarding was covered in induction training for all staff and was a standard item for discussion at staff supervision sessions.
- The registered manager said that staff always report any concerns about people's wellbeing. They made safeguarding alerts appropriately.
- Staff had a good understanding of concerns they would need to report and some staff told us of concerns they had raised.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were assessed and mitigated where possible.
- The service carried out a risk assessment of a person's home environment before starting to provide a service. This was a room by room risk assessment and included fire safety and pets. The risk assessment specified whether the pets posed a risk, whether the care worker had any duties for the pets and what arrangement were in place if for pets if the person had to go into hospital.
- There was written guidance in place for staff about people's high risk health needs and when to call 999 for assistance. Staff employed in the last year had not yet completed training in basic first aid as the service had to change training provider but the registered manager had plans in place to ensure all staff completed this training.
- Individual risk assessments covered risks such as moving and handling, risk of falls, use of any medical or mobility equipment, health, finances, eating and drinking, allergies, skin integrity and medicines. Moving and handling risk assessment were updated at least annually to ensure any changing needs were met.

Staffing and recruitment

- There were enough staff employed to meet people's needs.
- Two people using the service required two staff for every visit and others required one. People said they had consistent reliable care workers who turned up on time. Comments included; "They're very trustworthy and I feel safe", "She turns-up on time and leaves on time, she doesn't bunk-off early" and, "I feel absolutely safe. They are really efficient and pleasant. Time-keeping is very good and they let me know if there are any changes."
- Staff had suitable recruitment checks. References were in place and criminal record checks were carried out before staff started working with people. The service checked people's identity as required.

Using medicines safely

- Medicines were managed safely.

- The service worked with a local pharmacy where they referred people for monitored dosage systems which is when a pharmacy puts people's medicines into prepared packs which were delivered to them free. Each person was assessed to see what level of support they needed with medicines.
- A field supervisor visited each person's home annually to carry out a medicines audit.
- We looked at a sample of medicines administration records (MAR) and with one exception they had been completed with name and signature of staff who had administered the medicine. The one which was not complete was where the care worker recorded that they had administered "blister pack" and not the names of medicines administered. The registered manager said there was a full list of the person's medicines and they would ensure all MAR had the full list of medicines recorded immediately and not the term "blister pack."
- Each person had a risk assessment about their ability to look after their own medicines. Where the service was responsible for helping people with medicines the risk assessment specified the level of support needed, arrangements for storage, ordering and disposal of medicines and the person signed consent for the service to support them.
  - One person had tablets and eye drops and their care worker had good knowledge of their medicines. They told us that when they were going on holiday they asked the staff member covering for them to come and watch them administer the eye drops to ensure they did it the way the person needed.

#### Preventing and controlling infection

- Staff were trained in infection prevention and control. Infection control was covered in staff supervision sessions where staff competence was checked through answering questions. Staff showed a good understanding of infection prevention. One staff member said, "we wash our hands about one hundred times a day."

#### Learning lessons when things go wrong

- There were suitable systems and processes in place to ensure lessons were learned when things went wrong.
- The registered manager told us of an incident where they had learned lessons. This was discussed in staff meetings and staff were informed of the learning that took place to avoid further incidents of the same type. Accidents and incidents were rare but appropriately recorded.

# 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

- The service carried out assessments of people's needs and choices before agreeing to provide a service to them. They also gave people information about their range of holistic services, such as social opportunities, support to attend appointments and reablement services so that people could choose services to meet their needs.
- The service provided information and advice which helped people manage their personal budgets for care and gave advice on issues such as benefits. This service was included in the cost of personal care packages.

Staff support: induction, training, skills and experience

- Staff had suitable training to meet the care needs of the people they were working with.
- One relative told us, "They're trained; they know what they're doing. They're very professional and we have no problems." Staff told us the training was "good", "great" and "very good."
- Staff had been trained in recognising signs of pressure ulcers, changing stoma bags and those staff who needed it were trained in using suction equipment and helping people who are fed by percutaneous endoscopic gastrostomy (PEG) which is a where people are fed through a tube directly into their stomach.
- The service supported staff who had caring responsibilities or personal issues. The service would refer staff for counselling if required. One staff member said, "Best thing about working here - everybody is very supportive. When I do have a problem I can approach anybody, they are so nice, so friendly." Another told us, "Whatever we need they're here to help."
- Staff received regular supervision. The service employed two field supervisors who went out to carry out spot checks on staff in people's homes and carry out observations of their work. These took place regularly. Staff had appraisals annually.

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

- People told us they were happy with the support they received with eating and drinking.
- Care workers prepared meals for some people as part of their care package. They also assisted people with eating. Staff completed food hygiene training before preparing food. Some people using the service had diabetes and were supported to eat appropriately at specific times.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with local district nurses and pharmacies on a frequent basis. People's support plans specified what other services they used such as community alarm, day-care, meals on wheels or community mental health nurse so that the service would work alongside those services where needed.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were recorded in their care plan. People and their relatives told us that the service supported them well with their health. One person said, "She takes me to the GP and to hospital appointments" and the care worker confirmed that they supported the person to attend appointments.
- A relative told us, "If the carer is giving him a wash, she lets us know if he has a rash or a bruise." Another said, "They let us know if they notice something's not right" and a third relative said, "They have noticed health issues which they've informed me about and I was very impressed with that."
- Some people required support with health needs including use of oxygen and suction machines. Only trained and experienced staff carried out medical tasks such as deep suctioning and assisting people with oxygen. The registered manager ensured staff were provided with training in the care needs of the people they were working with.

#### 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 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 with appropriate legal authority. In community settings applications need to be made to the Court of Protection for a deprivation of liberty authorisation. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found nobody was subject to a deprivation of liberty (DoLS).
- The MCA was covered in the induction training for new staff. It was discussed in a staff meeting in 2018 to check staff knowledge and the registered manager told us it would be the theme of the next planned supervision sessions.
- Staff had a good understanding that they should assume people had full capacity to make their decisions unless their capacity had been assessed. They told us they gave people choices and people told us that care workers consulted them and asked for their consent before providing care.

## 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; respecting equality and diversity

- People told us they felt well treated and had formed a good relationship with their care workers. Their comments included; "She's become quite a good friend but she's always professional", "I really trust my carer. She's like a daughter to me" and, ""I am very happy with her."
- Relatives were very happy with the care workers. They told us, "The carers show a lot of compassion; a lot of kindness, they give her [my loved one] time to talk and to move. They sympathise. They give her companionship whilst they are there. They are doing exactly what I would like them to do. They understand she has problems. It's an hour visit and it's quality time.", "They are always kind and caring. She has Alzheimer's and they always talk to her. She [the staff member] communicates with a lot of respect for her" and, "We are all very comfortable. She is part of the family working together as a team." The service ensured people had a consistent care worker or small team of care workers, some of whom had been working with them for years.
- Many of the people using the service were Greek or Greek Cypriot and they told us their cultural needs were met well by this service. Comments from people and their relatives included; " We're Greek Cypriot and the carers are of our cultural background so they understand my mother's cultural needs."
- The service supported people with their religious needs. Care workers supported people to go to church if they wished. One person's care worker read religious books to her.
- Protected characteristics were discussed at induction training. People's support plans specified what language they speak and they could choose to have a care worker to speak with them in English, Turkish or Greek.
- The registered manager and Chief Executive told us that they would welcome people from the Lesbian, Gay, Bisexual and Transgender community to use the service and were able to tell us an example of where a person's needs were respected.

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

- People and their relatives told us they felt fully involved in planning their care.
- People said that their care workers would always ask them if they wanted anything extra and would go out of their way to be caring and helpful. One person said, "He has good time-keeping. He is more than a gentleman and asks me if I need any shopping and has a conversation with me."

Respecting and promoting people's privacy, dignity and independence

- The service worked with people who had been in hospital to help them recover at home and regain their independence. Their care package involved working with a person for up to six weeks providing them with personal care and any support they needed in the home with the aim of supporting them to become independent again.

- Use of appropriate respectful language in care records was discussed with staff at a staff meeting to ensure they knew appropriate language to use to respect people's dignity.
- Dignity and privacy were discussed at induction with new staff and they showed a good understanding of the need to give people privacy. They told us how they supported people with their continence needs in a sensitive and respectful way.
- The service supported people to remain independent. One of the questions on the telephone quality monitoring form (where the service called a person or their relative to check their satisfaction with the service) was about whether the support they received allowed them to be more independent. People replied that they were encouraged to maintain their independence.
- People told us that the care workers encouraged them to be as independent as they could rather than doing everything for them. A care worker also told us how they encouraged a person to help with meal preparation by peeling potatoes and other tasks that promoted their independence.

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service ensured people, and their families where appropriate, were fully involved in planning their care so that they felt listened to and valued.
- The registered manager had a good understanding of the Accessible Information Standard. The service assessed people's communication needs and matched them with care workers who were able to meet those needs.
- The service designed a personalised care plan which the person receiving the care was fully involved with. These discussions took place in people's preferred language (English or Greek).
  - The service addressed people's holistic needs as well as their personal care needs. They informed people about other services they might find helpful and also supported them to access these services.
  - For every care package started, the field supervisor who had met the person to assess their needs went to the person's home to introduce the care worker before they started working with the person.
  - When care workers went on holiday the service ensured in advance that the staff covering this period visited the person's home first to meet them and find out their needs from them and their existing care worker. Care workers were committed to ensuring people's routines ran smoothly at all times. This helped people feel reassured that their needs and wishes would continue to be met when their usual care worker was not available.
- The service worked in collaboration with other community groups and local health services including GP practices, hospitals and the Clinical Commissioning Group to plan, deliver and evaluate the effectiveness of services designed to keep people healthy, at home and using services available to them.
- The service offered a range of innovative services to meet people's different needs. As well as a personal care service they offered a "Take home and settle" service where staff would go to North Middlesex hospital accident and emergency department and wards seven days a week to collect a person who was being discharged. They would then drive them home and help them to settle in by ensuring they had clean bedding, heating, food in the house etc. This service included a daily visit for up to three days to help the person with household tasks and refer them to support services if needed. If people needed more support after this they could have this without delay. This service helped stop people being readmitted to hospital as they had the support they needed to recover at home.
- The service also offered a Home from Hospital service where staff would collect a person from hospital and support them at home with household tasks, meals and personal care for up to three weeks. Both these services were free of charge as they were funded by the local Clinical Commissioning Group. They also provided Hospitality and Home comfort service. These services all helped people avoid being readmitted to hospital as they had support at home from Alpha Care Specialists staff.
- The service also ran a Navigator service. This service was proactive to eliminate isolation of adults.

Referrals were taken from GPs, District Nurses, Occupational therapists, Social Services, family and friends, plus other voluntary organisations. The service visited the individual to assess their needs and refer them to other services or the provider's own care services, such as their drop-in service. Staff escorted the person if necessary to help them participate in social activities. They also provided other support such as booking Dial-A-Ride for people to get out and about.

- The navigator staff visited local GP practices and promoted the service to local people. The navigator visited people referred by GPs who may be lonely or vulnerable and gave them advice and support and would go with them to drop in services if they wanted to go.
- People told us they felt safe and comfortable because they had the opportunity to get to know staff well and staff got to know their needs and preferences.
- The provider ran a café for people using drug and alcohol services where they could eat for free and learn catering skills, volunteer and spend time with other people in recovery. People using the personal care service could be referred to this service too if it was appropriate for their needs. This was an example of innovative practice where people had new opportunities and their holistic needs were responded to. People were able to use one or all of the services provided depending on their changing needs.
- Staff had training on being a dementia friend which the chief executive delivered. This enabled care workers to understand and support people with dementia. Staff told us they had found this training helpful in understanding the people they supported.
- The service provided a drop-in service three times a week at three different locations which all people using the service were invited to attend. Two groups involved socialising and refreshments and the other was a whole day with lunch and Bingo and discussion groups. They invited people from the local authority or Healthwatch to talk to people. The care workers supported people to attend the drop-in services. Staff told us they enjoyed supporting people at social events and that it helped them to understand the person better and form closer relationships. The drop-in services helped people meet with others to socialise, enjoy activities, improve their knowledge of local services available to them and spend time independently from their carers/family. This was an initiative which families and people using the service appreciated as it reduced social isolation.
- The service supported people to go out and take part in activities of their choosing as well as providing their personal care support. One care worker told us that they supported one person to go for a walk in a park and another to do jigsaw puzzles. They also took other people using the service food shopping and to a drop-in service to play Bingo each week.
- The service had planned an activity day for people with dementia and their carers which would include reminiscence, arts and crafts and crocheting which staff would attend to support people with dementia.
- Staff showed a responsive person centred approach to their work and told us that if they were always allocated enough time to provide care, cooking and household tasks properly without having to rush. They also gave examples of where they would try to provide extra support if they had spare time such as going with a person for a walk, sitting in their garden to get fresh air or sitting down for a chat. People and relatives confirmed that care workers provided a high quality service. We saw that care workers were happy to carry out additional duties and "go the extra mile". Another example was a lunchtime care session for one person which involved making their lunch but also doing their ironing and or taking them out in their wheelchair if they requested it. Care workers said if they had finished the agreed care tasks they would use any spare time to spend quality time with the person chatting or doing any extra tasks the person would like them to do.

Improving care quality in response to complaints or concerns

- The registered manager ensured the service's complaints policy was discussed with new staff at induction.
- The service complaints procedure stated that people could complain in any way they wished, would be acknowledged within 2 days and an investigation completed within 28 days.

- A complaints leaflet was available for people using the service in English and Greek.
- There had been two complaints in the last year. These were about minor matters and the service responded quickly and appropriately in both cases. People were able to request a different care worker and this was always acted on quickly when it was requested on rare occasions. The registered manager welcomed feedback about the service and ensured people and their relatives had opportunity to talk to her. She contacted them regularly and people also told us they felt able to contact the office at any time if they had a concern.

#### End of life care and support

- The service supported people at the end of their life. As people received their care from consistent care workers they were able to be supported by staff they knew and who understood them well at the end of their life.
- Health professionals guided care workers where necessary to meet a person's needs. The service provided training in end of life care to care workers who required this. Relatives and staff could access the service's counsellor for support with bereavement when people they supported died.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service provided person-centred care and aimed to meet people's holistic needs. Staff encouraged people to use other services that might benefit them such as advice sessions, counselling and social opportunities. The registered manager had a good understanding of duty of candour.

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

- The registered manager understood regulatory requirements and discussed these with staff regularly. They were aware of all events which were required to be notified to the Care Quality Commission.
- The service displayed their rating as required on their website and in the office building.
- The service had a registered manager supported by two field supervisors all of whom could be contacted by care workers for guidance. Three administrative staff worked in the office. The office based team were aware of all regulatory requirements. The provider operated a 24 hour out of hours service for people and for staff.
- Care workers understood their roles and knew who to contact if they had any concerns. Staff made comments such as; "I am very impressed with this agency." The registered manager and Chief Executive worked well together, sharing responsibilities and were clear about their respective roles.
- People and their relatives praised the management team. They told us; "They seem good; the structure seems there in the office. They seem to have different people for different things; there's no passing the buck from one person to another; they deal with the issue" and, "I'm very happy; they're always there to answer the phone and deal with any concerns. If I need different hours, they will cover it."

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

- In 2018 the service sent out questionnaires to 70 people using the service and received 35 responses. The responses were made into an annual quality report. 100 per cent of people responding said they were satisfied or extremely satisfied. Where a person had expressed any concern, there was a clear record made of what action was planned to address the concern.
- People's cultural, religious and language needs were considered by the service and information about the service was provided in Greek and English.
- The service maintained a record of when care plan reviews were due and risk assessments and spot checks due to be updated.
- The service had planned an activity day for people with dementia and their carers which would include

reminiscence, arts and crafts and crocheting which staff would attend to support people with dementia.

- The provider arranged a meal out for staff which helped them feel recognised for their work. Care workers told us; "I personally believe they are a good agency" and that the service was, "over and beyond excellent care service"

- The service regularly engaged with people and relatives by telephone monitoring and visits. People told us that they were contacted regularly to check if they were satisfied with their service or had any new requests. They said, "The office phones me regularly to check I'm ok", "They're excellent. They listen to what I have to say" and a relative said, "They communicate with myself; any issues at all they keep me informed."

- People described the service positively using words such as "excellent,", "great, "fine" "brilliant" and "very flexible."

Continuous learning and improving care

- Records showed that the service promoted staff learning through team meetings in groups and supervisions. The service has recently upgraded their call monitoring system. Each care worker had a telephone so they could be tracked and they logged in and out of each visit. This enabled the service to monitor the duration of each visit to check staff stayed for the agreed time.

- We asked people and their relatives what was good about the service and what they would like to see improve. Nobody said there was any improvement needed. One comment summed up people's views; "Nothing needs to change; they do everything and it's all perfect. We're happy and we hope they're happy with us."

Working in partnership with others

- The service worked in partnership with the local authority, Enfield Clinical Commissioning Group, the local hospital and other health care professionals.

- The provider also offered a counselling service in English and Greek where people can refer themselves or be referred by local GPs and mental health services. This service also offered bereavement support to people and to relatives.