

Alpha Home Assist Limited

Alpha Home Assist

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Alpha Home Assist is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Alpha Home Assist provides a service to older people, people living with dementia, adults with physical disabilities and people living with sensory impairments. At the time of the inspection, thirteen people were using the service for personal care.

People's experience of using this service:

Assessment documentation was not always completed consistently. Improvements were required to some documentation to ensure people's needs were appropriately recorded.

Audits were in place that effectively checked the quality of the service and action plans were implemented and followed where necessary. People, relatives and staff found the management team approachable. There was an open culture in the service and the management team made themselves available.

Systems were in place to protect people from abuse and staff understood them. Processes were in place to ensure staff were recruited safely. Risk was managed and reviewed to ensure people were kept safe. Medication was administered safely.

People's needs and choices were assessed and promoted effectively. Staff were skilled and had the knowledge to deliver effective care. Staff worked well together and with healthcare professionals to effectively meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by kind and caring staff who displayed empathy and compassion. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

People were supported by staff who understood their preferences and individual communication needs. People's concerns and complaints were listened to, investigated and responded to appropriately.

Rating at last inspection:

At the last inspection, the service was rated Requires Improvement (published 7 August 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection in February 2017, we asked the provider to take action to make improvements. Some action has been completed, however, further improvements are required.

Follow up:

We will continue to monitor the service through the information we receive.

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 Home Assist

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 team consisted of two inspectors 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:

Alpha Home Assist is a domiciliary care agency that provides personal care to thirteen people. Alpha Home Assist provides a service to older people, people living with dementia, adults with physical disabilities and people living with sensory impairments.

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. The registered manager had been in post since July 2018 and was not registered manager at the time of the last inspection.

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.

Inspection site visit activity started on 11 February 2019 and ended on 12 February 2019. We visited the office location on 12 February 2019 to see the manager and office staff and to review care records and policies and procedures.

What we did:

As part of the inspection, we reviewed the information we held about the service, including notifications. We

used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with four people who used the service and four relatives. We did this to gain people's views about the care and to check standards of care were being met. We also spoke with the registered manager and three care staff.

We reviewed the care records of four people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

After the inspection the provider sent us additional evidence that was not provided at the time of inspection. The provider also sent us some documentation that had been updated following feedback given by the inspector.

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.

Assessing risk, safety monitoring and management

- At our last inspection in February 2017, staff did not always have the knowledge to manage people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made and the provider was no longer in breach of regulations.
- People's risks were assessed and staff understood how to manage people's risks safely. A relative told us, "The manager went through [person's name]'s house to check for any risks and gave really good advice on making some small changes to keep them safe." Another relative told us, "[Person's name] has a visual impairment so the placing of furniture and various objects has to be maintained properly. The care staff make sure this always happens. They are very protective of the risk of her falling."
- Staff understood how to use equipment safely. A staff member told us, "[Person's name] uses a hoist, there are always two of us to support them. We always check that the sling is the right fitting to the hoist for [person's name]. We make sure the hoists are serviced and up to date."
- Risks were monitored and where needed other professionals were involved. We saw reviews of the risk assessments and plans were undertaken when required and staff were aware of risks and plans to manage them.

Using medicines safely

- At our last inspection in February 2017, effective systems were not in place to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.
- Effective systems were in place to ensure people's medicines were administered safely. Staff were trained to ensure they were competent in medicine administration and people's medicines were administered at appropriate times. A relative told us, "We have never had any problems with [person's name] taking their medication on time."
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered and used body maps to illustrate where they had administered topical creams.
- Clear detailed protocols were in place that guided staff on what to look for and when to administer 'as required' medicines.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection in February 2017, staff did not always know how to identify and report suspected abuse or neglect.

- At this inspection, we found improvements had been made. People told us they felt safe and were protected from abuse. One person told us, "I feel very safe in their hands."
- Processes were in place to protect people from abuse and staff understood how to keep people safe. A staff member told us, "If I suspected any type of abuse, I would follow the safeguarding policy and would talk to the client, record and report it and follow the procedures. If I didn't think it was addressed, I would go to the owner of the company. If I still got no joy, I would go to CQC."
- Staff were encouraged to raise safeguarding concerns to appointed whistleblowing friends. Whistleblowing friends were staff members who had been nominated by their colleagues for the role as they found them approachable. A staff member told us, "I would contact [carer's name] as they are whistleblowing friends to let them know if I had concerns".

Staffing and recruitment

- At our last inspection in February 2017, we found evidence of 'call cramming'. Call cramming is when visits are planned too close together which means people are at risk of not getting the care they need when they need it.
- At this inspection, we found improvements had been made. People's care calls were planned appropriately to ensure staff had time to provide the care people needed and maintain their safety.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were obtained prior to staff commencing employment.
- Staff skills and experience was considered in allocating people to care calls to ensure that people's needs were met and they were kept safe.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- Staff followed infection control procedures. People and relatives told us staff always washed their hands and wore gloves. A relative told us, "They are meticulously clean and hygienic." A staff member told us, "I always make sure I wear Personal Protective Equipment (PPE) , I make sure pads and fluids are bagged correctly and are put into the outside bins."

Learning lessons when things go wrong

- The registered manager had systems in place to learn when things went wrong. For example, we saw where medication errors were made, staff were supported to reflect on what went wrong and action plans were put in place to reduce the chance of errors reoccurring.

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.

Staff support: induction, training, skills and experience

- At our last inspection in February 2017, some people and their representatives told us they were not always confident that staff had the knowledge and skills required to meet people's needs and keep people safe.
- At this inspection, we found improvements had been made.
- People were supported by staff with the skills and knowledge to deliver effective care. For example, people told us staff were well trained to assist them with hoist transfers and changing their urine bag. A relative told us, "I think the staff are very well trained."
- Staff told us they had a thorough induction which included training and shifts shadowing an experienced carer. A person told us "If a new carer arrives they come with another carer that I know."
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning. A staff member told us, "We get ongoing training opportunities."

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. We checked whether the service was working within the principles of the MCA.
- At our last inspection in February 2017, we found the registered manager did not always ensure consent to care was sought from people who used the service. We also found that the requirements of the MCA were not always followed.
- At this inspection, we found that improvements had been made.
- People were supported by staff who understood the principles of the MCA and knew how this applied to supporting people. A staff member told us, "I always assume capacity and try to empower people and encourage decision making but acknowledge that they may not always make the right decision. If someone couldn't make a decision for themselves, we would make decisions in their best interests and would look at doing the least restrictive option."
- Staff asked people for their consent before they supported them. A person told us, "Occasionally, [carer's name]'s had to call the GP because I can get bad acid reflux. They always ask me first, before they ring the GP."
- However, we found some mental capacity assessment documentation still had not been updated. After the inspection the registered manager sent us information to show how the updates to paperwork would be

carried out. We will check the use of the documentation at the next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and we saw care plans had been formulated reflecting these needs. The registered manager told us a pre-assessment of people's needs was undertaken prior to them receiving services to ensure their needs were met effectively. Care was delivered in line with the assessment of people's needs and choices.
- People and their relatives told us their care was regularly reviewed to make sure it was meeting their needs.

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

- People were supported with eating and drinking where they needed it in line with their care plans.
- People were supported by staff to choose what meals and drinks they would like. A relative told us, "The carers know [person's name] likes and dislikes. They prepare [person's name] drinks the way they like them. They always talk about what meals [person's name] wants to have." A person who used the service told us, "The carers ask me what I want for my breakfast and any snacks during the day."
- Staff had undertaken nutrition training so they could support people with specific dietary needs.

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

- People were supported to access healthcare services. Timely referrals were made to involve health professionals in people's care where needed. One person told us, "[Carer's name] checks my pressure sores and applies cream to them. If they're a bit worried they'll call the district nurse so that I get more attention." Another person told us that their carer contacted the chiropodist for them.
- Staff worked closely with other agencies to provide effective care to people. A carer told us how they regularly spoke with the day centre and a person's key worker to share information to ensure they provided the best care to that person.

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

- At our last inspection in February 2017, the registered manager and provider did not have systems in place to ensure that people's care was consistently planned in a caring manner.
- At this inspection, we found improvements had been made. The registered manager had implemented systems that ensured care was consistently planned in a caring manner.
- People were supported by staff who treated them with kindness and compassion. One person told us, "I think my carers are wonderful. They are so kind and patient." Another person told us, "I find them to be completely trustworthy and respectful."
- People's diverse needs were considered and respected by staff. A relative also told us a carer supporting their relative was considerate of the person's culture when providing support. The registered manager was knowledgeable about and respected people's religious beliefs. For example, she told us she had bought gifts for people for religious festivals but always spoke with people of different religions for consent before involving them.

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

- People were supported to express their views and were involved in making decisions about their care. A relative told us, "It is a team effort with my [relative] at the centre of it. They are always asking them what they want." A staff member told us, "We try to empower [person's name] and encourage choice to enable them to make their own decisions."
- People felt listened to and felt that their views were respected. A relative told us, "The carers understand what my [relative] wants and they listen carefully to what they have to say."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their privacy and dignity. A person told us, "I like the way they respect my dignity when they wash me. They cover me up with towels and let me wash my private parts." A staff member told us, "If we treat people the way we'd treat our own family with respect and dignity, then we can't go wrong, that's all we want really."
- People were supported to maintain their independence. A relative told us, "Carers recognise [person's name] wants to be as independent as possible. They watch their movements and step in to give them extra support only if they stumble or asks for help."

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

- At the last inspection in February 2017, some people told us they didn't receive care at their preferred time and carers did not always stay for the agreed length of time.
- At this inspection, we saw that the registered manager had changed call times for people in line with their preferences. People told us carers stayed the agreed length of time and we saw daily call logs that confirmed this.
- People and relatives were involved in their care and support and contributed to their own care plans. One relative told us, "The manager helped us put together a really good care plan that highlights all my [relative's] needs and interests."
- People received support from staff that understood their needs and preferences.
- People's communication needs were considered and staff were aware of how to communicate with people effectively. Care plans informed staff of how to communicate with people and staff followed this. A relative told us, "[Person's name] hardly ever speaks and likes things to be done quietly and slowly. [Person's name]'s carers honour that."
- People's care was reviewed appropriately if their needs changed. A person told us, "Some weeks I do not need two carers if I feel strong enough to get out of bed by myself. So, the care team adjust their support accordingly. They are very flexible and supportive in this way."

Improving care quality in response to complaints or concerns

- At our last inspection in February 2017, we could not be assured that complaints were being managed in an effective and responsive manner to make improvements to people's care experiences.
- At this inspection, improvements had been made. Concerns and complaints were encouraged and responded to.
- People and relatives told us they knew how to complain. One person told us they usually just had to speak to the registered manager or the carers and any concerns they had would be resolved.
- A complaints policy was in place and one complaint had been received from a relative. The registered manager had investigated this, provided appropriate feedback to the relative and put actions in place to reduce the risk of reoccurrence.

End of life care and support

- At the time of the inspection, no people who required end of life care were receiving services so we have not reported on this.

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. Some regulations may or may not have been met.

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

- At our last inspection in February 2017, we found the systems in place to assess, monitor and improve quality were not always effective.
- At this inspection, we found some improvements had been made but further improvements were required regarding assessment paperwork.
- Assessments of people's needs were undertaken but these were not always documented using the providers assessment documentation. This meant that although the registered manager knew people well and gathered information at their assessments to inform care plans, this could not be shared with others if the registered manager was not available.
- People's capacity to make decisions was considered and applied to people's care appropriately. Staff understood and followed the principles of the MCA. However, we found mental capacity assessment paperwork was not consistently completed to show where a person lacked capacity to consent. The registered manager was aware some records required updating and confirmed for us after the inspection how this would be done.
- Systems were in place to check the quality of the service. We saw audits were carried out, for example of medicines and care plans, and action plans were put in place where required. However, these audits had not identified that people's assessments were completed inconsistently or that the formal systems to assess people's capacity required strengthening.
- The registered manager was aware of her legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.
- A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display on the provider's website.

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

- The registered manager promoted the values of the service, which the staff followed in practice. A relative told us, "The carers are very obliging and professional which is the example set by the registered manager."
- Care was planned in a person-centred way that promoted good quality care for people.
- The registered manager understood her duty of candour responsibility and acted on this when things went wrong. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff confirmed the registered manager encouraged an open and honest environment. A staff member

told us, "[registered manager's name] is brilliant. If I've got a problem, I just go to her."

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

- People and relatives were encouraged to share their feedback about the service. Surveys were completed and the registered manager regularly visited people to gather face to face feedback which she then acted on.
- Staff told us the registered manager involved them in the service and they had the opportunity to put forward their views in team meetings, supervisions and through phone calls and office visits.

Working in partnership with others

- The registered manager told us the service had relationships in place with health professionals and sought their advice as needed. We saw there was regular input from a range of different professionals in people's care to support them to remain safe and healthy.

Continuous learning and improving care

- Staff told us they did mandatory training and were encouraged to request any additional training they would like to undertake and where possible, the registered manager enabled this to happen. This meant people were supported by staff who were continually developing their skills and knowledge.
- The registered manager showed us she had started to input people's data into a computer database. She explained that this technology would be fully implemented in April 2019 and would help ensure that people continued to receive good care going forward as it would log call times and enable information regarding people's care to be accessed and shared between registered manager and care staff immediately.