

Alpha Medical Care Limited

# Alpha Community Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Alpha Community Care (Green Tiles) home was providing personal care for four adults with learning disabilities at the time of the inspection. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Risks to people's safety and well-being were not always managed through a risk management process. One person's risk assessment plan was not followed, putting the person at risk of harm.

Systems to ensure people were protected from the risk of infection were not always effective. Areas of the home were damaged, making it difficult to clean effectively. Dirt had accumulated, and some areas were mouldy. This presented a risk of infection.

The provider had quality assurance systems in place to monitor the quality and safety of the service. However, these systems were not always effective. The systems had failed to identify our concerns relating to risks and, although most of the infection control concerns had been identified, little or no action had been taken.

People living at the home received safe care from skilled and knowledgeable staff. Relatives told us they felt people were safe. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

Relatives told us staff were caring. Consistent staffing enabled people to receive good care from staff who knew them well. People had access to a variety of activities to prevent social isolation. However, activities could be improved and be more linked to people's interests and hobbies. The registered manager was taking action to address this.

The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service.

Rating at last inspection:

At our last inspection we rated the service Good. Our last report was published in November 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

We have identified three breaches in relation to risks to people, infection control and quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### 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 Community Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an 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

Alpha community Care (Green Tiles) is registered to provide accommodation and personal care for up to four adults who require personal care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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 accommodation is on one floor and comprises of four bedrooms and communal spaces.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' 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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This ensured we were addressing any areas of concern.

During the inspection

All the people living at the home had difficulty verbalising. However, we spoke briefly with four people and telephoned two relatives for their views. We looked at four people's care records and four medicine administration records (MAR). We spoke with three care staff and the registered manager. We also contacted the local authority. We reviewed a range of records relating to the management of the home. These included three staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care plans included risk assessments and where risks were identified there were plans in place to manage the risks. However, risk assessment plans were not always followed. One person was at risk of drinking 'unsafe fluids'. The risk assessment stated the person would drink 'anything they thought was a fluid' and access to all fluids should be controlled. In the dining room a cupboard had been damaged and there was no door to secure the cupboard. In clear view and easily accessible, were tins of paint and other decorating fluids. We asked the registered manager how long the cupboard has been damaged in this way and we were told, "Over a month". In one of the bathrooms a small cabinet was mounted on the wall. The door had been removed and toiletries were visible and accessible. These included fluids such as shower gel and shampoo. This meant the person was at risk of accessing dangerous fluids and drinking them. The registered manager took action to secure these fluids.
- Risks assessments and care plans were regularly reviewed. Reviews were signed and dated. However, there were no records showing the outcome of the review or who attended. This meant we could not be sure that risks were managed appropriately.

### Preventing and controlling infection

- Systems in place to ensure people were protected from the risk of infection were not always effective. In both bathrooms we found the toilets had no seats or lids and there was no toilet paper available. Both bathrooms were damaged, dirty and had areas of mould. In one bathroom we saw an ant infestation in a corner next to the bath. Both bathrooms were in urgent need of refurbishment and repair. The registered manager showed us a refurbishment plan for the home. The bathrooms were scheduled to be refurbished in December 2019. This would mean these concerns would not be addressed for six months.
- One person's room was also in need of refurbishment. Furnishings had been damaged but not replaced. The toilet did not have a seat or lid and the room was grubby and did not smell fresh. There was a smell of mould, and dirt had accumulated in the corners of the window where the paint had flaked and peeled away. All this meant people were at risk of infection.

### Assessing risk, safety monitoring and management; Preventing and controlling infection.

We found no evidence people had been harmed. However, guidance to manage risks was not followed and areas of the home were not clean. This placed people at risk of harm. These concerns were breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff understood their responsibilities to identify and report concerns relating to harm or abuse. Staff were aware of the outside agencies they could contact if they felt concerns had not been dealt with effectively. One staff member told us, "I would report any concerns to [registered manager] plus I can call the local authorities or CQC (Care Quality Commission)".
- The provider had systems in place to ensure people were protected from harm and abuse. Where needed investigations were completed, and outside agencies notified appropriately.
- One relative said, "Yes I do feel he's [person] safe and I think the staff do their best".

#### Staffing and recruitment

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We have a lot of staff. More than enough".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

#### Using medicines safely

- Medicines were managed safely, and people received their medicine as prescribed.
- Staff responsible for the administration of medicines had completed training and their competences were assessed. This ensured they had the skills and knowledge to administer medicines safely.
- Medicines were stored safely and there was accurate recording of the administration of medicines.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- One person had slipped in the bathroom. The incident was investigated, and their support plan reviewed. New guidance on supporting this person in the bathroom was provided for staff.



# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Care plans considered standards, guidance and legislation. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- The provider ensured people's needs were assessed before they came to live at the home to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified and care and support was regularly reviewed. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I feel supported and I have regular supervisions".
- People were supported by skilled staff that had ongoing training relevant to their roles.

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

- Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- On the day of our inspection people went out for lunch. Records showed this was a regular occurrence that people enjoyed. One person told us through gestures and sounds they were excited about going out to lunch.

Adapting service, design, decoration to meet people's needs:

- The home had a communal lounge area where people could relax and spend their time. People also had access to a small dining room and a large kitchen.
- People could move around freely in the communal areas of the building and the large garden.
- Most people's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

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

- People were supported to stay healthy and their care records described the support they needed. Where referrals to healthcare professionals were needed, this was done in a timely manner.
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Any guidance

resulting from reviews was incorporated into people's care plans.

#### 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

- People's rights to make their own decisions were respected and people were involved in their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member explained, "They [people] all have differing levels of capacity, so we treat them as individuals. We must work in their best interests".
- We observed staff seeking people's consent and respecting people's decisions.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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's relatives were positive about the care people received and told us staff were caring. One relative said, "I can't criticise the staff at all. I think they do a sterling job under very difficult circumstances. They are caring. They do some great stuff outside the home environment".
- Staff knew people very well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We have to treat them as individuals as they are all so different".

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

- People's relatives were involved in people's care. Records showed staff discussed people's care on an on-going basis.
- Throughout the inspection staff gave people choices about how they wished to be supported. For example, staff offered choices relating to activities people wanted to engage in.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "He [person] has his own room and he has his own space when he needs it without staff being around. He likes his music and his puzzles, so yes, he does have his privacy and dignity".
- People's care plans highlighted the importance of respecting privacy and dignity. One staff member said, "Yes of course we treat clients [people] with dignity and respect. It is all part of forming positive relationships".
- People were supported to be as independent as possible. We saw people being encouraged to complete tasks for themselves. For example, we saw one person was encouraged to put on their own shoes.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what activities they preferred or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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

- People had access to activities which included in-house, days out and group activities. For example, music, gardening, arts and crafts and games. We saw evidence that there were links with the local community. People went to the local town regularly, usually having lunch out. Some people also visited a day centre most weeks.
- However, we found activities could be improved by making them more meaningful and linking them to people's interests. Some relatives had raised this as a concern. We discussed with the registered manager and they told us they had discussed this with the local authority and were working on more individual activities for people that reflected their interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw one person used a variety of signs and sounds to communicate effectively. Staff were provided with a list of what these meant. Care plans and notices around the home were presented in a picture format.
- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- Details of how to complain were available to people and displayed in picture format.

End of life care and support:

- There were no people receiving end of life support at the time of our inspection.
- Due to people's conditions advanced plans had not been discussed with them. However, the registered manager told us discussions with people's families, relating to advanced plans were on going.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had systems in place to manage and improve areas of the service. There were regular audits that included; care plans, medicines, infection control and risks. However, these systems were not always effective. The systems had failed to identify our concerns relating to risks and, although most of the infection control concerns had been identified, little or no action had been taken.
- Other audits were effective. One audit identified the first aid boxes in the home and in the homes vehicle required replenishing. This action had been completed.
- One relative told us, "The manager [registered manager] is a nice guy. He cares. I think his interaction is sincere and very positive. I like him. His communication is very effective and I have no issues".

We found no evidence that people had been harmed. However, the failure to assess, monitor and manage risks relating to the health, safety and welfare of people placed them at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team promoted a person-centred culture that ensured people were treated as individuals. A relative commented, "I know that they all have his [person's] best interests at heart".
- Staff were complimentary of the support they received from the registered manager. Staff comments included; "He [registered manager] is very good, very hard working and helpful. He is also completely supportive" and "The manager is ok. He's very friendly, approachable and I haven't had any bad experiences. He's very supportive to us and understanding. He's very hands on".
- The registered manager successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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

- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner. People greeted the registered manager with smiles.

- During our inspection the registered manager and staff provided us with full access to documents and areas of the home. They were open and honest about their roles and the challenges they faced.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Surveys were regularly conducted. The results from the latest survey were still being analysed. However, we saw where people or relatives raised issues the registered manager took action. For example, one relative had suggested more information could be displayed in picture formats, such as menus. We saw the registered manager had begun to address this suggestion.

Continuous learning and improving care, working in partnership with others

- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training, development needs and staff's well-being.
- Staff were empowered to be more proactive and accountable. Staff attended training for areas such as challenging behaviour and dementia.
- The registered manager had introduced an initiative to promote people's oral health. Posters were displayed providing people and staff with guidance and 'best practice' relating to oral hygiene.
- Records showed the provider worked closely in partnership with the safeguarding team, multidisciplinary teams and healthcare professionals to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's safety were not always appropriately managed. Risk assessment plans were not always followed.</p> <p>Areas of the home were dirty putting people at risk of infection</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems failed to identify concerns relating to risks. Action was not taken to address concerns relating to infection control</p>