Alpha Medical Care Limited

Alpha Community Care

Inspection report

Green Tiles, 5 Green Lane
Stokenchurch
High Wycombe
Buckinghamshire
HP14 3TU

Tel: 01494482229
Website: www.alphacomcare.co.uk

Date of inspection visit:
03 November 2016

Date of publication:
24 November 2016

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

This inspection took place on 3 November 2016. It was an announced visit to the service. This meant the service was given 24 hour notice of our inspection. This was to ensure staff were available to facilitate the inspection.

Alpha Community Care is a care home which provides accommodation and personal care for up to four people with learning disabilities and complex needs such as autism.

At the time of our inspection there were four people living in the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was previously inspected in October 2015 and given a "Requires improvement" rating. A focused inspection was carried out in May 2016 to check if requirements made at the inspection in October 2015 had been met. We found improvements had been made, sustained and further improvements were planned.

At this inspection we found the improvements to the service were sustained and the home provided safe, effective, caring, responsive and well led care for people. Relatives were happy with the care provided. They described staff as kind, caring and responsive to people.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's safety. Systems were in place to promote safe medicines practices.

People had care plans in place which outlined the care and support they required. They were updated in response to people's changing needs. Relatives contributed to the development and review of people's care plans to promote safe and consistent care.

Staffing levels had increased and people had better access to regular activities.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively.

Relatives were aware of the complaints procedure and knew how to raise concerns. Relative meetings took place which provided them with the opportunity to be involved in the development of the service. The registered manager and the provider audited the service to satisfy themselves the service was running effectively. Actions were taken to address issues found.

The registered manager was accessible, approachable and supportive. Relatives were positive about the

registered manager and the changes that had taken place. They described the registered manager as, "Very skilled in what they do, they lead the team and staff respect and listen to them".

Staff felt the home was well managed. They described the registered manager as knowledgeable, professional, organised, brilliant leader, friendly, polite, listens, helpful, understanding, supportive and committed to providing the best care for people.

The registered manager was a positive role model to staff. They were instrumental in bringing about many improvements to the service to provide a homely person centred service to people. They had trained and supported staff and is skilled, knowledgeable, motivated and committed to providing good quality care to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded and risks to them were managed.

People were provided with staff at the required times to meet their needs.

People's medicines were appropriately managed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably inducted, trained, supervised and supported.

People were supported to meet their health and nutritional needs.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was complied with.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity and respect was promoted.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which provided guidance on the care they required.

People were supported to be involved in activities in and out of the home.

People were provided with the opportunity to raise concerns.

Is the service well-led?

Good

The service was well led

People were supported by a service which was well managed.

Systems were in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were well maintained.

Alpha Community Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider had made improvements as a result of our previous inspections, to check if they were now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 November 2016.The inspection was announced. This meant the registered manager was given short notice of our planned inspection. This was to ensure a manager was available and that the home was accessible.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed the information we hold on the provider. This included previous inspection reports and notifications. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

People who used the service were unable to communicate verbally with us. 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.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, three care staff and the activity co-ordinator. We spoke with three relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, staff duty rosters, shift planners, three staff recruitment files, staff training and five staff supervision records.

Good

Is the service safe?

Our findings

Relatives told us they felt confident their family members were safe. One relative commented "Staff always have an awareness of where "X" is and respond appropriately".

People were protected against the risks of potential abuse. Policies, procedures and guidance were prominent on notice boards in the office and accessible to staff. Staff had been trained in safeguarding adults. During discussion with us they indicated they had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They confirmed they felt confident to report poor practice or any other concerns that put people at risk.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care plans included a series of individual risk assessments in relation to risks associated with their medical conditions, epilepsy, behaviours, personal care, eating and drinking, and finances. Risk assessments in relation to the use of the kitchen and in the community were also in place. People who required it had moving and handling risk assessments in place. Risk assessments were person centred and updated as people's needs changed. One person had a recent fall. A falls risk assessment was completed to identify and manage the risk. Staff were aware of the risks people presented with. They were confident and knowledgeable about how they supported people to manage the risks.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accident, incidents reports were completed, reviewed, action taken and signed off by the registered manager. Body maps were completed to indicate marks on people. The marks and changes were then kept under review.

Environmental risk assessments were in place which outlined risks to people, staff and visitors. These included risks such as lone working, driving the company vehicle and risks associated with cooking, cleaning and health and safety. These were up to date and reviewed. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP).

People were kept safe from the risk of emergencies in the home. Fire equipment, portable appliances and hoists were serviced and deemed fit for purpose. Health and safety checks took place which included fire safety checks, fire drills, water temperature and legionella checks. The home had a contingency plan which was in the process of being reviewed. This was to provide guidance to staff on who to contact in the event of an emergency in the home in relation to utilities supply such as a power cut or a flood. A handyman was employed to do odd jobs around the home and keep it maintained. A record was maintained of maintenance issues reported and repaired.

The home was clean and areas of the home had been decorated. A refurbishment plan was in place which outlined planned refurbishment of the home. A new kitchen was due to be fitted in the spring, new curtains were on order for the front room and they were looking to develop the garden area. Pictures were displayed throughout the home and made the home feel more homely. A cleaning schedule was in place which

included cleaning of equipment such as commodes and moving and handling equipment. These were signed off by staff on completion of tasks.

Staff were trained in infection control. An infection control audit and risk assessment was in place which identified infection control risks and how they were managed. A health professional involved with the home told us "Staff are aware of infection prevention control in delivering oral care".

Systems were in place to ensure peoples' medicines were managed and administered safely. People's care plans outlined the support they required with the medicines. Risks assessments were in place in relation to medicine administration. A designated staff member was responsible for overseeing medicine management. They ensured the required medicines were ordered, received, stored and disposed of appropriately. There were no gaps in administration of the medicine records viewed. Daily stock checks of medicines and monthly medicine audits were carried out. This ensured people's medicines were given as prescribed. A homely remedies policy was in place and the GP had agreed to individuals having medicines from the homely remedy list. Staff were suitably trained, assessed and deemed competent prior to being responsible for medicine administration.

Relatives told us they thought the staffing levels were sufficient. One relative confirmed the staffing levels were adapted and dependant on how many people were in the home at the time. Another relative felt due to a change in their family member's health they required one to one staffing. This was fed back to the registered manager. They confirmed it had already been explored with the funding authority and no further funding was available. The registered manager confirmed they were satisfied they could meet the person's changed needs.

Staff told us the required staffing levels were maintained. They felt the staffing levels were sufficient to enable them to meet people's needs. Two staff were provided on each day time shift. A waking night staff member was provided at night. Alongside this extra staff were provided for some activities, appointments or to ensure people could go the gateway club or day centre. The registered manager was at the service three days a week and the nominated individual was there one day a week. The registered manager and/ or nominated individual were accessible 24 hours a day and provided back up support when required. The registered manager assisted on shift when required including weekends. They regularly got involved in supporting people with GP and hospital appointments. The home had a part time vacancy and used regular staff to cover the vacancy. The hours worked were monitored to ensure staff did not work excessive hours.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Files contained an up to date photo, application form, completed medical questionnaire and interview assessment records.

Good

Is the service effective?

Our findings

Relatives told us they believed staff had the right skills and training to do the job. One relative described staff as "Motivated and enthusiastic". Another relative commented "All staff are able to anticipate what "X" wants and enables that to happen".

A health professional involved with the home told us "The smile for life programme has highlighted the need for effective oral care and enabled the necessary support to be provided by confident, skilled staff".

New staff were supported to complete an induction programme before working on their own. They told us they initially worked in a shadowing capacity alongside other more experienced staff. This allowed them the opportunity to get to know people and their needs. They confirmed they were working though the induction standards. We saw new staff had completed an in house induction checklist and met regularly with the registered manager to sign off their induction.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they felt suitably trained and skilled to do their job. They confirmed they had access to regular training to keep their training up to date. We looked at the training matrix and saw the majority of staff had up to date training in topics the provider considered mandatory such as safeguarding, fire safety, epilepsy awareness, medicine administration, moving and handling, food hygiene, infection control and health and safety. Staff had specialist training in communication, signing, autism, diabetes, challenging behaviour, learning disability and dignity in care. Updates in training was highlighted when due and staff were booked on the next available course. All staff were registered on the care certificate training and completed modules of that training as and when required.

People were supported by staff who had supervisions (one to one meeting) with the registered manager. Staff told us supervisions were carried out regularly and they felt very well supported. We looked at supervision records and saw formal supervision of staff was taking place. Alongside this the registered manager had introduced a form to record informal discussions with staff. This meant issues were addressed as they occurred and a record was maintained. Staff new to post had completed a performance review and other staff had annual appraisals. The annual appraisal documentation was being reviewed. Annual appraisals were scheduled to take place once the documentation review was completed.

Systems were in place to promote good communication within the team. Daily handovers took place and a communication book was in use. This was to ensure all staff were aware of important issues that impacted on people and the service. Staff meetings took place which included updates on people who used the service as well as discussing issues that impacted on the team. Visual reminders were visible in the office to prompt staff to read the communication book when coming on shift. Staff signed to say they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and communication book. This practice promoted effective communication.

Relatives told us there was good communication between them and the home. They had the registered

managers and the nominated individual's telephone numbers. They told us they felt able and encouraged to ring them any time. A relative commented "Staff all seem to get on, from the outside they all seem to work well together".

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. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. People were supported to make decisions on their day to day care. Best interest meetings took place when decisions on treatment was required.

People can only be deprived of their liberty so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in DoLS. They had a good understanding of how it related to the people they supported. DoLS applications had been made to the Local Authority for people who required it. Staff were aware who had a DoLS approved and why.

Relatives told us their family member's health needs were met. They were kept informed of any accident/incidents or hospital admissions that occurred. People had access to health and social care professionals and were supported by staff and/ or relatives to attend appointments. Records confirmed people had access to a GP, dentist, podiatrist and opticians. The home was proactive in requesting referrals to appropriate health professionals when required for people.

Records showed guidance from health professionals were implemented and incorporated into care plans. People had a hospital passport in place which outlined key information on people such as their next of kin, medicines they were prescribed, what was important to that person including their communication needs. This went with the person if they were admitted to hospital.

Relatives told us they were happy with the meals provided. One relative commented "Meals have improved. More fresh food is being prepared and I have recently become aware staff make smoothies for people".

People's care plans outlined nutritional risks and the support they required with their meals. It also outlined people's likes and dislikes in relation to food. The home had a weekly menu. Pictures were used to enable people to make choices on what they wanted to eat. A pictorial menu was on display to reinforce to people what meal was planned each day. People were given options and alternatives to what was on the menu if they wanted it or did not eat the meal provided. Records were maintained of the meals eaten. People's weight was monitored and changes in people's weight was noted and acted on if necessary.

Good

Is the service caring?

Our findings

Relatives told us staff were caring. A relative described staff as kind, genuinely caring and supportive. Another relative commented "Staff are fantastic, brilliant, so supportive, very caring and we cannot credit them enough for the job they do".

A health professional involved with the home told us "Alpha Community care had adopted a whole setting approach to oral health. The smile for life programme had encouraged mouth care to be delivered in a caring and dignified way by skilled staff".

We observed positive interactions during the inspection. Staff were gentle in their approach with people. They guided and supported them with tasks whilst being patient and enabling. Staff used good eye contact when engaging with people and used appropriate touch when offering people reassurance. People were happy, relaxed and appeared comfortable with staff.

People were encouraged to be more involved in their care. People's care plans outlined how they communicate their needs. Props and pictures were used to support people to make choices and decisions. People were asked what they wanted to do, what they wanted to eat and drink and what programmes they wanted to watch on television. Staff used Makaton to communicate with some people. Makaton is a language programme using signs and symbols to help people to communicate. The registered manager actively promoted this and continued to train staff in its use to benefit people.

Pictures were used and displayed throughout the home to inform people what was on the menu, what activities were planned and what staff were on duty. This reduced people's anxiety and helped to de-escalate some behaviours that challenged.

The registered manager had a learning log in place. This was to record people's reactions and responses to activities and meals. This was used to identify what people tried, liked, disliked and from that individual activity programmes were put in place. This was still work in progress that was being developed to enable them to provide a more person centred approach to individuals.

The registered manager had reviewed the format of the residents meeting as it was not appropriate to people's needs. Instead they had introduced one to one feedback sessions with people. These were carried out every three months by the keyworker, the session written up, actions agreed and signed off by the registered manager. This promoted a more person centred approach to involving people.

People were encouraged to be as independent as possible. People who were able to were encouraged to make drinks and take an interest in meal preparation with staff supervision.

People's bedrooms were personalised and decorated to their taste. People's privacy and dignity was promoted. People were referred to by their first name and staff provided personal care in private. Staff knocked on people's doors and encouraged them to close the door when using the toilet.

Good

Is the service responsive?

Our findings

Relatives told us staff were very responsive to people's needs. A relative commented "They know when something is wrong and do something about it".

A health professional involved with the home told us "There are individual oral health assessments to identify client's specific needs. The setting has been encouraged to deliver person centred oral care using techniques and approaches suitable for the individual. Review dates are included on documents in order to capture change. Alpha Community care supports and encourages clients to maintain independent oral care where possible and provides support when needed".

Another health professional told us how initially staff were directive rather than responsive to people's needs. They provided examples of how during their work with them staff's practice changed to provide more person centred interactions.

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. They were simple, specific and provided clear guidance on how people were to be supported with their needs. They were kept up to date and reviewed. They were also updated in response to changes in people's needs. Families were involved and encouraged to contribute to their development and review. The home used a software system to record daily interventions with people such as care given, activities involved in, health appointments, meals eaten, any accident /incidents. This flagged up when required care was not recorded as given and enabled the registered manager to address with staff almost immediately.

People had a key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. Staff were clear of the key worker role and had built positive relationships with the people they supported and relatives. One relative commented "Our family member's key worker just gets him, they really understand him and his needs".

Staff had a good knowledge of people needs and the support and care they required. We saw staff intervened and were responsive to people becoming upset and anxious. They reassured people and offered them distractions to prevent their distress escalating.

Each person had an individual activity programme. It changed weekly and was person centred around what the person seemed to enjoy and like. The home had recently employed an activity co-ordinator and that role was still under development. During the inspection all four people went out for a trip which included lunch out. We saw people had access to regular activities which included in house activities such as board games, pizza making, gardening, arts and crafts as well as walks, parks, drives, meals out, bowling and train rides. The registered manager told us they had tried new activities such as dancing, trips to the museum and pet therapy. Some were successful whilst people demonstrated they didn't like others. The home had a number of new staff who were confident to drive the vehicle. This meant access to community activities was

more accessible than it had been previously.

Relatives told us they were happy with the activities provided. They felt the access and range of activities available to people had increased and developed. The registered manager had set up a closed group via a mobile phone app which allowed them to share photos with relatives of trips out. Relatives told us how valuable it was in being able to see what their family member was doing.

Relatives told us they would talk to the registered manager or nominated individual if they had any concerns, worries or complaints. They felt able to raise concerns and felt confident any issues raised would be dealt with. The home had a complaints procedure in place and staff knew how to respond to concerns raised. A system was in place to log, investigate and respond to complaints. The home had no complaints recorded. They had a number of compliments logged which were complementary of the care provided and individual staff.

Good

Is the service well-led?

Our findings

Relatives told us the home was well managed. They told us the registered manager was always approachable and easily accessible to them. They felt the registered manager had brought about lots of positive changes to the home which created a home from home for people. They described the registered manager as "Very skilled in what they do, they lead the team and staff respect and listen to them".

A health professional involved with the home told us "There is strategic leadership from the manager to implement an oral health promoting environment. The manager is setting a positive oral health approach and leading good oral health practice by example. The manager participated in training and actively supports the development of staff".

Another health professional told us the home had strong leadership. They described the registered manager as being "very committed, involved and perceptive".

A third professional told us "The home have a strong leader who had a very positive impact on the service. They had introduced many changes to improve the quality and care of the residents. They have a good grasp on person centred care and shared this with the staff team".

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff told us they felt the service was well managed. They described the registered manager as knowledgeable, professional, organised, brilliant leader, friendly, polite, listens, helpful, understanding, supportive and committed to providing the best care for people. Staff told us they could talk to the registered manager at any time and felt issues raised were always addressed.

The registered manager was a positive role model to staff. They worked alongside staff in promoting good practice. They had improved the service people received and was committed to providing a person centred service to people. They had developed the homes mission statement and their aim was to link staff supervisions and everyday practice to it. They recognised the challenges of the services and was proactive in addressing those.

The registered manager kept themselves up to date with current practices and attended manager forum groups and external training. They had recently being appointed as vice chair of Buckinghamshire's Registered Managers group. They were aware of their responsibilities to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Audits of medicines, accidents, incidents, complaints, cleaning, laundry, kitchen, health and safety, infection control and care plans took place. Alongside this the provider carried out six monthly audits of the service which included looking at records, talking to staff and relatives. Action plans were put in place to address issues from audits. These were signed off by the registered manager when completed.

Relative meetings took place every three months. Records were maintained of issues discussed and actions agreed. Relatives told us they felt able to give feedback to the registered manager on any aspect of the service and felt confident suggestions and feedback would be acted on.

Records required for regulation were well maintained, up to date and fit for purpose. They were well organised, regularly archived, accessible and kept secure. Policies and procedures had been reviewed and updated. The registered manager had summarised key information on some policies and procedures to make them more accessible to staff. Staff had signed to say they had read and understood policies, procedures and guidance.