

Alphacare Northwest Limited

# Alphacare Northwest

## Inspection report

27-29 Belmont Road  
Anfield  
Liverpool  
Merseyside  
L6 5BG

Tel: 01512633400  
Website: [www.alphacarenw.co.uk](http://www.alphacarenw.co.uk)

Date of inspection visit:  
09 March 2017  
10 March 2017  
17 March 2017

Date of publication:  
17 May 2017

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 9, 10 and 17 March 2017.

This was an unannounced inspection.

Alphacare Northwest is a domiciliary care agency that provides personal care and support to people in their own homes. Alphacare Northwest is based in Anfield, a suburb of Liverpool, and provides care to people within Merseyside.

There was a registered manager in post at the time of our inspection. 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 service was last inspected in August 2015. The service was rated 'Good' overall. Before this inspection, we had received some concerns about this provider in relation to staff lateness and poor communication from the office staff. We discussed these complaints with the registered manager as part of our inspection processes.

We spoke to people who used the service. We received mixed responses concerning the appropriateness of the call times and the communication from the office if staff were either running late or there had been a change to people's usual call times. We also viewed a number of complaints from people who used the service who were not happy with this aspect of the service. People also raised that consistency of staff was sometimes a problem for them. We saw that the registered manager had recently reviewed their processes to help improve the service for people.

We looked at the rota system the service had in place. We saw that there were enough staff employed by the service to cover all of the contracted hours.

There was a process in place to check and analyse incidents and accidents.

Staff were able to describe what course of action they would take if they felt someone was being harmed or mistreated in anyway. There was a safeguarding policy in place which all staff had signed, and training records showed staff had been trained in this area. Staff also explained the whistleblowing procedure and how they would enforce this if they needed to.

Risk assessments were clear and concise and contained information regarding how to manage risks appropriately.

We viewed medication administration records (MAR) sheets for some people we were having their medicines

administered by staff, and saw they were accurate and complete. Staff were trained in medication administration, and were subject to regular spot checks conducted by a clinical lead who was qualified to do so. This was to help ensure staff were competent with regards to administering medicines.

Staff were recruited safely and checks were carried out on staff before they started work at the organisation to ensure they were suitable to work with vulnerable people.

Staff completed an induction as well as other training courses selected by the provider to enable them to have the skills needed to complete their role. These ranged from basic training courses required by the provider to more complex care such as tracheostomy care and end of life care. We saw that the more complex care was 'bought in' by the provider and delivered by medical professionals qualified to do so.

People told us they liked the staff who supported them, and spoke positively about them.

Staff we spoke with described how they provided diverse and dignified support to people.

Care plans, with regard to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Care plans contained a high level of person centred information. By 'person centred' we mean the service was tailored to meet the needs of the person, and not the service.

Complaints had been responded to by the registered manager and appropriately dealt with including any changes which needed to be implemented because of the complaint. We saw that the registered manager was currently trying to improve the service for people due to the level of complaints regarding late call times and the office staff not always communicating changes.

Quality assurance procedures were in place, and as well as regular audits in medication and care planning, the registered manager had also audited the complaints procedure and the feedback surveys and was in the process of implementing new practices where people had identified causes for concern. Some people told us however, that some of their concerns were raised a number of weeks ago, and there had been little improvement for some, but other people told us they had noticed some improvement with staff call times and communication in the last few weeks. The manager had taken action to identify the concerns that had been raised to them.

There was a process in place to gather feedback from people who used the service and their relatives. This was clearly being used to try and address any areas of concern within the service; however this is an ongoing process.

You can see what action we told the provider to take at the back of the full version of this report.

## 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.

There were enough staff employed at the service to fulfil the hours contracted.

Medications were managed safely by staff who were trained to manage them.

There was a process in place to ensure staff were safely recruited to work with vulnerable people.

Staff explained what action they would take in relation to safeguarding vulnerable people who they cared for.

### Is the service effective?

Good ●

The service was effective.

The service was working in accordance with the MCA and associated principles and staff were aware of their roles and responsibilities in relation to this.

Staff had the skills and knowledge to support people in their homes. This was demonstrated in staff training records and training course certificates.

Staff were well supported and engaged in regular supervision and yearly appraisals. New staff were inducted into their roles in accordance with the providers policies and procedures.

### Is the service caring?

Good ●

The service was caring.

People told us they liked the care staff.

Records we viewed showed that people or their relatives had been involved with the care planning process.

Staff knew the people they were caring for well, including their needs, choices and preferences.

### Is the service responsive?

The service was not always responsive.

People raised concerns regarding their call times not being right for them and the communication from the office staff regarding changes to their care calls.

Information contained in peoples care plans was person centred and gave a descriptive account with regards to what staff were required to do on each call.

Complaints were logged and responded to.

**Requires Improvement**



### Is the service well-led?

The service was well-led.

The registered manager was aware of their role and had reported all incidents to the commission as required.

People and staff told us they liked the registered manager.

There was regular auditing taking place of care files, medication and other documentation relating to the running of the service.

There were quality assurance systems in place and people were regularly asked for feedback to help improve the service, this was in process of being completed during our inspection.

Some of the people spoke with told us they had raised on-going concerns weeks prior to our inspection. We saw the manager had taken appropriate steps to address this

**Good**



# Alphacare Northwest

## **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 is 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 9, 10 and 17 March 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience who made phone calls following the inspection on to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included 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 improvements they plan to make. We were not able to view the PIR for this service due to technical issues on our behalf. We also looked at the statutory notifications and other intelligence which the Care Quality Commission had received about the home. This included any complaints and safeguarding concerns.

During the inspection, we spent time with two staff who worked at the service, and spoke to four more via telephone after the inspection. We also spoke to the deputy manager and the registered manager. We spoke with 14 people who used the service and their relatives via telephone.

We looked at the care records for four people using the service, three staff personnel files and records relevant to the quality monitoring of the service

# Is the service safe?

## Our findings

We asked people if they about their support from being supported by Alphacare, we received mostly positive comments regarding this. One person said, "I'm quite happy with the support, without them I'm stuck." Another person said, "For the type of care I need it is more than adequate." Someone else said, "They treat [family member] well, they do what is expected." Someone else told us they felt Alphacare were, "Quite a good company."

We looked at the rota system which the service had in place. We saw from the amount of hours the service were contracted to deliver and the number of staff employed that there appeared to be more than enough staff to cover all of the care hours. Staff we spoke with confirmed they usually had their rotas in advance and calls were mostly covered. We spot checked some peoples rotas and saw that most calls, with the exception of one or two, were covered for the coming week.

We asked for people's feedback regarding the rotas and some people told us there had been issues in the last few weeks due to staff sickness, but this had settled down. One person told us "It has improved vastly in the last week."

We reviewed three files relating to staff employed at the service. Staff records demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable to work with vulnerable people. The deputy manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) check for each member of staff prior to them commencing work. This enabled the registered manager to assess their suitability for working with vulnerable adults.

Staff were able to describe how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding and the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

Medication was appropriately managed by staff who were trained to manage this. Staff completed MAR [medication administration records] and we spot checked some of these and saw no areas of concern.

Medication was stored in people's homes where they chose and there were appropriate risk assessments in place around the storage of the medication. People said they received their medications.

Risk assessments were regularly reviewed, and contained relevant and comprehensive information to help support people safely. We saw that each risk assessment was reviewed every month. We saw that risk assessments covered all aspects of people's care and support needs. For example, we saw that one person who was at risk due to having sensitive skin, had a process in place to just be washed with water. This was well documented for staff to follow.

Each care file contained an environmental risk assessment which had been completed on each person's home during the initial assessment process to highlight any potential hazardous working conditions for staff, such as frayed carpets or pets.



# Is the service effective?

## Our findings

We checked the provider's processes with regards to training as one person had raised a concern regarding the training of staff. We checked the service's training matrix which was compliant and in line with the national minimum data set for social care. The NMDS-SC is an online database which holds data on the adult social care workforce. The service is required to update this with information about the staff at Alphacare to ensure compliance. We checked some of the certificates in staff files and saw that that matched the dates the courses had taken place. Training was conducted over a period of five days, and was classroom based.

The provider also ensured new starters signed up to complete the Care Certificate. The Care Certificate is a set of standards health and social care workers should adhere to as part of their job roles. These can be used during the staff member's first twelve weeks of employment to access their knowledge and skill set for certain aspects of the role, and then this work can be used as evidence towards formal qualifications.

The organisation's statement of purpose referred to the service being able to support people with complex health conditions, such as tracheostomies, PEG's, ventilators and suction machines. We checked what additional training staff would be required to attend before supporting people with these conditions. We saw that the service completed both study days and observational training regarding tracheostomies in various areas to ensure staff compliance. This was often done over a two week period and would consist of an assessment of task based processes the staff member would have to follow to ensure a person with a tracheostomy was supported safely. This training was overseen by the hospital and Alphacare had their own complex care clinician employed who coordinated this training and oversaw refreshers and competency assessments.

We looked at the process in place for supervisions and appraisals. We saw that staff were being regularly supervised in accordance with the provider's supervision policy. Appraisals were taking place every year. We spoke to staff who told us they felt well supported in their role.

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. We checked to see whether the service was working within the principles of the MCA. We found that care and support was provided in line with people's best interests which was sought if they could not consent to the care and support themselves. Care plans were signed by the person themselves or a family member who was legally able to do this.

People told us they were supported with their meals by staff, and raised no concern over this. Staff we spoke

with told us they completed paperwork in some people's homes to document what they had to eat or drink daily. One staff member told us, "This particularly helps for people who might forget what they have had, and it makes sure other carers don't come and give them the same thing to eat twice in a row, that can be repetitive and I wouldn't like it."

## Is the service caring?

### Our findings

People we spoke with commented on the caring nature of the staff. One person said, "Without them [staff] I'm stuck." Someone else said, "The girls are very good." Another person said, "On the whole, they are good." Also, "They [care staff] are personable and form a relationship with me." One family member we spoke with said, "The best thing is that the carers are friendly and nice. They care for [family member]." Another family member told us, "The care is very good. The carers are wonderful. They are really good and keen, kind and chatty." Also, "The carers seem really nice."

Staff we spoke with spent time talking fondly about the people they supported and said they enjoyed their jobs. We asked the staff how they provided dignified and diverse care to people. One staff member told us, "I never just walk into someone's home, even if I have the key out of the keysafe, it is important to knock and ask permission to enter." Another staff member said, "I always treat people's homes with the respect they deserve by making sure I leave it tidy and put things away."

Care plans evidenced that people had been involved in discussions and changes to their care needs. This was because they were signed by people's family members were legally allowed to do so, or via a best interest process where other family members or friends had been consulted in the person's decision making. One relative told us, "I have a care plan, and the senior comes to review it."

For people who had no family or friends to represent them contact details for a local advocacy service were made known to them via signposting from Alphacare. There was no one accessing these services at the time of our inspection.

All staff had been trained to provide end of life care to people who required it. We saw that this training was bought in especially and delivered at Alphacare's head office by an external training provider. We saw that the content of this training covered how staff were expected to provide more sensitive and dignified support to people and their families during this time. One staff member we spoke with said the training was impressive, and they felt able to address the sensitive issues providing this type of care can bring. They said, "I feel we are well prepared."

We saw for people who were on an end of life pathway, their care plans had been put together with sensitivity and care, including who should be contacted and what should happen when they pass.

## Is the service responsive?

### Our findings

We received mixed responses concerning the level of person centred care provided by Alphacare at the time of our inspection and had received some additional concerns in the week prior to our inspection. Some people who used the service had contacted us to raise concerns that they were not always getting the care and support which was in accordance with their needs. Half of the people we spoke with said that they would not recommend Alphacare to friends and family as their call times were often late which impacted on their day, and they did not feel the office staff communicated appropriately when care staff were running late. Some of the comments we received in relation to this were as follows, "The time keeping is up in the air, especially at weekends. The office staff forget to ring you." Someone else told us they did not always get the same care staff, they commented, "It's done to suit the agency." The same person told us, "I need carers to be regular and do the job." The same person said, "It's just not good enough." Another person explained to us that they required times to be specific due to their medical condition but they were not always getting this. They said, "The time keeping is all over the place, they don't seem to have any organisation in getting the times right." Another person said, "They [carers] are pushed for time." However, the same person told us that this had, "Improved vastly" over the last week or so. Another person also told us that the timekeeping had improved. Five people told us they had no problems contacting Alphacare and the care times were always fine. One person said, "There are ups and downs." And, "We muddle through".

We raised these areas of concern with the registered manager during our inspection. The registered manager showed us minutes from a team meeting they had called the day before our inspection took place which was primarily to discuss these issues. The registered manager had evaluated their own complaints record, and had recently received the results from an annual feedback survey. These concerns had been highlighted, particularly the late calls and the lack of communication from the office staff when care staff were going to be late. We saw that the registered manager had completed a root cause analysis over the last few weeks to investigate why people's call times were often late. The registered manager had identified a reason for this which included a new care package taking the care staff longer than expected most days, causing a delay to the people on the rest of the 'run'. This had now been changed. We also saw that the registered manager had put a chronology in place which contained step by step instructions for the office to follow to ensure they communicated effectively with people around their call times or if staff were going to be late. After our inspection we received a completed copy of this call log which showed that the office staff were calling people to report if staff were going to be late for calls.

Despite the registered manager clearly taking action and trying to make these improvements most people we spoke with had not had a positive experience with Alphacare in the last few weeks. They felt this had impacted them and they had not had care which was right for them.

This is a breach of regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Care plans we looked at contained personalised information regarding each person's call time and what the care staff was expected to do during that call time. There was also information in people's care plans with reference to their backgrounds and the type of hobbies and interests they had. This meant that staff had the

opportunity to get to know a bit about people before they went to support them to enable them to strike up a rapport with them.

We looked at how complaints were managed within the service. We saw that there had been 11 complaints in the service over the last 12 months. The provider had documented each complaint in detail and sent written responses to people in line with their processes. We looked at the complaints and saw that most of them were regarding staff being late for people's calls and the office staff not calling to let them know.

## Is the service well-led?

### Our findings

There was a registered manager in post who was also the owner of the company.

We spoke at length with the registered manager who was open and transparent during our inspection regarding some of the issues the company had overcome in the last few months and why they felt some people were dissatisfied. We did see the registered manager had made an effort to try and resolve some of these issues, and this had been on going for the last few weeks. The registered manager explained that the service has a process for 'checking staff' in to calls. This meant that each day one of the office staff would call all of the staff members on shift the next day to confirm their calls with them. The registered manager told us this process can be lengthy and time consuming; however, it was way to assure all staff knew where they were going and who they were visiting to help decrease the risk of missed or late calls.

The service also had a fleet of cars which could be used by the care staff who had a full driving license. The registered manager told us, "I know one of the issues for care staff is the petrol they use traveling, and the wear and tear on their own vehicles. I try to accommodate for this by making sure there is always a fully maintained car for them to use." We spoke to one staff member who was a driver and they told us, "The use of the cars in actually really good, it means that you can still do the job even if you haven't got your own car."

We also saw that on some occasions the registered manager was paying for taxi's to transport non drivers to calls, if there was a chance they were going to be late, or one of their calls had over-run.

We saw the registered manager had recently completed an audit of the complaints log, and had highlighted some of the concerns we have raised under the 'responsive' domain. The registered manager had since updated us with additional actions they have taken to help improve the experience for people using Alphacare.

Despite these efforts, half of the people we spoke with said that these issues had been ongoing for some time, five people told us they would not recommend Alphacare to family and friends. The provider's timescales for responding to these concerns needed to be improved.

Staff we spoke with told us they liked the registered manager and enjoyed working for Alpha care in general. One staff member said, "The manager is nice, you get the occasional issue, but it's nothing that they [management] can't sort out for you." The staff we spoke with said that they would recommend working for Alphacare.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager understood their responsibility and had sent all of the statutory notifications that

were required to be submitted to us for any incidents or changes that affected the service.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken. The registered manager completed a management audit each month. The checks included care files, staff training and medication. Senior staff completed medication audits in people's homes each month. We checked these audits over the last few months and saw that where errors had been highlighted they had been promptly followed by robust action plans for the care staff to follow. Completed MAR charts were checked when they were returned to the office.

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
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not always getting care which met their needs at a time which suited them.