# Alpha Care and Support Services Limited

# Ealing, London

## Inspection report

Unit 123 Park Royal Business Centre
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London
NW10 7LQ

Date of inspection visit:
03 November 2016

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29 November 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 3 November 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

This was the first inspection of the service. The service was registered on 22 November 2013. However, they had not provided the regulated activity of personal care to any people until August 2016.

Ealing, London is a domiciliary care service registered to provide personal care to people living in their own homes. At the time of the inspection there were three people using the service. Two people were adults with a learning disability and one person was living with dementia. The provider was a private organisation. They did not have any other registered services, but also ran a business supplying care staff to registered nursing and care homes from the same address. This other service does not require registration with the Care Quality Commission.

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 and associated Regulations about how the service is run.

The risks to people's health and safety had not always been assessed and there was not enough information for the staff on how to minimise these risks.

Medicines were not always managed in a safe way. People had received their medicines as prescribed but there was a risk that this would not always be the case.

People's capacity to consent to their care and treatment had not been assessed or recorded and the provider did not always meet their responsibilities under the Mental Capacity Act 2005.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We recommended the registered person follow best practice guidance for establishing work based quality assessments of the staff who they employed. The provider had systems for monitoring the quality of the service but these would benefit from improvement and more formal monitoring of how people's needs were being met and the staff competencies.

We recommended that the registered person follow national guidance on producing clear person centred care plans because are plans did not include enough detail about their needs or how these should be met.

People were cared for by kind, polite and caring staff. Their needs were being met and their representatives

reported they were happy with their care.

The staff were well trained and supported and liked working at the agency.

There were a range of procedures in place and the staff were aware of these. They included safeguarding vulnerable adults and handling complaints. The provider reviewed and updated procedures. They communicated clearly and openly with people using the service, their representatives and the staff. Feedback about the service was positive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

The risks to the health and safety of people who received treatment had not been assessed and there was no information about how to manage these risks.

The systems for administering medicines were not safe.

The provider had not always ensured they received satisfactory evidence of the suitability of staff to work with vulnerable people.

There were enough staff to meet people's needs and keep them safe.

The provider had procedures for safeguarding people from abuse and the staff were aware of these.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People's capacity to make decisions about their care had not been assessed or recorded and there was no evidence that they had consented to their care and treatment. The provider and staff did not understand their responsibilities under the Mental Capacity Act 2005.

People were cared for by staff who were well supported and trained.

People's health needs were not always detailed in care plans. The staff did not have responsibility for meeting these health needs but more detailed information about these would give the staff a better understanding about how these needs effected on the care they were providing.

### Is the service caring?

**Good**

The service was caring.

People were cared for by staff who were kind, polite and caring.

People's privacy and dignity were respected.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's needs were met, however the plans which outlined these needs were incomplete and did not provide enough detail for the staff.

The staff kept accurate and detailed records of the care they provided to people.

People felt confident that complaints would be appropriately investigated and acted on.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

There were improvements which were needed at the service in order to meet legal requirements.

The service had started operating shortly before the inspection and quality monitoring and management systems had not been fully established. However, feedback about the provider was positive from all stakeholders we spoke with. The provider routinely asked others for their feedback and had acted upon this.

There were clear and up to date policies and procedures for dealing with different situations.

# Ealing, London

**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 checked whether the provider was 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.

The inspection took place on 3 November 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included records of conversations we had with the provider before and when they started offering a service to people.

During the inspection we spoke with the nominated individual who had set up the company. They are referred to in this report as the provider. People who used the service were unable to tell us about their experiences because of their needs. However, we spoke with two professionals who represented them after we had visited the service. One professional was the manager of the supported living service where two people lived. The other professional was the regular care worker, employed independently by the person, who supported the third person. We also spoke with two care workers employed by the agency. We also spoke with a relative of one person.

We looked at the care records for all three people, the staff recruitment, training and support records for the four members of staff employed to care for people and other records the provider used for managing the service, which included policies and procedures and information for people using the service and the staff.

Requires Improvement

# Is the service safe?

## Our findings

People using the service lived in their own homes. Two people lived in supported living services managed by another organisation. This organisation had carried out risk assessments of their environment. The provider had undertaken a risk assessment of the third person's environment. However, the provider did not have a clear record of any of these risk assessments or of the action staff needed to take to minimise the risks or likelihood of harm. In addition the provider had not assessed other risks in relation to the use of equipment, safety at home or in the community or risks associated with their physical or mental health. There was also no plan to show how staff should manage any risks or what action they should take to prevent harm. For example, one person's care plan stated that their ability to walk had been affected by a stroke. The care plan stated, ''[Person] moves around the home with assistance and uses a wheel chair when necessary.'' However there was no information to state what type of assistance they needed, what additional factors could put the person at risk of falls, or when it was necessary to use the wheelchair. The person's care plan also highlighted they had a history of falling. There was no other information about this or about how falls could be prevented for the person. Another person's care plan stated they needed, '' support with cooking, meal planning, washing up, accessing the community and personal care.'' However, there was no additional information regarding the risks associated with any of these activities or how the staff should support the person with these.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a procedure for the administration of medicines. The staff had received training in this. The staff were responsible for administering people's medicines and we saw evidence of this in care plans and in the records of the care provided. However, there was no evidence that the provider had assessed the competency of the staff when administering medicines. In addition the information about people's medicines was recorded in care plans but not on separate administration charts. There was no information on what the medicines were for, any potential side effects and one care plan did not state the time of administration. In addition, one person was prescribed pain relieving medicines as required. However there was no information about how the staff should assess when this was required, for example how the person exhibited pain. Therefore people were at risk of not receiving their medicines as prescribed or in a safe way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures for recruiting new staff which included inviting them to the agency office for an interview. The provider also requested information about their employment history, references from previous employers, criminal record checks, proof of identity and proof of eligibility to work in the United Kingdom. We checked the staff files for all four members of staff. Checks had been completed with the exception of two members of staff who only had one reference in place. The provider told us they had requested these but had not received them. Both members of staff were students from abroad who had

visas allowing them to work in the United Kingdom and the provider told us the references had been difficult to obtain.

The representatives of people who used the service told us they trusted the staff from the agency and felt that people using the service were safe and well cared for. They were happy with the way in which the staff offered support and care and told us they were competent at everything they did, including administration of medicines.

The provider had a procedure regarding safeguarding adults. Information about this was included in their staff handbook and service user guide. The staff told us they had received training in this area. They told us about different types of abuse and knew that they should report any allegations or suspicions of abuse. The provider knew that safeguarding alerts needed to be reported to the relevant local authorities. The people using the service lived in different London boroughs and the provider planned to offer services to people in additional boroughs. Therefore it would be useful to include the details of each of the local safeguarding authorities within their own procedure and also in the information shared with staff, so they had easy access to information about the relevant authority where the person they were supporting lived. There had been no safeguarding alerts at the service at the time of our inspection.

The provider employed four members of staff to work with the three people using the service at the time of the inspection. There were enough staff to meet the needs of the people. The professionals we spoke with told us the staff arrived on time and they did not have concerns about the numbers of staff available. The provider employed additional staff to work for their other business providing support workers to care homes and nursing homes. The procedures for recruiting and training these staff were the same so that they would be able to work with additional people in the future if needed. The provider told us they were constantly advertising for and recruiting new staff.

There were clear protocols for the staff to follow in emergency situations which included contacting the provider and other professionals involved in caring for the people who used the service. The staff told us they were aware of these.

Requires Improvement

# Is the service effective?

## Our findings

There was no evidence that people had been involved with or consented to their care plans. The provider told us that the three people using the service did not have capacity to do this, however there was no assessment of their capacity or information about the decisions they could understand or make. The care plans for two people described how the staff should communicate with them and support them to understand decisions, although there was no information about their level of understanding relating to different aspects of their care. The third care plan had no information about how the person communicated or their level of understanding in respect of anything.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

There was no evidence that decisions about people's care had been taken in their best interest. The care plans did not include evidence of discussion with other people who were important in the person's life or indicate which decisions people could make themselves. When we spoke with the provider they did not demonstrate an understanding of the MCA or their responsibilities under this. In addition the staff did not understand about the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they felt well supported by the agency. One member of staff said, ''They are very supportive, we work well as a team, I can ring [the provider] any time. I am very happy working for them.'' The other member of staff told us, ''I really like Alpha Care and Support, the pay is very fair for the work we do, they provide support, advice and treat the staff very well.'' They went on to say, ''The company is sincere and open in the way they treat the staff, it was a real surprise, given my past experiences of working for other agencies.''

The staff told us they had regular opportunities to meet with the provider to discuss any concerns they had. They told us the provider responded positively when they wanted to speak with them and was always available on the telephone and to speak with them in person.

We saw records to show the provider had met with the staff to discuss their work and any concerns they had.

The provider had also requested and received written feedback from the external professionals who worked with the staff about their conduct at work. This feedback had been positive and the provider had shared it with the staff.

The staff were issued with a handbook and code of conduct when they started working at the service. The handbook outlined their responsibilities and key policies and procedures. The provider met with new staff, although their work based induction was conducted by the professionals working with the people they were supporting already. Two members of staff worked with two people living in a supported living service which was managed by another organisation. The manager of the supported living service told us they had carried out the induction for the staff and trained them alongside their staff team. They were happy that the staff had the skills and knowledge needed to provide care to the people. The third person who used the service was supported by a live in care worker who was employed independently. Two of the staff from Ealing, London supported this person and had received an induction into how to care and support them from the person's permanent live in care worker. The provider had liaised with these professionals to make sure the staff had the skills and were working correctly. However, they had not carried out their own observations of the staff in the work place. Doing so would give the provider first-hand knowledge of the staff skills and any areas where developments were needed. Observations should be recorded and would normally include information about the member of staff's skills, interactions with the person, adherence to procedures (such as administering medicines and infection control), consideration of privacy and dignity and their general conduct.

We recommend the registered person follow best practice guidance for establishing work based quality assessments of the staff who they employed.

The staff told us they had been encouraged to attend training courses and they had been supported to do this by the provider. They were able to tell us about the different courses they had attended and that these had been useful. One member of staff told us, ''They organised for me to do my training, and they checked up to make sure I had done it, they asked to see my certificates and made sure I understood what I had learnt.'' The other member of staff said, ''They provided the training and this was useful, they make sure I have updates when I need these.''

We saw evidence of staff training and certificates to show the training they had attended and their qualifications.

There was basic information about people's health needs in their care plans, although this information did not always explain how these needs should be met or describe risks associated with their health conditions. Therefore the staff had to rely on others to tell them how the health conditions might impact on people's needs. The staff did not have any direct communication with the healthcare professionals who supported people, as this contact was managed by the other professionals for each person.

People's care plans gave information about their dietary and nutritional needs.

Good

# Is the service caring?

## Our findings

The relative of one person and the two professional representatives told us they thought the staff were kind, caring and worked well with people. Their comments included, ''I am really happy with [the staff] they work really well'', ''[The staff] are so caring, they are very open'', ''We can trust them and we are very happy'' and ''I like the ladies they are nice and get on well with [the person using the service], they understand their needs.''

The provider's policy relating to dignity and respect stated, ''Alpha Care and Support Services will ensure that all personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of our service users.'' The policy also included, ''Our Staff will ensure that care is provided in the least intrusive way at all times and that service users and their relatives are treated courteously at all times. They will be addressed with the name they prefer at all times and that they are treated non- judgementally as regards to the equal opportunities legislation.''

The staff we spoke with had a good understanding about how to support people in a caring way, respecting their privacy and individuality. The professionals who we spoke with told us the staff treated people respectfully and ensured that care was delivered in private and in a way the person felt comfortable.

Requires Improvement

# Is the service responsive?

## Our findings

The professionals and relative we spoke with told us that people's care needs were being met. There were care plans which described people's needs, however the information in these was minimal. For example, one care plan stated, ''[Person] needs support with personal care.'' There were no details about the level of support they needed or their preferences. In another example the care plan stated, ''[Person] is woken up for their morning wash, shaved and groomed with fresh clean clothes every day. A day time catheter bag is used and checked throughout the day.'' There were no additional details about the person's preferences, or how often their catheter bag needed to be checked. In addition the care plan later stated the person was ''fully continent.'' Therefore it was unclear whether the person should be supported and encouraged to use the toilet. The person's care plan was for support throughout the day and night. However, there were no details about the support the person needed during the day except for personal care tasks and meals. There was no information about their hobbies, interests, emotional or social needs. In a section entitled cultural needs, the care plan stated, ''No specific ones. [Person] has lived in the UK for many years and fully adapted to British society.'' Therefore the care plans did not provide enough information for the staff to meet people's needs in a person centred way. The staff relied on verbal communication with the other professionals to get to know people's needs and how these should be met.

We recommend that the registered person follow national guidance on producing clear person centred care plans.

The staff recorded the care they had provided. This information was clear and detailed. It included how the person had felt and any challenges there had been in delivering the care.

Professionals we spoke with told us the staff arrived on time, stayed the agreed length of time and carried out all the care tasks they needed to. They also told us the staff communicated clearly with them handing over information about the people who they were supporting.

The provider had a procedure for handling complaints. People using the service and their representatives were given information about this. The staff had a copy of the complaints procedure in their handbook. The professionals we spoke with told us they knew how to raise a complaint and said they felt these would be responded to appropriately. One professional told us they had raised a small concern with the provider and this had been acted on.

Requires Improvement

# Is the service well-led?

## Our findings

There were a number of areas which we identified where the provider had failed to meet the required Regulations. For example, they had not always ensured that care and treatment was provided in a safe way because they had not assessed the risks to people's safety and the way in which medicines were managed meant that there was a risk of people not receiving their medicines as prescribed. Although we received feedback to indicate people received the care which they needed, records relating to this were not always clear or meaningful. In addition, the provider and staff did not demonstrate a good understanding of the Mental Capacity Act 2005 or their responsibilities under this act.

Feedback about the provider from the two professionals and the relative we spoke with was positive. They said that the provider communicated well with them and met their requirements. The two members of staff we spoke with also told us they were happy with the service. One member of staff said, ''I really love the agency.'' They explained that they had worked for lots of different agencies but that they had never had an experience like working for Ealing, London. They went on to say, ''They treat their staff so well. [The provider] is always there for advice if we have any challenges.''

The registered manager had experience of working in health and social care services. They had a management in care qualification.

The provider was a small privately run organisation. Ealing, London was the only registered service, although they also provided support staff to care homes and nursing homes; an activity which does not require registration. The company was set up by the nominated individual. They had a background in staff recruitment and told us they had wanted to provide a care agency. They said they were hoping to expand the business to provide living in care and possibly supported living services.

The provider was registered in November 2013 but had only started providing the regulated activity of personal care in August 2016. The provider told us they had not established links with local authorities or health authorities, but were trying to do this and also to work with other providers.

The provider had not established systems for quality monitoring at the time of the inspection because they had been operating for three months and had a small number of people using the service. However, they had regular contact with the professionals and relatives who cared for the people they were supporting. The provider showed us written feedback they had received from the manager of the supported living service where two people lived. The feedback described how the care workers from Ealing, London worked and praised the service. The provider had regular contact with the staff who worked for them and the staff confirmed this. Feedback from the staff and representatives of people who used the service was acted upon. However, the provider should consider establishing a more formal quality assurance system in order to monitor the service delivery. Such a system would normally include recorded observations of the staff carrying out their duties and regular recorded feedback from people using the service and their representatives.

There had been no accident, incidents, complaints or safeguarding alerts since the service started operating. However, the provider had policies and procedures for dealing with these. We spoke with the provider about the importance of recording, acting on and monitoring any events such as these, and they demonstrated a clear understanding of their role and other authorities who they would work with to keep people safe.

There were a range of policies and procedures which the provider regularly updated. Information about these was shared with the staff and people using the service. Staff were issued with a handbook and people using the service, and their representatives, were given a guide. These documents included information about key policies, such as safeguarding and making a complaint.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered person did not always provide care and treatment with the consent of the relevant person and they did not act in accordance with the Mental Capacity Act 2005.<br><br>Regulation 11(1) and (3) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person did not always ensure that care and treatment was provided to service users in a safe way because<br><br>They had not assessed the risks to the health and safety of service users of receiving the care<br><br>and<br><br>They did not ensure the safe and proper management of medicines.<br><br>Regulation 12 (2()(a) and (g) |