

Alpha Care and Support Services Limited

Ealing, London

Inspection report

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Date of inspection visit:
28 April 2023

Date of publication:
11 September 2023

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Alpha Care is a domiciliary care service registered to provide personal care to people living in their own homes and to also provide a supported living service. It is the only branch of Alpha Care and Support Services Limited, a privately run organisation. At the time of the inspection there were two people using the service. They were adults with a learning disability who lived in supported living settings one a residential home for 3 people and the other a flat. The staff from Alpha Care and Support Services Limited supported the people with personal care.

People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

The provider did not always assess the risks people were exposed to. This meant there were not always plans to manage these risks and to help keep people safe. The staff sometimes restrained people but there were no plans for this. The staff had not been trained to do so safely and the provider did not investigate, reflect on or analyse incidents where restraints took place to ensure learning took place. The provider had helped people access other health and social care resources when needed.

People were not always effectively supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not effectively support this practice.

Right Care

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff supported people to pursue different activities which reflected their interests and needs.

Right Culture

The provider's systems for monitoring and improving the service were not always implemented effectively. They had sometimes failed to identify and plan for risks people were exposed to. The staff did not always have relevant training and supervision. People using the service and their relatives liked their individual care

workers. They also felt their needs were being met and they had good support from the agency and management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating of this service was good (published 10 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations have

We identified breaches in relation to safe care and treatment, good governance, staffing and assessing and monitoring risks. We have recommended that the provider seek further training and support when people become distressed and they follow best practice guidance on implementing the principles of the Mental capacity Act 2005 (MCA).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk.

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 work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe	Requires Improvement ●
Is the service effective? The service was not effective	Requires Improvement ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive.	Requires Improvement ●
Is the service well-led? The service was not well led	Requires Improvement ●

Ealing, London

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency and a supported living service. It provides personal care to people living in the providers supported living service and in their own flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because 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 looked at all the information we held about the provider, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met with the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed the care records for both people being supported and the records for 4 members of staff, which included their recruitment records and information about training and support. We looked at other records the provider used for managing the service. We spoke to two relatives during the inspection.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- The provider had a process for the reporting and investigation of safeguarding concerns, but this was not always followed. We found information for one person indicating that 3 separate incidents had occurred which would be considered as requiring safeguarding referrals. The incident reports included details of what had happened during each of the three incidents, but the provider had not recognised these incidents as potential safeguarding incidents, and these had not been reported to the local authority safeguarding team for further investigation.
- This meant the provider did not follow the correct process for recording and reporting safeguarding concerns to ensure appropriate action can be taken to ensure people involved including staff and members of the public were safe.

The provider did not ensure their process for reporting and investigating safeguarding concerns was followed to protect people from the risk of abuse and improper treatment. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives of people using the service told us they felt safe when their family member received support in their own home.
- Following the inspection, the registered manager sent an action plan outlining actions for the above incidents.

Learning lessons when things go wrong

- The provider did not ensure their process for the recording of incidents and accidents was always followed.
- The provider showed us evidence of a number of incidents and accidents that had occurred, incident/accident forms were not completed in full identifying the cause for the incident, immediate actions taken and what lessons had been learned to reduce the risk of it occurring again. Therefore, incidents had not been reviewed and analysed to identify learning so preventative actions could be put in place and implemented.

The provider had not always ensured all incidents and concerns were analysed to enable learning took place and for appropriate measures to be implemented to reduce the risk of reoccurrence. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider confirmed further training was being sourced for managers and staff

around incidents.

Assessing risk, safety monitoring and management

- The provider had not ensured risk assessments were developed for all identified risks in relation to people's health and wellbeing. There was not always enough information about some risks people were exposed to or how these should be managed. For example, one person regularly became physically aggressive causing harm to themselves, staff and others. There was limited information about how staff could support the person and no strategies to manage the risks
- Where a complex health condition, such as epilepsy, a condition which causes seizures, was identified during the initial needs assessment the provider has not ensured risk management plans had been developed. Care workers were not provided with guidance on how to support people living with specific medical conditions and how they could mitigate possible risks.

The provider did not have robust systems to ensure specific risks were effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, a range of other risk assessments had been carried out in other areas which included assessments for environmental risks within the person's home to help mitigate some of the risks people faced.

Staffing and recruitment

- The provider had an effective recruitment process in place to recruit staff safely. Various checks had been undertaken for new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives felt there were enough staff on duty to meet the support needs of their family member. A relative told us, "There are enough staff to support [person] safely." Staff also told us they thought there were enough staff on duty to provide care in a safe and appropriate manner.
- Staff members received an induction when they began working for the provider.

Using medicines safely

- The provider had a procedure for the administration and recording of medicines. Staff had training and medicines competency testing to help ensure they were administering medicines safely.
- We reviewed medicine administration records (MAR) for 2 people which were completed clearly and accurately to show people were receiving their medicines as prescribed.
- The provider had an up to date medicines policy in place.

Preventing and controlling infection

- There were systems for preventing and controlling infection and staff understood these.
- People told us staff wore personal protective equipment (PPE), such as gloves and masks.
- People felt staff followed good infection control procedures.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had the skills and experience to meet their needs. One person had a complex health condition and the staff had not been trained to understand this. For example, this person lived with epilepsy, a condition which causes seizures and staff had not received training to understand how to support the person in the event they had a seizure. Staff had not completed the necessary training to support people with the condition epilepsy.
- Staff were not always given the supervision where they needed to discuss their work and to ensure they had the knowledge and skills to care for people safely.
- Since July 2022, all health and social care providers have been required to ensure staff received training on learning disabilities and autism. This training had not taken place.

The provider had not ensured staff received the necessary training and support to meet people's specific needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider sent an action plan after our inspection which indicated they had arranged the required training for staff.
- Notwithstanding the above training records showed other training the provider had identified as mandatory had taken place.

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 MCA 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider had a policy for the assessment of people's mental capacity to make decisions about their care, but this was not always followed. Mental capacity assessments had not been undertaken to identify if a person was able to make decisions relating to aspects of their care. The provider had not completed best interest decisions in relation to the care they were providing to ensure it was in the person's best interest and within the principles of the MCA.
- The provider could not demonstrate an understanding of the principles of the MCA and staff did not receive training for MCA as part of their induction to ensure they were aware of the importance of receiving consent and supporting people with choices about their care.

We recommend the provider review their practices to fully implement the principles of the Mental Capacity Act 2005.

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

- People's care plans identified their food preferences as well as if they had any allergies.
- Relatives of one person said staff supported their family members with cooking their preferred meals which help to promote the person's independence.

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

- People were supported to meet their healthcare needs and to access healthcare professionals and other services when required. We saw evidence of the involvement of healthcare and other professionals in providing care for people receiving support.
- One relative said, "Staff let us know of any medical needs [person] may have, we generally attend the appointments with [person]."
- One staff member said, "We report any concerns we have around people's health and wellbeing to the office staff and families."

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

- People's care and support needs were assessed before they were supported to ensure their needs could be met. Additional information regarding the person's care needs was also obtained from the referral document prepared by the organisation commissioning the support package. This information was used to develop the care plan and risk assessments.
- Relatives confirmed they were involved in the assessment of people's needs, care planning and review meetings.

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 our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and staff promoted people's independence.
- Relatives we spoke with told us they felt the privacy and dignity of their family member was respected. Comments from people's relatives included, "The carers are very polite and treat [person] with dignity".
- People were supported to be independent, one staff member said "I ensure [person] is fully involved in preparing meals as [person] likes to cook."

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. Their relatives, told us the staff were kind, caring and they had good relationships with the people they were supporting.
- Some of the comments from families included, "The staff and manager are very responsive to [person] needs". Another relative said "The staff know [person] well and always involve us with any concerns they may have."
- Care plans detailed information about people's likes dislikes and preferences. Staff understood people's diverse needs and what mattered to them.

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

- The provider supported people to express their views in a number of ways, for example satisfaction surveys, telephone monitoring and regular face to face visits. This meant people were able to express how the service was performing.
- We saw evidence of actions taken as a result of this feedback. For example, staff were flexible around people's routines and how busy times of the day impact on people when they became distressed following feedback from [persons] family.
- People using the service and their relatives explained they had been involved in reviewing and updating their care plans. People were able to make decisions about their care for example They told us they had regular contact with the agency and could request changes if they needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not always ensure people's care plans reflected their current support needs. People's care plans did not always provide staff with information on how to support the person to meet their specific needs when they became upset or frustrated.

We recommend the provider reviews best practice in relation to ensuring care plans were person centred and related to all aspects of the person's support needs.

- In relation to other aspects of the care being provided, we saw people's care plans were person centred and their care met their needs and reflected their preferences. People and their relatives were happy with the support they received. Relatives explained they had been involved in planning their care. They were able to make choices, and these were respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were identified and met as part of their care plans.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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 were supported to maintain relationships with people who were important to them.
- Relatives told us their family member was supported to take part in activities they enjoyed outside of their home for example shopping, going to the café and local parks.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and at the of time the inspection, no recent complaints had been made.
- Relatives confirmed they knew how to raise a complaint and their comments included, "If there's any problem I can speak to the manager over the phone, they are very responsive" and "I have not made a

complaint but if I had to, I know the managers would be responsive, they always are".

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider had a range of processes in place for monitoring the quality of the care provided but these were not always robust enough to identify where action was required to make improvements.
- The monitoring systems which were used to check if staff received training required to support people with their identified needs did not always indicate where there were gaps in the training provided. This meant that staff were not always provided with the skills and knowledge they needed to provide safe and appropriate care.
- The checks carried out on the incident and accident records did not always enable the provider to identify learning and when issues needed to be referred to the local authority safeguarding team to be investigated.
- The provider did not always have a clear understanding of their roles and responsibilities in relation to regulated requirements as incidents and safeguarding concerns were not always reported to the local authority and CQC.
- The checks on people's care records had not identified that their care plans did not always reflect their current care and support needs so staff had clear information on how to support them.

The provider had not always ensured effective systems were in place to assess, monitor and improve the quality of the service and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) 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;. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider supported people and relatives to provide feedback on the care provided. Relatives told us they had opportunities to speak with managers about their experiences. They felt listened to. They completed satisfaction surveys and had given feedback through telephone monitoring calls.
- Some aspects of the care being provided were identified as not always being person centred but, on the whole, people were satisfied with the care they received.
- Relatives of people using the service were happy and felt well supported by the managers and staff. Some of their comments included, "staff and managers are very responsive and have regular contact."

- Staff felt listened to and well supported and enjoyed working for the service. One staff member said, "Communication is really good, if I need anything I know to call the office they always respond."
- People and their relatives were involved in the review of care plan. A relative commented "We were recently part of a review meeting for [person] and had the opportunity to be involved in the process."
- Care plans included information on people's cultural background including information on their personal history and who was important to them.

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;

- The provider had systems in place to enable them to be open and honest when something went wrong. The provider had a process to respond to concerns and complaints and no recent complaints were received at the time of our inspection.
- One relative told us "If I have any concerns, I know the manager will respond as communication is good. They are very responsive".
- The provider had a number of policies and procedures in place that were regularly reviewed to ensure they reflected current legislation and best practice.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the local authority and the GP.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not always ensure safe care and treatment for service users because they did not always ensure the safe and proper management of risks.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered providers did not always ensure processes were operated effectively to prevent abuse of service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered providers did not always ensure they assessed monitored and improved the safety of service users.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered providers did not always ensure required training was in place to enable staff to carry out their duties effectively.

