

Alpha Quality Care LTD

Alpha Quality Care Newport

Inspection report

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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

About the service

Alpha Quality Care is domiciliary care agency which provides support and personal care to people living in their own home. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection four people were receiving a regulated activity from the service.

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

People and relatives were satisfied with the care provided by the service.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of what to do if they suspected any abuse. People told us they received safe care and were confident that if they raised concerns, the management team would act promptly to address these. People received their medicines as prescribed and infection control risks were managed effectively.

Risks associated with people's care were assessed and monitored. Assessments were person centred and care was responsive to people's needs. Care plans provided staff with the information to manage the identified risks. Staff were safely recruited by the service, ensuring that only staff who were suitable to work with vulnerable adults were employed.

Staff had the knowledge and skills to safely and effectively meet people's needs. Care plans were up to date and reviewed on a regular basis. Staff supported people in line with their wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to access healthcare professionals when they needed and worked alongside social care professionals to ensure a joined-up approach to people's care.

The provider had taken positive action since the last inspection to make improvements to the care people received from the service. The registered manager kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.

People were complimentary about how the service was managed and told us staff were caring, kind and respectful. People's privacy, dignity and independence was respected and promoted.

The service had good governance systems in place to ensure aspects of the service and the quality of care provided were continuously assessed and monitored.

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

Rating at last inspection

The last rating for this service was requires improvement (published 9 December 2020 October) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out based on the previous rating and to check if the service had improved.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Alpha Quality Care Newport

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 visit as we needed to be sure the inspection could be undertaken safely, and someone would be available.

Inspection activity started on 5 January 2023 and ended on 13 January 2023. We visited the office location on 5 January 2023.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service are legally required to send us. We sought feedback from the local authority and professionals involved with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided and 2 relatives. We spoke with four members of staff including the registered manager and care staff. We also received feedback from 1 social care professional and 2 healthcare professionals. We reviewed a range of records, including four people's care records and 2 staff files in relation to recruitment and staff supervision.

We reviewed a range of records in relation to the management of the service, such as policies and procedures and training data.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we identified the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Appropriate and detailed risk assessments were in place, as required. These risk assessments included clear guidance for staff describing how to reduce and mitigate any risk of harm. For example, people had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and choking.
- The registered manager and deputy manager completed care calls frequently. This helped them to identify any changes in people's needs in a timely way to allow effective action to be taken to keep people safe.
- People's risk assessments were routinely audited by the registered manager to ensure all information remained up to date. This helped to ensure people continued to be provided with safe care.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.

Using medicines safely

At the last inspection we identified unsafe medicines management placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines risk assessments and care plans had been completed for all medicines. These identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
- When staff were required to administer medicines, records were completed electronically. These showed medicines were being administered as prescribed.
- Medicines were only administered by staff who had been trained and assessed as competent to administer them safely.
- The registered manager reviewed people's daily care records each day, to ensure all care, including medicine administration had been completed appropriately. This helped to ensure any issues in relation to medicine administration could be identified and acted on quickly. Formal medicine audits were also completed on a weekly basis.

- People who were supported by staff with medicine management, were happy with the way this was done.

Preventing and controlling infection

At the last inspection we identified the provider had failed to ensure safe infection control practices were in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce infection risks.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured staff had received appropriate training in infection prevention and control, and this was refreshed and updated regularly.
- People confirmed staff wore PPE, as required.

Staffing and recruitment

At the last inspection we could not be assured that people were provided with sufficient numbers of staff to meet their assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing levels were determined by the number of people using the service and the level of care they required.
- Rota's and daily records viewed, demonstrated people were provided with care at the arranged time and by consistent staff.
- The registered manager and deputy manager covered any short-term staff absences to ensure care was provided in a safe and timely way.
- Staff told us they were able to meet people's needs in a timely way and they were given sufficient time to spend with people and provide them with care in a calm and unhurried way. A staff member said, "I always know where I'm going and what I need to do. If I go to a person and they are unwell or slower than usually, I never worry I don't have the time for them and can stay longer if I need to as I don't need to rush off." Another staff member told us, "I can get to my calls on time. I only support 1 service user now but when I had more than 1, there was always enough time to travel between their visits."
- People and relatives confirmed staffing levels were sufficient to meet people's needs effectively and described receiving care from a small, consistent staff team. A person said, "I have a regular carer who is very good, and I feel very safe with them, they are always on time and do what I need them to." Another person told us, "I have 3 regular carers who are always on time. They never rush me."
- Safe and effective recruitment practices were followed. We checked the recruitment records of two staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff and the care received. A relative said, "I don't

have to worry at all. I'm very confident [person] is safe with them [staff]." A person told us, "I feel very safe with them [staff]." However, one relative raised some concerns about moving and handling techniques, Further detail about this can be found in the Effective part of the report.

- The provider had suitable systems in place to safeguard people from harm and abuse.
- There were processes in place for investigating any safeguarding incidents. The registered manager was able to provide evidence that appropriate actions had been taken where required and processes and systems were following effectively.
- Staff had received training in safeguarding and understood their responsibilities to identify and report any concerns. A staff member told us, "If I was concerned about someone, I would console them, some of the people we care for are very venerable. I would record and report the concern to the manager who is very responsive to anything like this. I would report to CQC though if I thought the manager wouldn't act."

Learning lessons when things go wrong

- There were effective systems in place to assess and analyse accidents and incidents. This system allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.
- The registered manager was able to demonstrate lessons were learned and actions were taken following the last inspection.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed an assessment of each person's physical and mental health before people started using the service.
- Pre-assessments detailed people's needs, choices and preferences of how they wanted to be supported. Records showed people and their relatives were involved in the assessments of needs.
- The registered manager confirmed where required, additional information about people's needs was gathered from health and social care professionals. If needed, specific training in relation to people's conditions or equipment was provided to staff. This helped ensure appropriate care would be provided.

Staff support: induction, training, skills and experience

- People told us they were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. However, one relative raised concern about the skills and knowledge on one staff member in relation to the use of moving and handling equipment. This was discussed with the registered manager who told us they would review this and take the required action.
- Staff completed training which included; moving people, infection control, medicines, and safeguarding. Additional training was provided in relation to specific needs, such as catheter care and the use of medical equipment. Staff confirmed training had been received and demonstrated an understanding of how to apply it in practice.
- There was a robust process in place to monitor the training staff had received and ensure training was updated in a timely way.
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. Staff were also required to complete the Care Certificate, within 8 to 12 weeks of commencing employment with the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular one to one supervision with the registered manager. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.

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

- Those people whom staff prepared meals for were happy with the way this was done. A person said, "They [staff] help me with getting my breakfast, they always offer me a choice of what to eat and ask me what I want." A staff member told us, "Details of foods the service user [person] like is normally in the care plan. We also only prepare for them the food that they choose."

- A relative told us they were happy the staff would encourage [person] to maintain a good level of hydration.
- At the time of the inspection no one was nutritionally compromised. However, the registered manager was able to provide us with assurances people's food and fluid intake would be closely monitored and effective action taken should the need arise.

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

- The service worked well and effectively with external health and social care professionals to help ensure consistent, effective and appropriate care was provided.
- People's care records included specific information in relation to people's individual health needs.
- Staff received specific training where required in relation to people's individual health needs.
- Staff confirmed where people's health needs deteriorated, they were able to support people to access medical support, if required. One person told us, "If I was unwell and unable to get support, they [staff] would definitely support with this."

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 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. 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 registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- Staff had received training in the MCA and showed an understanding of how to meet people's needs in line with the MCA. For example, staff were aware people were able to change their minds about care and had the right to refuse care at any point. A staff member said, if someone declined care they would, "Talk to them to try to understand why they were refusing care. Then I would try to encourage them to accept some care, If they still insist on refusing, I would respect their choice, but report this to my manager."
- People confirmed they were asked for their consent from staff before care was provided and their views and choice were respected. This was also evidenced in daily records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection we identified the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People and relatives told us they were treated with dignity and respect by staff. One person said, "I feel very comfortable with them [staff]. They listen to me, give me the time that I need and treat me well. We have a good old natter." Another person told us, "Two of my carers are absolutely wonderful, they treat me with kindness and respect and are lovely." A relative said, "They [staff] are good as gold I am very happy with them; they are very kind and respectful."
- Staff clearly cared about the people they supported, this was evident from discussions and feedback received from staff. One staff member described how they not only wanted to ensure people were provided with a high standard of personal care, but also told us about how they supported people emotionally. A second staff member talked fondly about a person and their interests.
- The registered manager closely monitored people's care in a variety of ways, including speaking to people and relatives, reviews of the care provided and frequent spot checks. This helped to ensure people were constantly treated in a kind, caring way.
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff were open to people of all faiths and beliefs. There were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People and where appropriate those who were important to them, were involved in decisions about their care.
- People were frequently given opportunities to discuss the care they received with the manager and deputy manager. This was done through regular telephone calls and care reviews. Evidence of these interactions were documented, and these documents included details of actions required to improve care and outcomes of these actions.
- People's care records showed staff discussed their care with them on an ongoing basis to ensure they continued to receive care in line with their needs and wishes.

- Care plans evidenced people and their relatives had been involved in planning their care and support and included personal information and people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff described how they protected people's privacy and dignity. One staff member told us, "When I am helping people with personal care, I always make sure windows, curtains and doors are shut the person is covered as much as possible."
- Care plans were written in a way which promoted people's independence. For each care visit, plans indicated which tasks people could do for themselves and how staff could ensure people's independence was respected.
- A staff member described how they supported a person to remain independent. The staff member said, "I encourage the service user [person] to wash their face, neck and arms as they are still able to do that. Then I assist them to wash the other parts of their body that are more difficult to reach."

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People felt staff understood their needs and provided them with person centred care.
- Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences.
- Care and support records were personalised and there was a detailed plan for staff to follow when providing care to a person. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance. This meant they provided support in line with people's specific needs and preferences.
- People's daily records demonstrated care was provided as described in people's care plans.
- People benefitted from having regular care staff to promote continuity of care. Staff knew people well and could tell us about their needs and the support they required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was followed should a formal complaint be received.
- The registered manager told us one complaint had been received since the last inspection and provided us with the records. This demonstrated the complaint had been robustly investigated and appropriate action taken' as required.
- All reported concerns, dissatisfaction and complaints were logged and reviewed to allow themes and trends to be identified and to prevent reoccurrence.
- People and relatives were confident if they did have cause to complain, this would be dealt with appropriately and in a timely way.

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.

- People's communication needs had been identified and recorded within people's care plans. This included guidance for staff on how to best communicate with people.
- The registered manager told us they actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs. This included information and documents being provided to people in their preferred written language.

- Documents could also be provided to people in a variety of formats, for example, easy read, large print or pictorial, if required. This ensured all people were provided with information about their care in a way they could understand.

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care. However, the registered manager told us they would work closely with healthcare professionals, including GPs and the local hospice to support people at the end of their life.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and have a comfortable, dignified and pain-free death. The registered manager said, "We would always consider people's wishes and support them to be as comfortable as possible in their last days."

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we identified the provider had failed to effectively assess, monitor and improve the quality and safety of services. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There was a clear management structure in place, consisting of the provider, the registered manager, a deputy manager and care staff.
- Quality assurance procedures were in place to ensure the smooth running of the service and this supported continual improvement. These processes included the completion of audits for care plans and medicine administration records, spot checks of staff, frequent reviews of the care provided and gathering feedback from people who use the service. The registered manager monitored all findings and feedback received. Where issues or concerns were identified, these were reviewed, and action taken to mitigate future issues or risk.
- The registered manager worked closely with staff and provided support including frequent supervisory spot checks of care staff, to assess their performance and offer advice and guidance as needed.
- Policies and procedures were in place to aid the running of the service. For example, there were policies in relation to safeguarding, medicine, whistleblowing, complaints and infection control.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- The service's current CQC inspection report and rating were displayed on the provider's website. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

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 registered manager received feedback from people and their relatives through regular contact on the phone, during frequent care reviews and during regular spot checks of staff performance. We saw evidence of this.
- People and relatives were confident issues or concerns raised with the registered manager would be acted on, or action taken would result in positive changes.

- People were positive about the overall running of the service. A relative told us, "I don't have any worries at all but if I did, I would be absolutely confident to approach the registered manager." A person said, "I can talk to the manager or staff at any time, it's a good service."
- Staff were positive about the registered manager and the running of the service. A staff member said, "The management is very open, supportive and helpful. They are always willing to listen to anything we have to say. I would say that the manager is the best one I have worked with so far in my career as a care worker. He is always calm and treats everybody with respect."
- Staff meetings were held, which provided an opportunity for staff to discuss any issues or concerns together with their colleagues. Staff meeting minutes were produced following these meetings, which were shared with staff who had been unable to attend.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- The registered manager monitored complaints, accidents and incidents frequently. If a pattern emerged, action was taken to prevent reoccurrence.
- All learning was shared with staff immediately, if required and during staff meetings and supervision.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals, to provide joined-up care. This was evidenced within people's care records, from discussions with the registered manager, people and relatives and in the feedback received from professionals.
- A healthcare professional told us, "The manager is good at answering the phone and listening to what is needed. They are supportive and flexible when they can."

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 a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager was aware of their responsibilities regarding duty of candour and all staff had received training in this area.