

Alpha Care Solutions Limited

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Inspection report

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27 September 2018

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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

The inspection took place on 24, 25 and 27 September 2018. The inspection was announced as Alpha Care Solutions is a small supported living scheme and we wanted to be sure that someone would be in when we inspected.

We last inspected the service in March 2016 at which time it was rated good. At this inspection we rated the service as good.

This service provides care and support to four people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

There was a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a company director and a care manager, both of whom were present on the day of the inspection visit.

People who lived in the service appeared happy and at ease with staff. They were not able to talk to us about the care and support they received so we observed staff interactions and spoke with relatives who expressed confidence in the ability of staff to keep them safe.

Risks to people had been individually assessed and staff knew what to do to manage those risks which supported people to do the things they wanted and live their lives fully.

Staff and the management team were trained in safeguarding and were able to describe types of abuse and what they could do to protect people from the risk of harm.

Medicines were stored, administered and disposed of safely by staff who had been trained and assessed as competent in medicine management.

There were sufficient staff who had been safely recruited to meet people's needs. Spot checks were carried out to ensure the quality and competency of staff.

Infection control measures were in place for staff to protect people from the risk of infection through training, cleanliness and the use of protective clothing where required.

People's needs had been holistically assessed including their strengths and abilities which promoted their dignity and autonomy.

Staff received ongoing support and training to equip them with the knowledge and skills to be competent in their role.

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

The service assisted people to have enough to eat and drink which met their health needs and preferences. Staff provided support as needed to help people access healthcare services and maintain their physical and mental health and wellbeing.

People were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people. People were encouraged to be as independent as possible and maintain relationships that were important to them.

Staff helped people to have enough to do. People had opportunities to access the community and engage in a range of activities at home and in the community of their choosing.

There were systems in place to respond to complaints. People and their relatives were provided with information on how to make a complaint or raise minor concerns.

The service delivered was regularly reviewed through a range of audits. People who used the service and their representatives were regularly asked for their views about the service they received through questionnaires .

Further information is in the detailed findings below

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24, 25 and 27 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who often go out during the day so we needed to be sure someone would be in.

Prior to the inspection we reviewed the information we held about this service. This included statutory notifications which contain information about important events which the provider is required to send us by law. We also looked at the Provider Information Return which is a form that tells us about the service and any improvements they plan to make.

As part of our inspection we visited two people receiving care and support in their own home. Due to their complex needs, these people were unable to express their views about the service so we spent time observing the interactions between the people and the staff supporting them. We spoke with the registered manager, the company director, the care manager and two members of care staff. We also spoke with two relatives of people who used the service and reviewed written feedback from two health care professionals.

We looked at two people's care plans and daily notes and other records relating to the management of the service including staff files, minutes of meetings, quality audits and satisfaction surveys.

Is the service safe?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff had been trained in how to protect people from the risk of abuse and demonstrated knowledge of the signs to look for and how to report any concerns. Two members of the management team had undertaken additional training and were the designated safeguard leads. They understood their safeguarding responsibilities and had systems in place to ensure concerns were appropriately investigated and reported to the relevant authorities. Financial procedures and audits were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and balances were checked daily.

People living at the service appeared relaxed and happy in the company of staff. Relatives of people who used the service told us they thought their family members were safe. Comments included; "I know that [named person] is well looked after and safe." And, "I know [named person] is safe in the hands of the staff."

Individual risks to people had been identified with management plans in place providing guidance for staff to follow. All staff were aware of the risks and knew what to do to keep people safe. Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This meant that if any trends were identified prompt action would be taken to prevent reoccurrence.

There were sufficient numbers of staff who had been safely recruited to meet people's needs. This was confirmed by relatives of people. They told us the management team had worked on people's behalf to secure additional hours required to ensure that people's needs were met safely. The service did not rely on agency usage as any absence was covered by the management team to ensure continuity. Relatives told us they valued the consistency of staff which meant people were supported by staff who knew them very well.

There were systems in place to administer, store and dispose of medicines safely. People's medicine records evidenced that people had received their medicines as prescribed. People received appropriate support to assist them to take their medicines safely and medicines were only administered by staff that had been trained and assessed as competent.

People were protected against the spread of infection. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE).

Lessons had been learned and various administrative aspects of the service had been contracted out to an external human resources agency to streamline systems and processes such as recruitment and ensuring company policies were up to date.

Is the service effective?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

All aspects of people's needs were assessed and care and support plans developed and adapted as things changed. Our observations and written records showed that people received good quality care and support from well trained staff with the right skills and values. This was confirmed by people's relatives. One relative told us, "I can't fault them [the staff] to be quite honest; they take really good care of my [family member] both physically and emotionally."

Staff received training that reflected the individual needs of people who used the service, for example, training in self-harm and hoarding. The provider told us that lessons had been learned and they were now more pro-active in terms of identifying training that might be beneficial to staff rather than reacting to people's needs after they arose.

When staff joined the service, they received an induction based on the Care Certificate which represents best practice for inducting new staff into the health and social care sector. Staff then received ongoing training, observations and supervisions and an annual appraisal. This meant that staff received consistent support to develop professionally and identify any learning needs. All staff were encouraged and supported to take advanced health and social care qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

The registered manager and staff team understood their responsibility around the MCA and DoLS legislation. People's care plans gave detailed guidance to staff on how to support people to make their own choices. Staff were able to describe creative ways they helped people make decisions. For example, one staff member told us, "We communicate with [named person] using Monkey (a stuffed animal); [named person] will get clothes out using Monkey to choose them."

People received support to eat and drink enough to maintain a balanced diet and stay healthy. Where people had particular dietary needs related to their health, these needs were known and respected by staff. Relatives told us that staff encouraged healthy eating. One relative said, "They promote very healthy eating in the house which is good. They do a lot of fruit and vegetable shopping."

People were supported to live healthier lives and maintain good health by attending regular checks and

medical appointments with the support of staff if required. The service worked with health care professionals to ensure good outcomes for people. A visiting professional praised the service for its commitment to partnership working. They told us, [Named manager] co-ordinated with us really well; arranging for us to meet with all the staff, negotiating times and hours so that all staff received the same information; I've been very impressed with their work." We were also informed that staff showed the same commitment, taking on board advice and guidance and adapting their practice to provide an excellent standard of care to support people's health needs. For example, the use of storyboards to help people with fears about the dentist or having blood tests .

Is the service caring?

Our findings

At the last inspection, this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People were treated with warmth, kindness and respect and had developed positive relationships with staff. We observed that people appeared very relaxed and happy and had a genuine rapport with the staff providing their care and support. Staff knew the people they supported very well and understood the importance of respecting people's beliefs, personal preferences and choices.

Relatives told us that the staff were extremely kind and caring and provided compassionate support which we observed in practice on the day of the inspection. People were involved in decisions around their care and support, for example, in the recruitment process as their feedback was sought about potential new staff who were matched to people based on personalities and shared interests.

The service was committed to ensuring that they had the right staff with the right values, approach and understanding to meet people's individual needs. People had access to regular staff who supported them on a day to day basis. This facilitated people and staff to develop positive and caring relationships. Staff would volunteer to cover any extra shifts if needed to ensure that people were supported by staff who knew them. If this wasn't possible, management provided the cover to ensure continuity of care.

We looked at how the service recognised equality and diversity and protected people's human rights. Care records captured key information about people including any personal, cultural and religious beliefs. We saw that people who used the service could request a preference of gender of care worker and this was respected to help people feel comfortable and at ease with receiving care and support.

The service was complying with the Accessible Information Standards (IAS). Guidance for staff on how best to communicate with people was documented in their communication care plans. These included non-verbal communication techniques and advice to support effective communication with people. Staff had been trained in Makaton (a type of sign language) and we observed staff using this to communicate effectively with people. One person had a sensory box which was used by staff to manage the person's anxieties. Easy read care plans, colour coded items, mood boards and pictorial stickers and displays were all used to support people to communicate their wishes and feelings.

We found the service showed a strong commitment to promoting independence. The care manager described how this was accomplished. They told us, "Our staff are invested in people, it's easy for us to make a sandwich, for [named person] it's much more difficult but we let them do it as we are trying to bring out their abilities and skills." We saw how this philosophy translated in practice as we found various examples where staff had worked hard to support people to reach and exceed their goals. For example, one person had joined the service not being able to tolerate having their hair washed. A staff member had worked with them and described how the person was now able to visit a hairdressing salon with minimal support. They told us, "[named person] started off holding my hand, now I step back and they go in first;

sometimes I could cry it's so good how far they have come." Relatives told us that staff were very good at encouraging independence. One relative told us, "[Named family member] likes to get out and they [staff] take them to the gym helping them become more mobile; they encourage [named person] to help with preparing food; [named person] loves their independence."

Staff demonstrated excellent knowledge of communication techniques including reading non-verbal cues to understand what people's behaviour was communicating. One staff member told us, "[Named person] will fiddle with their hands if agitated or rub their legs; I am always observing looking for triggers; I will get down to their level and put my hands out, if [named person] puts their hands in mine I will give them a hand massage to calm them." Emotion cards were also used by staff to help people communicate how they were feeling. This helped staff to understand people's moods and prevent distress.

Is the service responsive?

Our findings

Before people began using the service, an assessment was completed to ensure the service could meet people's needs. Care and support plans were developed which reflected people's physical, mental, emotional and social needs. We looked at two people's care records and found their personal history, interests and aspirations, strengths and abilities had been explored and documented. A summary was included at the front of each person's care record detailing aspects such as people's likes, dislikes, interests and preferred activities as well as outlining any practical support the person required. This helped staff to provide person centred care that fully supported and respected people's individuality.

To make the information accessible to people who were not able to read their care plan a pictorial care plan summary was also displayed on a white board in people's home. This was simple and colourful, using pictures to depict what made the person happy and things they enjoyed. Care plans were reviewed annually or sooner if something changed. Relatives confirmed they were included in these reviews.

Staff supported people to access the community and enjoy a range of individual activities which people expressed an interest in. The provider had two dogs which had been certified for use as 'pets for therapy'. These animals were used to bring enjoyment to people and encourage a healthy lifestyle as some people liked going out for long walks with the dogs.

People were supported to build and maintain important relationships with friends and family. We saw that people had developed their social skills and were leading full lives and trying new things. For example, one person, who historically had chosen not to speak, (an elective mute) was now attending an evening social club and had begun to communicate with bar staff ordering their own drinks and choosing songs to be played.

The provider told us that the service's ethos to support people's growth and development was to be observant, listen and respond to cues. They said, "We respond to change, if someone expresses an interest in something, we take the opportunity to expand their horizons and create an environment where they can try new things." We saw examples of this working in practice such as a person being supported to get fit by joining a gym and another person who had expressed an interest in music and was now having guitar lessons.

There was a system in place to respond to complaints. At the time of inspection there were no open complaints and all relatives we spoke with told us they had never had to make a complaint. Staff were reminded in supervision to feedback any comments or concerns from people so they could be promptly dealt with.

At the time of the inspection, the service was not supporting anyone with end of life care needs. However, where people had experienced bereavement, the service organised for them to access counselling to help them come to terms with their loss. In addition, the provider had sourced additional training for staff so that they were better able to support the person with the grieving process.

Is the service well-led?

Our findings

There was a registered manager in post who was also the registered provider. They were supported by the company director and by a newly appointed care manager. Together they made up the management team and were responsible for the day to day running of the service.

We found the management team were passionate and dedicated to delivering high quality care and support. The vision and values of the service which were shared by management and staff focussed on providing truly person-centred care that was inclusive and empowering.

The registered manager and company director were committed to their professional development and had completed advanced qualifications in leadership in health and social care. Both were members of The British Institute of Learning Disabilities (BILD) and told us they used the 'Positive Behaviour Support' (PBS) framework as a benchmark to ensure they were dealing with situations appropriately. Staff were actively encouraged to take further qualifications in health and social care to support their professional development. In addition, to promote learning and best practice of staff, articles from relevant journals were shared with staff with their monthly wage slip which were mandatory reading and discussed at team meetings.

Staff and management were clear about their duties and responsibilities and worked well together as a team with good communication practices. Staff retention was good as staff felt very well supported and enjoyed working at the service. One staff member said, "I love coming to work here, every day is different." Morale was very good and staff demonstrated commitment and dedication to ensuring good outcomes for people. A staff member told us, "I love the job full stop; I do a long shift, its lovely. It pleases me to see how people have grown and developed."

The service worked in partnership with external health and social care professionals to achieve good outcomes for people. We obtained written feedback from health care professionals about the service which was very positive. Comments included; "The work the service provides is amazing." And, "[Named person] will always need support to live safely and independently, these risks are minimised, particularly if supported by carers such as those that she has thankfully found at Alpha Care Solutions."

People and relatives were included in the running of the service. The provider told us, "We have regular meet ups with parents and ongoing dialogue with people and their families. We have very good communication with families, the new care manager is now the 'go to' person for families to contact." Relatives we spoke with confirmed that communication between themselves and management was very good. Staff were also involved in how the service was run and their feedback was received positively and acted upon to improve the service. A staff member told us, "We feel included; they [management] listen to us, ask our opinion, we have lots of meetings to keep updated."

Formal mechanisms such as satisfaction surveys were also used to invite feedback and drive improvements. We reviewed the last survey sent out to relatives and saw that the responses were universally positive.

Comments included; "Keep up the fantastic work I would very much like to thank all the carers and management for everything they do for [named person]. Particularly the support through counselling which has helped them greatly." And, "The natural empathy that all staff from carers to management has been incredible, true professionals."

Quality assurance mechanisms were in place which provided robust oversight of the service. The registered manager completed a range of checks and audits such as care plans, daily records, MAR sheets and incident reports to monitor the safety and quality of the service people received.

Peoples information was kept secure and confidentiality was maintained. In response to the new General Data Protection Regulations (GDPR), the service had developed a new policy and we found that the management team understood their responsibilities to ensure people's personal information was protected.