

Alpha Medical Care Limited

Alpha Community Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 11 May 2016 and was announced. This meant the provider was given notice that we were coming. The inspection was a focused inspection to follow up on the requirements made at the previous inspection on the 14 and 15 October 2015 where we found the provider was in breach of two regulations of the Health and Social Care Act 2008.

This report only covers our findings in relation to this inspection and does not change the overall rating of "requires Improvement" which was determined at the October 2015 inspection. You can read the report from that inspection, by selecting the 'all reports' link for 'Alpha Community Care' on our website at www.cqc.org.uk.

Alpha Community Care is a care home which provides accommodation and personal care for up to four people with learning disabilities and complex needs such as autism. At the time of our inspection there were four people living in the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found those requirements had been met. Staff involved people in their care and were enabling and encouraging. Risks to people, including infection control risks were identified and managed. Systems were in place to ensure the home was suitably maintained and plans were in place to continue to improve the environment.

The registered manager and provider were clear of their responsibilities to make notifications to the Commission and had completed the required notifications. The registered manager was committed and motivated. Improvements had been maintained and further improvements were planned.

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

People's likelihood of experiencing injury or harm was reduced as risks to people were managed.

People lived in an environment that was safe and fit for purpose

People were safeguarded from abuse as staff were trained and supported to work in a person centred way.

Requires Improvement ●

Is the service well-led?

The service was well led

Management were accessible and available to staff. They had identified and instigated changes to improve the service.

Management were aware of their responsibilities to make the required notifications to the Commission.

Requires Improvement ●

Alpha Community Care

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 was a focused inspection to check whether the provider had met the requirements set at the comprehensive inspection of the 14 and 15 October 2015.

The inspection was undertaken by one inspector.

We undertook this focused inspection of Alpha Community Care on the 11 May 2015. The inspection was announced. This meant the registered manager was given short notice of our planned inspection. This was to ensure the registered manager was available and that the home was accessible.

We inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting legal requirements in relation to those questions at the previous inspection.

Before our inspection we reviewed the information we held about the home, this included notifications and the provider's action plan, which set out the action they had taken to meet the requirements made at the previous inspection.

During the inspection we spoke with two care staff, the registered manager and a visiting relative. We observed how staff engaged and supported people. We walked around the home to assess the improvements made to the environment. We looked at two people's care records, relevant policies, two staff supervision files and maintenance records.

Is the service safe?

Our findings

At the inspection in October 2015 the provider was found to be in breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the premises was not always safe for intended purpose. We found risks to people were not specifically identified and managed, good hand hygiene was not promoted during meal preparation and also posed risks to people. We observed staff practice put people at risk of abuse and the provider had not risk assessed the use of a non- medicine cupboard for storing medicines to ensure it was fit for purpose.

At the previous inspection we observed a staff member grabbed a person by their arm and insisted they sat down. Once seated they were prevented from getting up. The registered manager had addressed that practice with the staff member in their one to one supervision. The registered manager had reinforced good practice and had trained staff on how to communicate and engage with people positively. At this inspection a person who used the service opened the door to us. They greeted us with a smile and a good morning sign. Throughout the inspection staff encouraged people to be involved in making choices, decisions and guided them as opposed to leading them. Staff engaged positively with people. They were inclusive, patient and tried different approaches to encourage people to complete a task. These practices safeguarded people from the risk of abuse.

The provider had employed a part time handyman to keep the home maintained and safe for its intended use. Staff carried out weekly checks of the fire doors to ensure they closed fully. They checked and recorded the water temperature in outlets weekly. Action was taken to address any discrepancies/issues. A key cupboard had been installed to ensure all staff had a key to exit the building and allow people access when required. Plans were in place to update the kitchen and an area of the lounge was converted into a sensory area. This was still being developed and items being sought suitable to people's individual sensory needs.

At the previous inspection the cupboard used for storing medicine was not specifically designed to be a medicine cupboard. The provider had a risk assessment in place which indicated it was fit for purpose. However they were in the process of ordering a medicine cupboard designed for that purpose to further mitigate any risks. We saw the medicine competency assessment document had been updated, which indicated staff were observed and signed off as competent to administer medicines.

We reviewed people's risk assessments. Risk assessments were put in place for each identified risk. They included a management plan to reduce risks. We saw these were simple, yet detailed and specific as to how risks were to be managed. We saw risks were reviewed and updated as people's needs changed. One person had become medically unwell and their care plan and risk assessment reflected this and how staff supported them. Another person's sleep pattern had improved through changing their drinks and daily routines. Staff were aware of risks to people and were aware what they needed to do to promote people's safety.

Policies, procedures and a risk assessment were in place in relation to potential risks associated with lone working. The registered manager was in the process of updating and reviewing the environmental risk

assessment document.

At the previous inspection we saw good hand hygiene and food handling guidance was not followed. At this inspection we saw people were encouraged and supported to wash their hands prior to being involved with food preparation and before eating their meal. Staff wore aprons during food handling and were clear of their responsibilities in relation to infection control.

Is the service well-led?

Our findings

At the previous inspection the provider was found to be in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This was because the registered person failed to notify the Commission that Deprivation of Liberty Safeguards (DoLS) had been approved. Since that inspection the appropriate deprivation of liberty notifications had been submitted. The registered manager had re-applied to the local authority for their renewal and was clear about their responsibility to complete notifications to the CQC if and when the DoLS were approved. This requirement was met.

Staff told us the registered manager was accessible and approachable. They told us the registered manager worked alongside them and included them in decisions. They commented "Management is better, they act as a positive role model".

The registered manager had sought training for staff to support them in their roles. They had established staff's strengths and given them delegated tasks to build on their strengths. They were proactive in dealing with poor practice or issues as they occurred and staff were clear of their roles, responsibilities and what was expected from them. They promoted people's involvement in the service. We saw people were given choices, options and the menu plan and activities were more person centred. The registered manager was clear of the vision and values of the service and was committed to further improve the service to benefit people living there.

A relative told us the home needed a leader. They said the registered manager was that leader. They described the registered manager as "Lovely, so reassuring, communication is excellent and it feels like they are always there to support them as a family". They commented "Feel like family, all so caring and supportive".

The registered manager had revised policies and procedures and made them easily accessible and available to staff.