

Greek and Greek Cypriot Community of Enfield Alpha Care Specialists

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 18 August 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

Alpha Care Specialists provides personal care to people living in their own homes. The service was originally set up for Greek and Greek Cypriot people and the majority of people using the service were Greek and Greek Cypriot as were the staff. However, the service is available to people from any background or culture. There were approximately 100 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them. People were very positive about the care that they received and the responsiveness and flexibility of the service.

The service had introduced and took part in a number of outstanding initiatives to ensure people's needs were consistently met whilst in hospital and when being discharged. People were supported well on being discharged from hospital. The service worked closely with the local hospital on the arrangements for discharging people and provided a translation service for Greek and Greek Cypriot people that used the service. The aim was to reduce the number of re-admissions.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate these risks.

People told us that staff came at the time they were supposed to or they would phone to say if they were running late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had

confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their support plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate those risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff were provided with training in the areas they needed, in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Is the service caring?

Good ●

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Outstanding ☆

The service was responsive. There were outstanding elements to the way the service ensured people received consistent coordinated, person-centred care that was responsive to their needs.

This was because the service had introduced and took part in a number of initiatives to ensure people's needs were consistently met whilst in hospital and when being discharged.

People told us that the management and staff were flexible and responded to their changing needs and preferences.

They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

Good ●

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Alpha Care Specialists

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.

This inspection was undertaken on 18 August 2016. We gave the provider two days' notice that we would be visiting their head office.

After our visit to the office we spoke with eight people who used the service and 11 relatives over the phone. The inspection was carried out by one inspector. The telephone interviews were carried out by one Greek speaking inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with five care staff, the registered manager and the provider.

We looked at seven people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held by the agency including meeting minutes as well as health and safety documents, quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "I have had the same carer for seven years and I really trust her." Another person commented, "Yes I do feel safe with her and the supervisor that checks in. She is also very good to me."

Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "They all seem trustworthy."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. One person told us, "I have never been ill but she would know what to do." If someone had an accident this was recorded. We saw that the registered manager analysed past accidents to see if action could be taken to reduce the risk of further occurrences.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or team leader in the person's home. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls and nutrition if applicable.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. We saw that risk assessments had been signed by the person or their relative to indicate they had been consulted about this and agreed with the measures taken to reduce risks. People and their relatives confirmed they had been involved in identifying risks to their safety and wellbeing. A relative told us, "When they first came they did a complete survey of the living area, pointed out any trip hazards and made sure everything was safe and secure."

Risk assessments were being reviewed on a regular basis and information was updated as needed. A relative we spoke with confirmed, "We had a risk assessment review I think four to six weeks ago and we filled out all the forms."

The registered manager told us that all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's care plans.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff

who were working alone with people as well as having safe access to people's homes.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late. People's comments included, "Carers are very reliable and always on time," "Sometimes they are five or ten minutes late depending on the traffic but normally they are on time. They do phone" and "If there is any reason they are late they will call me but it's not very often."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks.

People confirmed that staff stayed the correct amount of time allocated. People's comments included, "They always have enough time to talk to me" and "She doesn't rush me to do anything. She helps me at my pace and I haven't had any reason to feel pressured."

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines.

After staff had been trained, they undertook observed competencies by a supervisor to ensure that they understood the training and were able to put this into practice. However, this was not being recorded by the supervisors who were observing the staff. The registered manager told us that from now on all observed competences would be recorded to evidence this was being undertaken on a regular basis.

People told us they were satisfied with the way their medicines were managed. Comments included, "[The staff] always reminds me to take my tablets and writes it in a book" and "Mum takes her own medication but they will check."

We checked a random selection of five staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure that staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. A relative told us, "They know all the procedures and have dementia care training." Other comments included, "[Staff member] is very knowledgeable," "They have lots of training days and "[Staff member] is very professional, caring and she works as a human. She enjoys her job."

Staff were positive about the support they received in relation to training. One staff member commented, "Training is good. The people they bring in [to train] are brilliant, very clear." Another staff member told us, "Every year we have our refresher training. There is always something new to learn even though we have it every year."

Staff told us about recent training they had undertaken in medicine management. They said this training had provided further clarity about the types of medicines they could or could not administer to people they supported.

Staff were required to attend mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff told us that they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and annual appraisals. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by team leaders, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision and yearly appraisals were a positive experience. They said, "We discuss any issues about clients and (their) changing needs." Another staff member told us, "I get positive feedback."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member commented, "I was not thrown in at the deep end."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could

make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One person told us, "They discuss what is happening and tell me what they are about to do." Another person commented, "[The staff member] always asks me if it's ok to give me a wash or anything."

Staff told us about the training they had undertaken regarding the MCA 2005 and that it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their support plans.

There was information incorporated into people's support plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. People told us they were happy with the support they received with eating and drinking. One person told us, "At first she would do the drinks, but since I've been moving around the house I would rather do it myself. Sometimes when I couldn't she would help but I can do it all now. I was very happy with it." Another person commented, "She cooks me good Greek food whatever I want." Relatives' comments included "They make sure she has enough shopping in and make her lunch. Yes they do cook and make her tea. I'm very happy" and "They help with her breakfast. She feeds herself but they will cut it up for her."

Where the agency took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. One person told us, "They always take me to the doctors and hospital appointments."

Care plans showed that management had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "They know her character and needs and are very bubbly. They are very understanding and respectful," "The staff I have is like having another daughter. She treats me like how you're supposed to treat a mum" and "She is very kind and compassionate and she really loves her job. I can't fault her at all."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. People told us that staff listened to them and respected their choices and decisions. One person told us, "When I first started a supervisor came around and he talked to me about things I need help with doing." Another person told us, "They discussed with me what went into my care plan." A relative confirmed, "We have all been totally involved. They will talk through everything with mum."

All the staff we spoke with had undertaken training in equality and diversity and understood that racism, homophobia and ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food shopping and activities. One person told us, "She takes me to a Greek church in her car every week. This is so important to me."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history. A relative commented, "They are just fantastic and have a good understanding of mum and her needs."

People confirmed that they were treated with respect and their privacy was maintained. A relative told us, "They treat [my relative] with so much dignity, they are affectionate and say kind words to her."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People who used the service and their relatives told us that the management and staff were flexible and quick to respond to any changes in their needs. People held the service in high regard and they made many positive comments about the service.

The service had introduced and took part in a number of outstanding initiatives to ensure people's needs were consistently met whilst in hospital and when being discharged. These included the "Home from Hospital" and "Take home and settle." These involved Greek speaking staff working at the local hospital and liaising with the hospital discharge team to ensure a smooth and successful discharge. For example, when someone was ready to go home from hospital, the worker would take the person home, complete a risk assessment in the home, supply the essential foods, if necessary and ensure they were comfortable and check the house for clean linen on the bed etc. If required, the person concerned would then be transferred to the agencies' "Home from Hospital" service where a care and enablement package would be provided.

The service, provided by the agency, at the local hospital also enabled staff, who worked five days a week in the A&E department, to act as interpreters for Greek speaking people as well as visiting people in wards to offer emotional support and assess if people would benefit from the domiciliary care service.

The registered manager and provider told us that these initiatives were originally set up in an attempt to reduce the number of hospital readmissions and to ensure a smoother transition for people when leaving hospital. They told us they had received excellent feedback from the local hospital and people we spoke with were also positive about the service and the way the agency supported them.

One person told us, "I can't fault the care, when I first came out of hospital I couldn't do anything at all. The carer she was helping me go in and out of the bath, clean my room and do my bed." Another person said, "At first she would do the drinks, but since I've been moving around the house I'd rather do it myself. Sometimes when I couldn't she would help but I can do it all now. I was very happy with it." A relative commented, "[My relative] was very unsettled before he got the service, they have completely changed the atmosphere."

A relative told us, "Because they are of the same cultural background, they understand her ways. This was one of the main reasons for choosing this agency." Another relative told us, "Mum's English is not that great, so it's good to have an agency that can speak to her in her language and who understands her culture."

We saw that the service worked hard to ensure a consistent approach to care delivery. For example, when people had a replacement staff member because their long-term staff was going on holiday, the service ensured that the new member of staff visited the person in their home with the existing staff so they could meet them and understand their care needs. This additional staff visit was paid for by the agency.

People were positive about this consistent approach to their care. One person commented, "All the replacement carers have been good." People told us the agency was flexible and focused on their needs and preferences. One person told us, "I have had to cancel or asked them to come earlier. They have been

flexible." Another person commented, "You can contact them anytime and they respond, even out of hours."

We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns.

A member of staff told us, "There is always someone there if you have a problem." Relatives told us they were kept up to date with any issues. One relative told us, "We have regular reviews over the year." Another relative commented, "They are pro-active and address things straight away."

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's support plan. We saw a number of examples of this including an increase in care hours when someone returned from hospital with increased care needs.

A relative commented, "Both my husband and I have been involved with all aspects of his care. They make us aware of any issues and ask about us too."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident. A relative we spoke with confirmed, "When [my relative] was ill they called an ambulance."

Each person had a support plan that was tailored to meet their individual needs. These plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. A relative told us, "They know what needs doing. They talk to [my relative] all the time and have got to know her."

We checked the support plans for seven people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs either at home or while they were still in hospital. One person told us, "When I first started a supervisor came around and he talked to me about things I needed help with doing. Things like opening a can, peeling potatoes and washing."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

A person using the service told us, "If I had a problem I would let them know, but I have always been satisfied with the service." Another person commented, "Yes, one time when the supervisor came round she asked me questions and I told her. Like one time [the staff] wasn't wearing uniform and they asked me about that and now she does. It was corrected straight away. And if my carer is doing something I do not like I will tell her. Because she has my trust and I have hers I can tell her." Another person who used the service told us, "They have got a supervisor checking on things which I think is a beautiful thing, they can nip problems straight away."

We saw that no complaints had been made about the service since our last inspection. Where complaints had been raised in the past, these had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation and action taken to make sure the issue was not repeated.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us that the registered manager was, "Very easy to talk to and always there for you if you have any problems." Staff told us that they felt the service was well run and that the management listened and acted on any suggestions they made for improvements. For example, staff told us about suggestions they had made about wearing uniforms and how they felt this looked more professional. As a response to this suggestion staff uniforms were provided by the agency.

People who used the service and their relatives told us they thought the service was well-run. Comments included, "They are very polite and always ready to help," "If I phone, I know I will get a positive response. It's helpful to have someone from the same background" and "The manager is very good she visits to check everything is alright."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and regular telephone interviews. We noted that the records of these spots checks and other quality audits lacked detail which would benefit the quality assurance process as a whole. The registered manager and provider agreed that, in future these audits would contain more detail including observations of staff interactions and people's comments about the service provision.

People confirmed they had been asked for their views about the agency. Comments included, "I get questionnaires on a regular basis" and "We had a survey request in the post recently. They do take notice but there have been no need for changes."

We saw that, where any issues arose, the registered manager had taken action to improve the service. For example, we saw that an issue had been raised about staff continuity when staff went on holidays. As a result the agency had implemented a policy where replacement staff were introduced to the person, and worked a shift with the existing staff before they went on annual leave.

We saw completed surveys that indicated people were satisfied with the service. People's comments included, "My personal care assistant does the things that I am unable to do for myself," "I am extremely happy with all the support I receive" and "My father eagerly looks forward to the visits every weekday and [staff] have been a great help with my father's well-being."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. They told us that the manager expected staff to treat people how they would want their relative to be treated. When we discussed these visions and values with the management team it was clear that these values were shared across the service.