Alfa Homecare Ltd

527 Green Lane

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an announced inspection of 527 Green Lane on 5 December 2017. This service provides care and support to people living in supported living setting, so that they can live as independently as possible. At the time of the inspection, three people were living at the supported living site. 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. This was the first inspection of the service since they registered with the Care Quality Commission (CQC).

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

A comprehensive pre-employment check for one staff member had not been carried out to ensure the staff member was fit and suitable to provide care and support to people safely. We made a recommendation in this area.

Risks had been identified and information and processes had been put in place on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside the organisation. Medicines were managed safely and people had been receiving their prescribed medicines. Staff told us they had time to provide person centred care and had enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control and knew how to ensure risks of infection were minimised when supporting people.

Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Staff had received regular supervisions and told us that they were supported in their role. Staff knew the principles of the Mental Capacity Act 2005 (MCA). Assessments had been carried out using the MCA to determine if people had capacity to make certain decisions. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

People told us that they had a positive relationship with staff, that staff were caring and their privacy and dignity were respected. People were involved with making decisions about their care.

Care plans were person centred and detailed people's preferences, interests and support needs. People knew how to make complaints and staff were aware of how to manage complaints.

Staff told us the culture within the service was open and transparent and told us the service was well-led.

People and staff were positive about the registered manager. People's feedback was sought through regular review meetings and surveys had been recently sent to people and professionals involved in people's care for feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A full pre-employment check had not been carried out for one staff member to ensure staff were of good character and suitable to work with people.

Risk assessments had been completed and information put in place to mitigate identified risks to ensure people were safe at all times.

Staffing levels were appropriate.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Medicines were managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

Mental Capacity Act 2005 (MCA) assessments had been carried out to ensure people had capacity to make certain decisions. The registered manager and staff were aware of the principles of the MCA.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved in decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made. People's feedback was obtained through review meetings and this was being acted upon.

Staff told us the service was well-led and were positive about the management.

Staff meetings were held regularly.

527 Green Lane

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 was planned to check 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 was carried out by one inspector on 5 December 2017 and was announced. We gave the provider notice as we wanted to ensure that someone would be available to support us with the inspection.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR 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 made contact with social and health professionals that the service worked with to obtain feedback about the service.

During the inspection we visited the providers head office and the supported living site. We reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and three staff files, which included pre-employment checks. We looked at other documents held at the service such as medicines, training and quality assurance records. We spoke to the registered manager, two care staff and two people who received care from the service.

Requires Improvement

Is the service safe?

Our findings

Pre-employment checks had not been carried out to ensure staff were suitable to provide care and support to people safely. The service had recruited three staff. The registered manager told us that for two staff, references had been sought through telephone and showed us the telephone numbers of the referees but this had not been recorded. We spoke to both members of staff, who told us that references had been requested and they were not allowed to work until all pre-employment checks had been completed. The registered manager confirmed that references had not been sought for the third member of staff as this was their close family member and they knew them well. Although the registered manager could verify the staff members character, by not carrying out comprehensive checks by seeking references from previous employers the registered manager would not be able to know the conduct of the staff member at their previous workplaces. Other checks such as criminal record checks and proof of staff identity had been carried out as part of the recruitment process.

We recommend the service seeks and follows best practice guidance from a reputable source about recruitment practices.

People told us they were safe. A person told us, "I like it here. I feel safe." Another person told us, "Yeah, I feel pretty safe."

Assessments were carried out with people to identify risks. A person told us, "When I go off on one, they are very tactful in what they say. They help me through it in stages. They know what they are doing." Risk assessments provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments relating to people's health conditions, using inappropriate substances and on behaviours. Most risks had been identified and assessments included the risk and strategies to mitigate the risks. However, for one person, their referral form outlined that there had been issues in the past with people that they knew, that resulted in the person's property being damaged. This had not been risk assessed to ensure that visitors to the service did not place the person and other people at risk. We fed this back to the registered manager who told us a visitor had accessed the property before that may have put people living at the service at risk. We were informed lessons had been learnt from this as CCTV cameras had been installed in the communal areas and near the front entrance. In addition, the registered manager told us people were encouraged to let staff know if they were expecting visitors in advance and if staff did not know who the visitors were, then they would not allow access. If this was refused then staff would call the police. This was to ensure people and staff were kept safe at all times. After the inspection, the registered manager sent us the completed risk assessment.

The service was committed to learning from incidents or mistakes to ensure that there was continuous improvement and people using the service remained safe. The registered manager, people and records confirmed that there had not been any incidents since people began to use the service. The registered manager and staff were aware on what to do if accidents or incidents occur. There was an incidents form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was

minimised.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. Whistleblowing occurs when a staff member raises concerns internally or to external authorities, about a workplace danger or illegality that affects others such as abuse. One staff member told us, "This is to cause harm to somebody especially if they vulnerable. This can be physical, sexual, finance and emotional. I would say it to manager. I can also tell CQC and the police. There is a lot of organisations I could go to." Records showed that staff had been trained in safeguarding people.

People and staff had no concerns with staffing levels. A person told us, "There is always staff, there is always one of them here." A staff member told us, "They [people] are really independent and we have enough staff." Staff told us that they were not rushed in their duties and had time to provide person centred care and support people when needed. Our observations confirmed this. There was two staff on duty during the day and one staff member on duty during the night. The staff rota confirmed planned staffing levels were maintained throughout the day and night.

People were supported with their medicines safely and according to the provider's policy and procedures. A person told us, "Yeah, I get all my medicines on time." Medicines were stored securely. We looked at Medicine Administration Records (MAR) for two people and found that these had been completed appropriately. Each person had a personal profile in the MAR folder which included details of the medicines they took and any noted allergies. Where 'as required' (PRN) medicines had been prescribed, these had been administered when needed. PRN medicines are prescribed to people and given when required and can include pain killers.

We found records that evidenced one staff member had been trained in medicines. The registered manager told us all staff had been trained in medicines but they had not received the training certificate for two staff. We spoke to both staff and they confirmed they had received training with medicines. Competency assessments had not been carried out to check staff ability to administer medicines safely. After the inspection, the registered manager sent us evidence to demonstrate that staff competency assessments would be carried out. This is to ensure that the registered manager was assured that staff were competent with managing medicines safely. Staff confirmed that they were confident with managing medicines. A staff member told us, "I know all about medicines and am confident with doing medicines."

Medicines were audited regularly to ensure they were managed safely. The registered manager completed medicine audits which checked all areas of medicine management to ensure people were receiving their medicines safely. Where issues were identified this was brought to the attention of staff to ensure learning took place and improvements were implemented.

Regular fire tests were carried out. Staff told us that people were mobile and could evacuate in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency such as evacuating people, moving them to the assembly point and ensuring everyone was there and calling the emergency services. There were fire safety procedures displayed throughout the service and smoke alarms were installed throughout the service. Checks were made in people's room to ensure the risk of fire was minimal.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control. People told us that their rooms were clean and staff wore appropriate clothing when supporting them. One

person told us, "It [supported living site] is cleaned two/three times a day. They look after it well." A staff member told us, "We always make sure we clean, it is their home." The service carried out infection control audits that focused on cleanliness at the supported living site. The audits focused on hand wash, liquids, soaps and if personal protection equipment such as gloves and aprons where available and being used.

Good

Is the service effective?

Our findings

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "They know what they are doing here." Another person told us, "They [staff] are alright, they look after me well."

A staff member told us, "I have the opportunity to learn and grow and that pushes me to be better in what I do." Records showed new staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. The training included infection control, health and safety, information governance, moving and handling, lone working, basic life support and safeguarding. However, specific training had not been provided in the areas of mental health and use of certain substances and alcohol. The registered manager told us that staff would be trained in these areas. After the inspection the registered manager told us that training had been booked for staff in these areas.

Records showed that staff received regular supervisions. There was a supervision agreement in place that required staff should be supervised every three months. They included discussions on staff performance, team work, training needs and progress of actions from the last supervision meeting. The registered manager told us that appraisals had been arranged with staff that had worked with the service for a year and this would be held shortly after the inspection. Staff told us that they were supported in their role. A staff member told us, "I feel very supported. [Registered manager] always advise me and help me."

Pre-assessments had been completed prior to people using the service. These enabled the service to identify people's daily living activities and the support they required, and allowed the service to determine if they could support people effectively. Using this information, care plans were developed. People's needs and choices were assessed through regular key worker meetings. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. The review meetings with the key worker included important details such as people's physical and mental health, activities and housing issues. Records showed one person had requested to go to Butlins and people, staff and the registered manager told us that this had been arranged and people had visited Butlins recently. Another key worker meeting showed a person expressed concerns with their back and wanted to go to the GP and records showed a GP appointment had been arranged. There was a support plan that included people's goals and how this would be met. We saw evidence that new technology had been installed in the form of CCTV at the supported living site. This was to ensure people were kept safe from potential visitors that may cause harm to people. Assessments of people's needs and the subsequent development of personalised care plans gave guidance to staff about people's specific care needs and how best to support them. These were key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This meant that people's needs and choices were being assessed to achieve effective outcomes.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager and staff were able to tell us the principles of the MCA and the best interest decision process. A staff member told us, "It is about assessing the mental capacity of people on making a decision. If they cannot make this decision, then we should make a decision in their best interest with people that know them well." Records showed that assessments had been carried out using the MCA principles, which determined that people had capacity to make decisions in certain areas. Staff asked people for consent before doing anything. A staff member told us, "Yes, of course. I always ask for their consent before I do anything." A person told us, "Yes, always they ask me what they would be doing."

The registered manager told us that people required limited support with meals. People bought their own food and also had fridges inside their rooms to refrigerate chilled items and store food. Staff told us that people were supported to cook if they wanted to and healthy eating was always encouraged. A staff member told us, "We help them with cooking. We would support them with cooking healthy meals on something they would like so they stay healthy." Records showed that staff should encourage people to have a balanced meal and listed the support people may require with meals. For example, one record showed a person could cook basic meals but would need help with preparation. We observed that the kitchen area contained a number of fruit and vegetable items.

People's GP details and any community professionals involved in their care were recorded in their care plans. There was an appointments matrix in place to schedule appointments and records showed people had visited GPs, dentists, mental health teams and psychiatrists to ensure they were in the best of health. A person told us, "They get you a GP and all that. If I've got any problems, they will take me to a hospital." Staff had awareness of when people did not feel well and what to do if people were not well. This meant that people were supported to ensure they were in the best of health. The service worked in co-operation with other organisations to deliver on-going care and support, when required. Records showed that the service encouraged people to attend the community drugs and alcohol services. The registered manager told us that one person had attended this service and their health had improved as a result of this as their alcohol intake had reduced significantly.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Yeah, they are very happy and friendly." Another person told us, "They are absolutely brilliant. They are like Mother Theresa and Florence Nightingale."

People received care from staff who were familiar with their care and support needs. They confirmed they had the same staff supporting them when required. This helped with consistency and enabled people to have a positive relationship with care staff. A staff member told us, "It is important to show care to them. I talk to them and be friendly so they can get to trust me." A social care professional told us, "They seem to have a way with [person] and give [person] a lot of time which [person] lacked in other placements."

Where possible, people had been included in making decisions about how best to support them. The registered manager was aware of how to access advocacy services to enable people to have a voice and to ensure their human rights were protected. Care plans had been signed by people to evidence they agreed with the contents of the care and support they received from the service. Care plans reflected people needed support. We observed people going outside by themselves and making tea as well as offering us tea. Staff told us that people were encouraged to be independent especially on area's they needed support. A staff member told us, "We encourage them to do certain tasks like looking after finances by themselves, so they can be fully independent when they move on."

Staff ensured people's privacy and dignity were respected. A person told us, "I don't have any issues with my privacy and dignity so far." Staff told us that when providing particular support or treatment, it was done in private and that they would always knock on people's doors before entering. We did not observe any particular care being provided that would have impacted on a person's dignity. A staff member told us, "Before I go inside their room, I will always knock." A person told us, "They knock on my door and would wait until I tell them to come in." People had their own rooms and we observed people going to their rooms for privacy and staff knocked on doors before entering.

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 should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. People's records were filed securely in the office and supported living site, which showed that the registered manager recognised the importance of people's personal details being protected and to preserve confidentiality.

People were protected from discrimination. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious and cultural beliefs were recorded on their care plan. People confirmed that they were treated equally and had no concerns about the way staff approached them. A social care professional told us, "[Person] is also happy with the staff."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and health and support needs, which enabled them to provide a personalised service. People told us that staff were responsive. A person told us, "Staff know us well."

The registered manager told us that people's general well-being and health had improved since they moved into the supported living service. This was through effective support, encouragement and supporting people with their finances. This was also confirmed by a social professional who gave positive feedback on the responsiveness of the service and the impact it had on the person. Their comment included, "My client was very chaotic when we placed [person] there. Mainly to do with high consumption levels of illicit drugs, this was impacting on [persons] finances. They worked out a daily allowance plan for them, which [person] adhered to and to say the least [person] is a changed client. [Person] obviously still uses illicit drugs but has cut down dramatically and for all the time [person] has been with them, we have not had to admit [person] to hospital."

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "I like the care plans, they guide me on what to do." There was a personal profile, which included people's date of birth, date they moved into the supported living site, ethnicity and their medical condition. Care plans detailed the support people would require to ensure they received person centred care. Care plans were individualised and included details of people's family members and of health and social care professionals. In one person's care plan, information included that they be encouraged to attend local community centres to meet people. Another care plan included that the person did not like washing in the morning and preferred to take baths before going to bed. A person told us, "They will help me with my money and budgeting so I can save more." The registered manager told us that they helped people with budgeting to limit their alcohol intake and people received an allocated daily budget for this. This was done with people's consent and staff and the registered manager told us this had stopped people from consuming alcohol excessively. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There were signed agreements between people and the service on the provider's policy with regard to smoking, damage to property and abuse. Records showed that this had been enforced for one person and the person had been warned about their conduct to ensure people were kept safe.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to

them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The registered manager told us that people were able to communicate well and access information independently. Staff offered support with accessing information, if required. For example, records showed that information had been provided to people on community services that offered support with substances and alcohol. Care plans included how people communicated especially when a person was not feeling well. Staff we spoke with did not know what AIS was in full but told us they looked at people's care plans on how to communicate with people and how to make information accessible. The people we spoke to had no concerns on how staff communicated with them and we observed that staff communicated well with people.

Records showed that no formal complaints had been received by the service. People told us they had no concerns but knew how to make complaints and were confident this would be addressed. A person told us, "I have no concerns but if I do, I know where to go." There was a complaints policy in place. The registered manager and staff were aware of how to manage complaints. Staff had been trained in complaints and conflict management. A staff member told us, "I would record complaints and then take this to the manager to investigate."

Good

Is the service well-led?

Our findings

People were positive about the service. One person told us, "This is the best place I have been to from all the places I lived in before." A social care professional told us, "They are working very well with [person] and I can only sing praises about them."

Staff told us that they enjoyed working for the service. One staff member told us, "I have been here one year. I really enjoy working here." Another staff member told us, "Yeah, it is a good place to work."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. We observed the relationship between staff and the registered manager to be professional and respectful. One staff member told us, "He is just so good, so focused and very observant." Another staff member told us, "[Registered manager] is a very good manager."

We have not received notifications or safeguarding about the service as incidents had not taken place. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

There were systems in place for quality assurance. Daily checks were carried out on fire safety, health and safety, infection control and food hygiene. Records showed that the registered manager had carried out audits on care plans, staff files and medicines management. However, the audits had not identified the shortfalls we found with risk assessments and collecting and recording references. After the inspection, the registered manager told us that quality assurance systems had been made more robust as audits would be carried out by the registered manager and also a senior care staff to ensure the risks of not identifying shortfalls was minimised. This showed that the registered manager was committed to developing and improving the performance of the service.

The registered manager told us that they were in the process of sending surveys to professionals and people. After the inspection, the registered manager sent us the templates for the surveys, which focused on service delivery, concerns and record keeping. People's feedback was sought through key worker meetings. Records showed that a person had requested a TV in their room and the registered manager told us as a result of this request, a TV was bought for the person. A staff member had recorded a person's comment from a review meeting they held, "[Person] is happy, very happy." This meant that people views were sought to make improvements to the quality of the care and support they received.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on health and safety, service users, finance, staffing and training. A staff member told us, "I like these meetings; we can talk as a team on how to improve our service." This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.