

Alpha-Imperial Private Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 of April 2017 and was announced.

Alpha-Imperial Private Ltd is registered to provide personal care and support to people living within their own homes. The service caters for older people and younger adults with needs relating to dementia, learning disabilities or autistic spectrum disorders, mental health, physical disabilities, and sensory impairment. There were 16 people using this service at the time of our inspection.

The service had a registered manager. This 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 2008 and associated Regulations about how the service is run.

People told us the staff were caring and kind and had a good sense of humour. Relatives said staff went out of their way to build positive relationships with their family members. Staff understood the importance of getting to know the people they supported and understanding what was important to them and what they liked to talk about.

People said they felt safe using the service and staff knew how to protect the people they supported from harm. If people were at risk in any areas of their lives staff mostly had the information they needed to keep them safe.

There were enough staff available to keep people safe and meet their needs. If people needed two or more staff to support them safely they were provided. People and relatives said staff assisted them to move safely and skilfully. Staff were trained to prompt or administer medicines and did this safely in the way people wanted.

Staff had the training they needed to provide effective care and were knowledgeable about the people they supported and how best to meet their needs. They had regular supervision sessions and attended meetings where training and good practice was discussed.

The management team and staff had a good understanding of the Mental Capacity Act and the need to gain people's consent before providing them with care and support. When people did not have the capacity to consent, best interests decisions were made in conjunction with people's relatives, representatives, and health and social care professionals.

Staff provided assistance with eating and drinking to people who needed this and respected their food choices. They supported people to maintain good health and access health care service when they needed to. If a person's medical condition changed or they deteriorated in any way staff contacted health care professionals to ensure people's health care needs were met.

Staff told us the management team's caring and innovative approach inspired them in their work. They said the management team valued both the staff and the people using the service which made Alpha-Imperial Ltd a good place to work.

Care plans were personalised and included information about people likes, dislikes and preferences. They included advice to staff on how best to communicate with the people. People and relatives were involved in care planning to help ensure staff knew how best to support people in the way they wanted taking their social, health, and cultural needs into account.

The management team and staff understood the importance of people's calls being on time. People said they usually were, and if staff were ever running late they were informed of this by telephone. Staff told us they rarely had any difficulty getting to their calls punctually as their calls were clustered in the same area.

Staff told us the care plans were of good quality and included the information they needed to provide people with responsive care. They were regularly reviewed and that people using the service and their families were involved in reviews and their contribution recorded.

People knew how to raise concerns about the service if they needed to. The provider welcomed any feedback on the service, both positive and negatives, and used this as an opportunity to improve the service provided.

People said they were continually asked for their views on the quality of the care provided. The provider gathered people's views in a number of ways including through service users satisfaction surveys, telephone monitoring calls, and care reviews. Records showed that people were satisfied with all aspects of the service. Staff said they enjoyed working for the service, were well-supported by the management team, and thought the service provided a high standard of care.

The provider had systems in place to assess, monitor and improve the quality and safety of the service. Where areas for improvement were identified the provider took action to address these promptly.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to minimise risks to their well-being.

There were enough staff on duty to keep people safe and meet their needs. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good 

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good 

The service was caring.

Staff were caring and kind and treated people with respect. They communicated well with people and knew what was important to them.

People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good 

The service was well led.

The service had an open and friendly culture and the management team were approachable and helpful.

The provider and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Alpha-Imperial Private Ltd

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.

This inspection took place on 11 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had recently reviewed this service and were generally satisfied with the care and support it provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with two people using the service and four relatives. We also spoke with the provider, the registered manager, the care co-ordinator, and three support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Whenever the staff are here I am completely safe. They do everything properly and are very gentle and kind." A relative commented, "I have seen the carers look after my [family member] and I have no concerns about how they did this. Everything is just as it should be."

Records showed staff were trained in safeguarding (protecting people who use care services from abuse) when they began working for the service. Their training was followed by a competency check carried out by a senior member of staff to ensure they understood what they had learnt. This helped to ensure that staff knew how to protect the people they supported from harm.

The staff we spoke with understood their safeguarding responsibilities. One staff member told us, "We are all trained in safeguarding and everyone knows what to do if they think someone is being abused. It's second nature to us." Another staff member said, "If I thought someone had been abused I would immediately report it to the office."

The management team told us safeguarding had been added to the staff meeting agenda and would appear as a standard item. This would enable staff to discuss safeguarding on a regular basis to keep the subject fresh in their minds.

Records showed that if people were at risk in any areas of their lives staff mostly had the information they needed to keep them safe. The risk assessments we saw were detailed and included plans to reduce the likelihood of harm. They covered environmental risks, risks relating to the use of equipment, and risks with regard to people's health and social well-being. Risk assessments were updated when care plans were reviewed or when a person's needs changed.

We looked at individual examples of how risk was managed. For example, one person had complex moving and handling needs. Their risk assessment included detailed instructions to staff on how to assist them to move safely. These were both written and in the form of a diagram to make it clear to staff how to use a hoist and sling correctly. Records also showed that as the person's care needs had increased the number of staff they needed has also been increased to ensure they continued to receive safe care and support.

Another person was at risk of skin damage. Their risk assessment directed staff to monitor pressure areas and report any changes, for example redness or discolouration, to the management team so the person's district nurse could be informed. This was another examples of risk being safely managed because staff had the information they needed to help minimise risk to the person they supported.

Where necessary staff worked with other agencies to ensure risk assessments were suitable. For example, the service had involved both the fire service and an occupational therapist in one person's risk assessment to ensure they could be safely evacuated from their home in a fire.

One person's risk assessment for their mental health needs was in need of improvement. This person had a diagnosis of dementia and there was good information in their care plan about how staff could support them to minimise the effects of this. However their risk assessment for 'challenging behaviour' was mostly generic and did not make the best use of what was known and recorded in their care plan. We discussed this with the management team who agreed to review and update this risk assessment and any others in need of improvement.

We looked at how the service ensured there were enough staff available to keep people safe and meet their needs. Records showed that the number of staff people needed for each visit was decided prior to their care commencing. So, for example, if people needed two staff to support them safely they were provided. This helped to ensure that people using the service and staff remained safe.

One relative told us their family member always had three staff to assist them to move safely. They said they had observed them providing this assistance both with and without a hoist and it was always done safely.

Staff told us that working in twos or threes helped them to ensure people were cared for safely. One staff member explained, "We mostly work in twos due to the care needs of the people we support. This is good because we watch each other and if one of us could do something better the other one points it out. This safeguards people."

Each person's care plan stated how many staff they needed for each call. For example one person's care plan stated, "I will require three carers to support me with [personal care]", and 'I require three carers to support me to transfer.' This meant that it was clear from the onset how many staff members a person needed to support them safely.

We sampled two staff recruitment files to check that staff were safely recruited to ensure they were suitable to work with the people using the service. The two recruitment files we sampled showed a thorough recruitment procedure being followed to determine the applicants' fitness. This included obtaining references, criminal records checks, and health checks, and carrying out an interview.

We looked at how people's medicines were managed so they received them safely. Staff were trained to prompt or administer medicines by the registered manager, an experienced nurse, who had taken a 'train the trainer' course to enable her to do this. Once staff had completed their training they underwent regular competency checks to ensure their skills remained up to date.

Staff told us they were satisfied with their medicines training and could obtain advice about people's medicines if they needed to. One staff member told us, "[The registered manager] and [the care co-ordinator, also a qualified nurse] are very knowledgeable about medicines. If a client is on something new I can ring them and they will tell me what it's for and what it's like so I know myself and can also tell the client."

Records showed that people using the service and/or their relatives signed consent forms to allow staff to prompt or administer their medicines. Their care plans and risk assessments stated when medicines were to be offered and the level of support people required, for example: a verbal reminder; staff opening their medicines container for them; or full administration. Records stated where people's medicines were kept, in what form, and how people liked to take them, for example with a particular drink. This information helped staff to ensure people had their medicines at the right time and in the way they wanted them.

Is the service effective?

Our findings

The staff we spoke with were knowledgeable about the people they supported and how best to meet their needs. They told us they were satisfied with the training they had received. One staff member said, "When I started here I was already experienced but I still had two days training in the office followed by shadowing [working alongside an experienced staff member]. The training covered all the essential things I needed to know." Another staff member commented, "The agency encourages us to gain qualifications. I have just started a diploma in health and social care."

Training records showed that staff completed a comprehensive induction and shadowed experienced staff members before they started work for the service. This gave them the opportunity to get to know some of the people they would be supporting and learn about their care needs. In addition, staff at the service usually worked in twos due to the needs of the people they supported. Staff saw this as positive. One staff member said, "Because we mostly work in twos we learn from each other. New staff work with more experienced staff and they learn from them."

The management team told us the service used a training company to deliver essential training to staff during their induction. The provider said he sat in on training sessions to ensure they were of good quality and staff were getting the information they needed. Competency checks were carried out at the end of the staff induction to help ensure staff had obtained the knowledge and skills they needed to provide effective care.

Further training was provided by the registered manager who was a qualified moving and handling and safe management of medicines trainer. If staff needed specialist training or information in order to meet people's individual needs, the service provided this. For example, staff were given information on epilepsy to help them provide effective care and support to a person diagnosed with this condition. Records showed that training was ongoing and recent courses had included choking prevention, understanding dementia, and equality and diversity. This helped to ensure that staff kept up to date with good practice in a care setting.

Staff had regular supervision sessions and attended meetings where training and good practice was discussed. The provider said he used actual examples from practice to remind staff of their professional responsibilities. For example, he said that at a recent training session he had explained how something like poor record keeping could have a negative impact of people using the service. This approach helped to ensure staff understood the importance of good quality documentation in both theory and in practice and enabled staff to continue to provide effective care.

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.

The management team and staff had a good understanding of the MCA and the need to gain people's consent before providing them with care and support. People had their mental capacity assessed when they began using the service. The assessment, and the care plans that followed, made it clear whether people did or did not have the capacity to consent to aspects of their care, for example, transfers and bedrails, nutrition, and medicines.

When people did not have the capacity to consent, best interests decisions were made in conjunction with people's relatives, representatives, and health and social care professionals. This helped to ensure that people received effective care and support lawfully and in line with MCA legislation.

There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they were providing. For example, in one care plan it stated that on arrival staff must, 'Greet [person using the service] and seek her consent.' One person told us, "Staff ask me first before they do anything. They are very polite." A relative said, "The staff always talk with my [family member] when they're caring for her and ask her permission before they do anything."

Records showed that people had nutritional assessments to identify the support they needed to enable them to have a balanced diet. These were put in place even if staff weren't supporting people with their nutrition, so staff had an overview of all a person's needs and could report any changes or concerns to their relatives and/or health care professionals.

Care plans set out people's dietary requirements and gave staff the information they needed to help ensure people's these were met. If people were on particular diets or had any allergies staff were made aware of these. For example, one person was at risk of malnutrition and dehydration so staff provided them with full assistance with their meals and kept food and fluid charts to monitor their intake.

Staff were instructed to provide personalised support to people and respect the choices they made with regard to their diet. For example, one person's care plan stated, 'Do not ask [person using the service] if she wants breakfast as she may refuse, make her breakfast as per plan and leave it on her table. She will eat in her own time.' Another person's stated, '[Person using the service] has a lot of sugary snacks. It's her choice and carers are not to deprive her of this.'

Staff supported people to maintain good health and access health care service when they needed to. One relative said, "We had a review meeting with [the provider] and [the registered manager]. It was useful and we raised a couple of issues to do with the GP which they are helping us with."

People's health care needs were assessed when they began using the service. Staff were made aware of these in care plans and had clear instructions on what to do if a person's medical condition changed or they deteriorated in any way. This meant staff could support people to be healthy and alert health care professionals if they had any concerns.

The staff we spoke with gave us examples of how they monitored people's well-being and told us what they would do if they had concerns. For example, staff told us they saw that one person's hoist sling was not a good fit for them. They contacted an occupational therapist who ordered the correct size for the person. This meant the person could be assisted to move safely and effectively.

Staff said they were able to get good advice on people's medical needs from the management team. One staff member explained, "[The registered manager] and [care co-ordinator] are nurses and they are able to advise us what to do if a client appears to have a medical problem. They know when we should contact the

GP." Records showed staff continually liaised with health care professionals to help ensure people's health care needs were met.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "This is a very good service because the staff are very funny and make me laugh." Another person described the staff as 'lovely, thoughtful people'.

Relatives told us the staff went out of their way to build positive relationships with the people they supported. One relative said, "The staff always make time to sit down with [family member] and have a little chat with them. That is much appreciated." Another relative commented, "The staff are wonderful. They love her [my family member]. They have a very nice attitude and a good sense of humour."

Relatives unanimously praised the staff for their caring attitude. Their comments included: "Our two main carers are absolutely fantastic, I couldn't fault them in any way"; "My [family member] is very happy with the staff who are all caring and kind"; and, "All the carers are very pleasant and good at their jobs."

Staff understood the importance of interacting people. One staff member said, "We are busy but we always find time to chat to the clients. It's important for them to have that human contact with us." Another staff member told us, "I have been trained in dementia care. I know that even if a client doesn't seem aware [of what is going on] they probably are. So we always talk to them and include them in any conversation we have while we're with them."

Staff said the size of the service made it easier for them to get to know the people they supported. One staff member told us, "Alpha-Imperial is a small agency so the clients get the same carers. That means we get to know them [the people using the service] very well. This is better for us and better for them. We also have enough time with them to build up relationships. We are not rushed off our feet like I have been in the past with a larger agency." A relative commented, "We have a small team of carers and we are getting to know them all. We can't always have the same people, and we understand that, but they're mostly the same."

Staff told us the management team's caring and innovative approach inspired them in their work. One staff member said the registered manager and care coordinator had written little songs to encourage a person diagnosed with dementia to accept care and support. They told us, "We sing these with her and she loves it and lets us help her because she's enjoying herself so much." Another staff member said, "Everyone here, management and staff, cares. It's a lovely place to work because of this."

Care plans included information about people's past and present lives. For example one stated that a person enjoyed talking about a job they'd had when they were younger, and another advised staff person liked to talk about their late spouse. Having this information made it easier for staff to converse with people and understand what was important to them.

Instructions in care plans were personalised. For example, one person's care plans stated, '[Person using the service] prefers to have the light on especially on dark morning so she can see you face properly'. And, "[Person using the service] likes to be snuggled up in her blankets." Another person's stated, 'Ensure you leave her TV on and her TV remote on her table so she can switch it off

if she does not want it.' This enabled staff to support people in the way they wished. Care plans included advice to staff on how best to communicate with the people they supported, for example, '[Person] has memory loss and communication can be difficult. Carers need to be patient with her and give her time to express herself.' They also helped to ensure that staff encouraged people to remain independent, for example in one care plan staff were told, 'If you give the flannel to [the person using the service] she can wash her own face.'

The management team told us people and their relatives were actively involved in making decisions about their care and support as soon as they were referred to the service. The forms staff used to plan people's care contained prompts to ensure people's and relative's views and choices were taken into account. Records showed that once care plans were complete they were sent to people and relatives for their approval and signatures. A relative said, "We are involved at every stage [of their family member's care] and everything is discussed with us."

Staff were trained to respect people's privacy and dignity. One staff member told us, "I have never come across a colleague here with a bad attitude. Everyone puts the clients first and treats them with respect." Care plans included instructions for staff on how to provide dignified care. For example, one stated, 'It is important to protect [person's] privacy and dignity when providing personal care. Carers to ensure that the curtains are closed before commencing this.'

If people had any preference with regard to their privacy and dignity and how they wished to be communicated with these were recorded. People were asked if they had any religious, spiritual or cultural needs that staff needed to be aware of, for example, the preferred gender of the staff members who would be providing them with personal care. People's personal goals were also recorded, for example one person's goal was, 'To continue living in her own house.' This meant staff could support people to reach their goals through providing an individualised and caring service.

Is the service responsive?

Our findings

People told us their calls were mostly on time. One relative said, "We have had no problems with timekeeping and on the rare occasion the staff are late we always get a phone call to let us know." Another relative commented, "The staff come four times a day and they are always on time, or within 15 minutes of the time they should come."

The management team said calls were grouped in areas to minimise staff travelling times. Staff told us they rarely had any difficulty getting to their calls punctually which, they said, was essential if they were to provide responsive care. One staff member said, "If I am ever held up at a client's house I call the office and they ring my next client to let them know I'm running late. This is really important for our clients as they might get upset if they think we aren't going to turn up."

The management team told us that since the service was registered they had only ever missed one call. This had been due to a staff member having an accident. They said that as soon as they were aware there was a problem they contacted the person's next of kin who was able to take over to ensure the person's needs were met.

We looked at people's care plans. These set out how staff would provide responsive care to those they supported. They explained people's preferred routines and how staff would assist them with these. Those we saw were personalised and included important details that enabled staff to provide responsive care, for example, 'Make sure you dab dry [pressure areas] as they can get sore.'

Staff told us the care plans were of good quality. One staff member said, "The information in care plans is very good and clear but if I don't understand anything I contact the office and the staff there explain it to me." Another staff member told us, "Everything we need to know is in the care plans, although we always ask the clients too in case they want something done differently."

Records showed that care plans were regularly reviewed and that people using the service and their families were involved in reviews and their contribution recorded. If people wanted changes to their care then staff facilitated these. For example, one person's review stated that 'on good days' they wanted to get up and sit in a chair. Their care plan was updated to show this and staff were instructed, '[Person] to be asked on a daily basis if she wants to sit out, and encouraged when she is well to sit out.'

Relatives told us they knew how to raise concerns with the service if they needed to. One relative said, "In the folder the agency gave me there's an office number to call if there are any problems – I would call them if I had a complaint and ask to speak to one of the supervisors." Another relative commented, "If we had any problems with the agency we would phone the man in charge [the provider] who is very approachable and helpful."

On the front of each person's personal care plan, kept in their home, it stated, 'If our staff are late or if you have any other problems please call us on [two telephone numbers given].' This meant that people had

clear information on what to do if there was an issue with their care.

Records showed the service had received two complaints since it had been registered. Both had been dealt with promptly and efficiently. Where necessary, the provider had apologised and taken appropriate action to resolve the issues raised, including re-training staff and updating the complainant on what had been done in response to their concerns. The provider said he welcomed any feedback on the service, both positive and negatives, and used this as an opportunity to improve the service provided.

The provider's complaints procedure was in the 'service users' handbook' which people using the service and relatives were given a copy of. It included details of advocates who could support people to make a complaint if they wanted this. The complaints procedure was in need of updating to make it clear that complainants could take any concerns they might have to the local authority if they wished to.

Is the service well-led?

Our findings

People told us the service was well-led. One person said, "Everything about this agency is good and the people who run it know what they are doing." People said they were continually asked for their views on the quality of the care provided. One relative commented, "My family is happy with the contact from the agency. The man in charge [provider] contacts us regularly to see if everything is ok."

The provider gathered people's views in a number of ways. The management team sent out annual service users satisfaction surveys to give people the opportunity to rate the quality of the service they received. The results of the 2016 survey showed that all the people using the service and relatives who responded rated the service as 'very satisfactory' or 'excellent'.

Telephone monitoring calls were also used to get people's views on the service. We looked at records of these. They showed at all those contacted said they were 'likely' or 'very likely' to recommend the service to others. The many positive comments made included: 'It's nice to have a team we can rely on'; 'After years of hoping to find a good care agency we have succeeded with Alpha-Imperial'; and 'Very happy with your service – my [family member] looks forward to seeing you all'. People also said the care was of a 'high standard' and the staff were 'very careful and gentle'.

Care reviews provided a further opportunity for people to comment on the service. These were carried out in person three months after the service commenced and then at least every six months. The records of the reviews we saw showed that people were satisfied with the service. One relative commented that staff had arranged for their family member to have bedrails and covers fitted to their bed after the need for these were identified. This was an example of staff listening to people using the service and making changes and improvements where necessary.

The provider had also received a number of written testimonials from people and relatives praising the service. These included many positive comments including, 'It's so refreshing to have the care [my family member] deserves at her time of life', and 'Your carers follow the care plan and show compassion and dignity at all times.'

It was evident from the above that the provider had continually sought people's views on the service and had received a good response. In addition, when people had asked for improvements to be made the provider had ensured that they were. This was indicative of a well-led service with a management team and staff that listened to people and relatives and took their views into account.

All the staff we spoke with said they enjoyed working for the service which they thought was well-led and provided a high standard of care. Their comments included: "I'm very proud to work for this agency. The people running it are on the ball and really care about the staff and the clients. The staff feel valued and so do the clients"; "This agency is fantastic. The people in charge look after the clients and the staff very well"; and "I would recommend this agency to family and friends because it is so caring."

The provider and other members of the management team had a background in health and social care. Staff told us they provided them with consistent support and advice. One staff member said, "There is always someone senior on call all the time. You can just ring them if you need to talk something through with them or if there is a problem." Another staff member commented, "If you have a problem or need anything the best thing about this agency is that they get back to you straight away and sort things out. You don't have to wait for them to get back to you."

Staff described the spot-checks, supervision sessions and appraisals they had and said they found these helpful. One staff member told us, "This is the best place I've worked because the management are so supportive of the staff and we have such lovely clients." Staff also told us they received regular updates from the management team to alert them to any changes in people needs. One staff member said, "The management make sure we are prepared and know what to expect when we go into people's home."

The provider had systems in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, surveys, staff supervisions and meetings. For example, call times were monitored electronically so the management team had an overview of these and could determine the timing and length of calls. The provider said he also carried out random checks during the day and night to ensure staff were where they were meant to be.

Care records, including medicines records, were audited monthly by either the registered manager or the care co-ordinator. As a result of these audits the management team had identified some areas for improvement. For example, staff had not always signed and dated care records, or signed to confirm they had read the provider's policies and procedures. The management team said these issues were being addressed through staff training and supervision.