

Alpha-Imperial Private Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Alpha – Imperial Private Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the registered manager confirmed the service was providing personal care to 14 people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Staff went through a recruitment process so that the provider only employed suitable staff, though one aspect needed to be made more robust.

Some essential information had not been sent to CQC to ensure that the service was monitored for people's safety. Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service, though this system needed to be more thorough. People did not always have continuity of care from the same staff. Timely care had not always been provided.

People felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe.

People received their prescribed medicines and there were no gaps in medicine administration. People were protected from the risk of infections through safe working practices. People had enough staff to meet their needs. Staff undertook induction training that supported them to have the knowledge and skills to do their job to meet people's needs, though more specialist training was needed.

People were supported to have choice and control of their lives though this needed to be maximised for one person. Staff supported them in the least restrictive way possible and in their best interests. People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided

based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely help to maintain their health and well-being.

People knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to.

People and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last rating for this service was good. The inspection report for this inspection was published in May 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not fully safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not fully responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well led findings below.

Requires Improvement ●

Alpha-Imperial Private Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included checking any notifications (events which happened in the service that the provider is required to tell us about). The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care

provided. We also spoke with two members of care staff, the registered manager, the provider and the care coordinator.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. Although a risk assessment had been carried out due to the past history of a staff member, this did not include following up all issues and having in place all information about this history. This made it difficult to make a judgement about whether the measures put in place were satisfactory. The registered manager said a system would be put in place to ensure this.
- There were enough staff to meet people's needs. People and relatives said that sufficient staff had always been available to support them.
- Staff said there were enough staff attending calls to keep people safe.

Systems and processes to safeguard people from the risk of abuse.

- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. The whistleblowing procedure in the staff handbook did not have contact details of all relevant agencies for staff to contact in the event of an incident. The nominated individual amended this procedure after the inspection visit.
- People and relatives confirmed they felt safe and secure with staff from the service.
- Staff had safeguarding training to know how to protect people's safety in the event of an incident.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included information about fire evacuation. The registered manager said this information would be put in place.
- Individual risks to people's safety had been assessed. Information was in place for staff of action that needed to be taken to reduce these risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, checking that they made sure people's homes were secured when leaving a call.

Using medicines safely

- People and relatives said staff prompted people to take their medicines when prescribed. Records showed that people had received their medicines.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.
- Staff were knowledgeable about the procedure to supply people with their medicines. They said their

competence had been assessed before they carried out this task.

Preventing and controlling infection

- People told us they had no concerns about the cleanliness, appearance and standards of hygiene demonstrated by staff. Staff wore protective equipment when providing personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Staff were aware of the need to wear protective equipment and wash their hands thoroughly after completing a task, to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said the service was aware of the need to learn if situations had gone wrong and records showed lessons had been learnt from incidents. This included preventing medicine errors when people and family members living in the same household were on prescribed medicine, to ensure staff administered the correct medication to the person provided with the service.
- This showed action to try to ensure this type of accident was prevented from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans made sure they were able to provide care that met people's needs.
- People and relatives said needs were met by staff.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- People and relatives said staff had been well trained to do their jobs, so they knew what they were doing when providing personal care.
- People were supported by staff who had received ongoing relevant training. If staff requested more training, they said management would arrange this for them. Training about a number of people's health conditions was not in place. The registered manager said this would be provided. There was no evidence this impacted on the quality of the service provided to people.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. A great deal of training had been provided for the two days of training new staff were given. The registered manager said this would be reviewed to ensure that issues were given enough time for staff to learn. After the inspection visit, the nominated individual stated the time allocated for induction training would be extended.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- Nobody had concerns about nutrition or hydration issues. People who had their meals or snacks prepared were involved in discussions about what they want to eat and drink.
- Staff left drinks for people before they left, if that is what the person wanted. This prevented people from being dehydrated.
- Staff were aware of people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- There had been a referral to relevant agencies such as occupational therapist to assist with a person having a safer level floor draining shower installed. This meant the risk of the person falling had been reduced.

Supporting people to live healthier lives, access healthcare services and support

- A relative said, "Staff picked up when my mum wasn't well and called the ambulance, which we were grateful for."
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.
- People said that staff assisted them with their healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Care records showed people's capacity to make decisions, and mental capacity assessments had been carried out. Staff said that no person had restrictions placed on their ability to make decisions.
- People were able to consent to their care. Care plans stated that staff must ask people for consent before providing personal care.
- People said staff always asked people's consent in providing personal care to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At the last inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke very positively of the care staff. A person said, "Yes, staff are very friendly." A relative told us: "The staff are very good. They are kindness itself. They couldn't be more help."
- The service user handbook stated that staff should treat people equally whatever their backgrounds. This gave a positive signal to staff on treating people well. A care plan outlined a person's religious choices so that information was available to staff on respecting these important issues.
- The service user's guide included information on ensuring people were not discriminated due to issues such as race, religion and sexual orientation. This gave a positive message to people using the service, and people considering using the service, that they would be well treated and supported.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they had been involved in care planning at the beginning of their involvement with the service. They agreed with the care plan that had been drawn up for them. This was shown in records. A person said: "Yes, I have a care plan and I agreed with what's in it."
- People and relatives confirmed they had been consulted about whether care provided still met people's needs. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. Staff gave examples of how they did this in practice.
- People said staff ensured they always chose their own lifestyles, such as for food, clothes and personal care. Staff were aware of the need to ask and follow people's choices.
- People also said staff supported them to be as independent as possible. Care plans included this encouragement and direction for staff to follow, such as a person wanting their partner to deal with certain aspects of their personal care. Staff provided many examples of how they encouraged people to do as much as they could for themselves. One person said this was not always the case as staff carried out personal care when they could do certain things for themselves. The registered manager said this issue would be followed up with staff to ensure they always encouraged people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said staff mostly arrived on time to provide personal care. However, this was not always the case. One person said, "Staff sometimes come a lot early or late which upsets me." We saw from records that this was at times the case. The registered manager said staff would be reminded to be timely in their calls.
- Some people and relatives said they had regular staff for one call, but on other calls there were changes in staff which didn't suit them. The registered manager said this would be looked into.
- Care plans had information about people's preferences and their life histories, though did not have a lot of information about their likes and dislikes. The registered manager said this issue would be followed up. This will ensure more information is available to staff to support and relate to people for all their individual needs.
- People and relatives said staff provided people with care that met their individual needs. Staff responded quickly to the requests made by people and family members.
- People said their changing needs were reflected in their care plans.
- Staff members were aware of people's important routines.

Improving care quality in response to complaints or concerns

- People and relatives said they contacted the office if they had any concerns. One person said there had been a problem with a staff member and management were quick to resolve this.
- People and relatives felt they could approach the office if they needed to. One relative said an issue with times of calls had been discussed with management, but no action had been taken to resolve this. The registered manager said this would be followed up.
- Complaints received since the last inspection had been investigated and actions put in place to resolve issues.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure did not include information that people could refer their complaint to relevant outside agencies such as the local authority and the local government ombudsman. The provider quickly rectified this and sent us the amended procedure.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- People's communication methods had been assessed. For example, for a person with hearing difficulties, staff were encouraged to help the person lip read.
- The registered manager said that large print documents would be made available for people with reading difficulties.

End of life care and support

- End of life care and support had been supplied to a person with palliative care needs.
- The care plan contained the person's wishes.
- Staff training had been put in place to ensure this was personalised and based on the person's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this question has deteriorated to requires improvement. This meant leaders and the culture they created did not assure the delivery of high-quality care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service and the duty of candour responsibility. However, some safeguarding issues had not been reported to us, as legally required. The registered manager thought that the local authority would inform CQC and this would suffice. The provider stated this was a lesson learned and CQC would be notified in the future.
- People and relatives told us that individual care was usually provided to meet their needs and preferences. One person and one relative told us they would appreciate having the same staff providing personal care, rather than having too many different staff who had to get to know them and their needs and preferences. The registered manager said this issue would be followed up.
- The management worked with healthcare professionals to improve people's health when needed.
- The current CQC rating was displayed on the provider website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place, registered with CQC.
- Quality audits were carried out to drive improvement of the service. Some needed to be more comprehensive to ensure all aspects were audited and all issues identified. The registered manager said this would be followed up.
- People and staff were positive about the management and leadership of the service, except one person who wanted calls always to be on time.
- There was a reliable staff team who said they took pride in providing care and support to people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had opportunities to share their views about the service through reviews and surveys. People told us the service was well led and they would recommend the service.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service. In a survey, a staff member positively stated, "The on-call phone is always answered or the person on-call always rings back."
- The registered manager and care coordinator promoted positive team working. Staff were often thanked

for their work and positively encouraged to put forward their suggestions. Staff said they appreciated being thanked.

- There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The registered manager stated they were always looking to make improvements to the care and support provided, to achieve the best possible quality of life for people.
- This included having reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the best care possible.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met.
- People were supported to use local services if this is what they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality audits were carried out to drive improvement of the service. Some needed to be more comprehensive to ensure all aspects were audited and all issues identified. The registered manager said this would be followed up.