

Supremacy Care Services Limited

Alfa House

Inspection report

Alfa House
Molesey Road
Walton-on-thames
KT12 3PD

Tel: 07716261203

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26 May 2022

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19 July 2022

Ratings

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

Overall summary

About the service

Alfa House is a domiciliary care agency providing personal care to people who live in their own houses and flats. At the time of the inspection the agency provided support with personal care to four older people with physical and health related support needs, some of who also lived with dementia.

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

People told us they felt safe with staff and found staff to be competent. Staff were trained to provide safe care and support. People's individual needs and risks were assessed with them and their representatives where relevant. This included support people might have needed to take their medicines or to protect themselves from avoidable harm.

There were enough staff employed to provide people with timely visits. New staff were recruited safely. Although there were no incidents, accidents or safeguarding concern raised since the service started providing support to people, the registered manager and staff knew what to do to protect people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and respected them, their preferences, families and homes. One person told us, "[Staff] are very friendly. There is nothing to improve. I am very pleased with them."

People were involved in planning and reviewing their care and asked for their feedback by the management. They knew how to raise any issues and felt listened to. When needed, a solution was offered and implemented to improve the care they received. People's care plans included personalised information about them and their needs. Staff knew people well.

The registered manager and the managing director created a positive, open and transparent culture in the service and knew people well. Staff felt supported in their roles. The management team maintained direct oversight of the day to day care provided to people and supported staff to take action to contact other social care or healthcare professionals when people needed help to do so.

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

Rating at last inspection

This service was registered with us on 25 March 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection of this service since its registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Alfa House

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 Health and Social Care Act 2008.

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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, the managing director and care staff.

We reviewed a range of records. This included three people's care plans and medicines records for people supported with their medicines. We looked at recruitment checks and training records for two staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "Yes, I do feel safe."
- Staff received appropriate training and knew how to recognise when people could be at risk of abuse or neglect. One staff member told us about different types of abuse, "It could be mental abuse, physical abuse. Moving and handling a client with force. Mental abuse is talking with them and cursing and swearing, not listening." They continued to explain what they would do to protect people, "I would immediately report it to my higher ups. If it was my manager then I would have to report it to CQC, or social services."
- The provider had clear safeguarding policy and procedure in place and a nominated safeguarding lead in the organisation. There were no safeguarding concerns since the service started supporting people, but the managers knew what to do to protect people when needed.

Assessing risk, safety monitoring and management

- People told us they felt staff supported them safely. One person said, "Staff are very good. They take care of all my needs." The person told us they felt safe and secure when supported to use a specific piece of care equipment they needed.
- Staff knew people's individual risks and what support they required to keep well and safe. One staff member clearly explained to us how they ensured people were protected from falls or skin damage. They knew what aids or other specific support measures were in place for people to keep safe and explained how they helped people to use them. They commented following their detailed explanation, "We have to be careful."
- People's care plans included robust and clear guidance for staff on people's individual risks. This included risks around their health conditions, home environment, mobility or personal care needs.

Staffing and recruitment

- People told us staff came to visit and provide support as planned. One person said, "They always stay long enough and are on time unless they get held up. If so, they usually ring me up and are very apologetic." The person confirmed staff lateness was an exception.
- Staff had manageable plans for the day. One staff member told us, "I think I have enough time to go from client to client." Another staff said, "We have enough time. Sometimes you get caught up in traffic. Usually we are okay. If I'm running late, I contact the manager and then she tells my next client that I will be ten minutes." The management team explained how they monitored staff's attendance on care visits and ensured there was suitable staff cover in place in case of emergencies. No visits to people were missed.
- Staff were recruited safely and underwent robust recruitment checks, application and interview process to establish their suitability for the caring roles. Staff had to provide suitable references and were subject to Disclosure and Barring Service (DBS) which checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received safe support with their medicines where required. Their needs around support with their medicines were clearly addressed in their individual care plans with additional instructions on how to support people safely, for example to apply the prescribed creams.
- Staff were trained and competency checked before helping people with their medicines. People had individual medicines administration records (MAR) which were signed by staff supporting them to have their medicines.
- The registered manager maintained an oversight of people's support to ensure they received their medicines as prescribed.

Preventing and controlling infection

- People told us they felt protected from the risk of spread of infections as staff followed good practice when visiting. One person told us, "Staff always have face mask, gloves and aprons."
- Staff were supported to access testing and vaccinations and trained in infection prevention and control. Their practice was checked by the managers. Staff told us they were provided with required personal protective equipment (PPE), "We have enough PPE."
- When needed, staff ensured they offered help to people around maintaining their home environment clean and hygienic. One person told us, "If I say I do need help, [staff] will clean round bathroom, wash basin and everything. They are very good."

Learning lessons when things go wrong

- There were no incidents, accidents or safeguarding concerns since the service started providing support to people. However, the registered manager explained to us how they would ensure any lessons learnt from such adverse events were identified and actioned, so people's experience would be made safer and better.
- The provider's policies clearly explained how incidents, accidents or safeguarding concerns would be investigated and analysed to ensure any lessons learnt were implemented.
- The provider had implemented some changes to how people's care was organised based on lessons learnt from the feedback they received. For example, they improved how they involved people's families and social workers in agreeing what support each party could provide and how any changes or obstacles would be addressed proactively and timely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed before the service started supporting them. The registered manager visited people, spoke with them and their representatives when required and gathered any other relevant information, for example from the social services.
- People were empowered to express their wishes, preferences and needs and involved in the process. The registered manager communicated with people later on to adjust their support where needed. Staff were introduced to people and fully aware of people's individual needs, wishes and preferences before supporting them.

Staff support: induction, training, skills and experience

- People told us they felt staff supporting them were competent to do it well. One person told us, "They are fine, very professional and worked very good for me."
- Staff told us they felt well-trained. One staff member commented, "Yes, I've had the training. I had training from the company. They're the ones who do the moving and handling training. They made us do a physical test and mark and I passed." Staff records confirmed they received training in different areas of competence and their skills were checked by the management before they started supporting people.
- When staff started to work in the service, they received relevant support to be able to fulfil their roles. One staff member said, "I had an induction. The management do help around. I feel there is a lot of support. They come with you and any queries and any problems they take seriously. They shadow (work alongside staff)."

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

- People told us staff helped to prepare their meals and drinks when needed. One person said, "They always ask if I need anything, food or drink."
- Where people needed support to have regularly meals and drinks, this was addressed in their care plans. For example, when a person had a specific health need which required them to pay attention to their hydration, it was highlighted in their care plan to encourage them to have a drink.
- Staff knew people's individual needs. They told us how they had supported one person to prepare their meals and had noticed there could be healthier options for them, so made a suggestion to them. The staff member said, "[Person] said 'oh, thank you for reminding me that I have to eat something that is healthy'. We were just talking and talking and you get to know each other. When you talk, you know if you can suggest. We do not impose it. We just say, what if you add a colour to your food, what do you think? [Person] said they really appreciated that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff would know when and how to help them to contact other healthcare services. Where people were supported by different healthcare and social care professionals, the service had clear understanding of how to provide safe care and escalate any concerns, for example to the community nurses.
- Staff knew how to recognise when people could be unwell and what to do. One staff member said, "If [people] have anything unusual, then I quickly tell the registered manager about the condition. I explain to her everything. Then she will assess it and she will be coming there. When you tell her the client is not well, Immediately she calls the GP and the social worker."
- Staff knew what to do in case of emergencies. One staff clearly explained to us how they would contact an ambulance and made sure person was provided with appropriate first aid when needed.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were consulted on their support when their care plans were created and reviewed and when staff provided their care. People told us their choices were encouraged and respected by staff.
- Staff knew how to work in line with the MCA when people might have lacked capacity to make certain decisions. There was clear information on who represented people in those circumstances and how staff consulted with them. The provider had a relevant detailed policy in place around MCA and deprivations of liberty.
- Staff explained to us how they supported one person to make their own choices. The staff member said, "You take out three or four (options of clothing) and ask them 'which one do you want today?' Even the socks. You put water in the tub and you ask them if it's the right temperature. They can tell. You ask them again (if needed). They will shake their head or their finger and say, no, no, not that. When they say yes, then you know it's the right thing that they want."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring and treated them well. One person said, "[Staff] are very friendly. There is nothing to improve. I am very pleased with them." Another person shared, "They are very much caring and compassionate"
- Staff we spoke with, including the registered manager, spoke about people with kindness, understanding and in a friendly way. The way they spoke about people demonstrated they built positive professional relationships with people and their families and cared for them, taking time to get to know them.
- People's care plans were written in a kind, caring way and include information of who people were, what was important to them and their past achievements.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff respected them and their home environment. One person said, "We are quite happy with the way [staff] behave. They are friendly but not intrusive."
- people told us they felt involved in their care and listened to. One person told us, "[Staff] do respect (my choices). It is exactly what I needed and they meet my needs. I am very happy with what they do."
- Staff knew how to support people in a way that made them feel valued and encouraged to be as independent as possible. One staff member told us, "[Person] likes to help. They apply their lotion. They are willing to do it themselves. You leave them to do it themselves. They can do it." People's care plans clearly explained what people could and wished to do on their own.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans, how and when they were supported was personalised. One person commented, "Yes, [staff] do listen to preference." People's care plans included information around their interests, life stories, preferences, religious and cultural needs.
- People knew they could talk to the management if they had a specific preference and the managers would act on their feedback, One person told us, "I would phone [managing director]. He is very easy to talk to."; and explained they had raised an issue around their comfort with the management and the issue was resolved, "very much to their satisfaction."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people's individual communication needs and had time and opportunity to learn to communicate with them effectively as the provider ensured consistency of staff was maintained. Staff told us about specific needs of the people they supported and how they ensured they helped them to express their needs and wishes. For example, they worked closely with people's family members who acted as interpreters when needed.
- People's communication needs were addressed in their care plans. This included information on their sensory needs and when people needed time or additional support to be able to express themselves.
- The provider was aware of their responsibility to enable people to access information in a format which they could understand and explained to us how they would seek interpreting services or different formats of communication to ensure the Accessible Information Standard was met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who received support at the time of the inspection did not require specific help around socialising, maintaining their relationships or doing the things they liked. However, that support was available if and when needed.
- The registered manager ensured staff knew people's individual circumstances, their interest and life stories as well as their families so they could have meaningful chats and interactions with people and were ready to offer support if needed.

Improving care quality in response to complaints or concerns

- The provider had clear complaints policy in place and people knew how to raise any issues. People trusted the management team would address their complaint and resolve it, offering a solution. One person said, "One or two times things went wrong and caused a problem. I was offered an apology and a solution."
- The registered manger ensured complaints were overseen and responded to and people were encouraged to openly communicate when anything went wrong. They were able to show us how they learnt from people's feedback and what action was taken to improve the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us the management were approachable, supportive and created a positive culture. One staff member praised the registered manager, "From the day that I started working with her, she is so nice. She is so responsive; she immediately takes action. You don't have to remind her."
- Another member of staff told us the management listened and encouraged staff to work in an open and transparent way. They said, "[Registered manager] would listen. I do feel I can speak up." The management team were able to explain to us how they worked in a transparent way and knew their responsibilities around the duty of candour.
- People told us the support they received was tailored to their individual needs, person-centred and meant their needs. They were complimentary about the management and the culture of the service they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and the managing director worked well together to ensure good oversight of the safety and quality of people's care. They were involved 'hands on' in the day to day care delivery, reviewing people's support and creating care plans before people received support.
- The management team knew people, their representatives and individual needs and risks well. They responded proactively to any changes in people's needs, for example by contacting healthcare professionals when needed and working with people's families and other support providers.
- The management team monitored staff's attendance on care visits and people's individual care records, their performance via spot checks and gathered and responded to people's feedback on their care. This was done mainly via direct or telephone contact due to the size of the service. The provider was developing their governance systems further to enable good governance should they support more people in the future.
- The registered manager was aware of the events which had to be reported to CQC. There were no such incidents since the service started supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they felt engaged in the service and provided feedback on their care to staff and management. They said they felt encouraged to do so and listened to and their suggestions were implemented when possible. The registered manager explained how they worked with people's families to

create and review their care.

- Staff told us they felt engaged and encouraged to develop their skills, undertake additional training and share their suggestions on how to improve people's support. All staff we spoke with felt supported by the management.
- The provider had steadily and slowly widened their support offer in the local community. They improved staff recruitment, offering relevant training and support to staff and developing their internal business systems since their registration.
- The management team continuously improved their recording systems, created lead roles and implemented ways of supporting and supervising staff to ensure people received safe care meeting their needs. The management team assured us they had clear development plans to so their governance systems were strengthened and their office was suitable for the care service they provided before they significantly increased the number of people they supported in the community.