

Alpha Health & Social Care Services Ltd

# Alpha Health & Social Care Services

## 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

### About the service

Alpha Health & Social Care Services is a domiciliary care service providing the regulated activity personal care which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were seven people receiving personal care using the service.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. People and family members spoke of the reliability of the service. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's needs were assessed and kept under review and reflected all aspects of people's care. People, and family members contributed to the assessment process. People's health care needs were documented, and staff liaised with health care professionals when required. Staff had the required experience, knowledge and training to meet people's needs.

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 and family members spoke of the kind and caring approach of staff. People and family members said they were involved in decisions about their care, and their views were respected by staff. The registered manager and staff had received compliments as to the quality of the care provided, which included comments about the caring approach of staff.

People and their family members were involved in the development and reviewing of their care and support package, and the care packages were tailored to reflect people's preferences. People were aware of how to raise a concern. Concerns and complaints were managed in line with the provider's policy and included the outcome and any lessons learnt.

The providers systems and processes monitored the quality of the service being provided. People's views and that of family members and staff were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and good communication, which ensured information was shared in a timely manner to support in the delivery of good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 23 September 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection

#### 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.

# Alpha Health & Social Care Services

## **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 homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' 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.

Inspection activity started on 01 November 2022 and ended on 03 November 2022. We visited the location's office on 01 November 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 one person and three family members about their experience of the care provided. We spoke with the registered manager, the clinical lead, the care co-ordinator and two care staff.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, and the staff training and supervision matrix.

# 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

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies. Staff spoke of their responsibilities. A staff member said, "Part of my role is to protect people from abuse."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by staff in an emergency.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction, where they worked alongside experienced staff. Ongoing support was provided through a systematic approach to supervision and observed practice. This ensured staff had the appropriate support, knowledge and competence to promote people's safety and well-being.

- People told us the service was reliable and staff arrived on time and stayed for the agreed length of time.

#### Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.
- Staff who administered medication undertook medicines training and their competency was regularly assessed.

#### Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about COVID-19 and infection prevention measures.
- People and family members told us staff wore protective equipment, gloves, aprons and masks when providing personal care to reduce the risk of infections.
- Staff spoke of 'spot checks' being carried out by a member of the management team, which included them being monitored to ensure they were washing their hands between tasks and wearing protective equipment.



# 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 they commenced using the service to ensure their needs could be met. For example, assessing people's need with regards to the promotion of their health, which included assessing people's skin integrity.
- A family member told us their relative's assessment had been undertaken in hospital by a representative of Alpha Health & Social Care Services, which was followed by a further assessment, which considered the home environment where the care would be provided.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had effective systems in place to support and supervise staff. This included one to one sessions and spot checks of staff competencies. For example, in the use of equipment to move people safely. Staff told us they received feedback following these observations. They told us, "We receive guidance on how to improve, and positive feedback, which boosts morale."
- Staff undertook training in key areas to promote people's health and well-being, which enabled them to meet people's needs. For example, dementia awareness, and diet, nutrition and hydration.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

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

- People were supported to receive timely support with their healthcare needs. For example, staff supported people to order medication, where support was required.

- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.
- Staff we spoke with had a comprehensive understanding of the needs of people, and their underlying health conditions and their role in providing support and care.

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's capacity to make informed decisions were considered. People had confirmed and signed an agreement consenting to their care and support from Alpha Health & Social Care Services.

# 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 were treated with kindness and compassion.
- People and family members spoke of the kindness and caring approach of staff. A family member told us, "The Girls [staff] are lovely, so helpful." And went onto say, "Staff always greet my relative, ask them if they've had a good night's sleep or a good day."
- People's care records provided information as to what was important to them, such as family or any beliefs they held, which were to be considered when supporting and caring for them.

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

- People were involved in all decisions about their care. A family member told us, "Staff always talk with them [relative], and not over them, explaining what they're doing."
- People and where appropriate their family members had access to their care records, which they could access electronically detailing the care both agreed within their care plan and a record of the care provided at each visit.
- Family members told us staff kept them informed of any concerns they had regarding their relative's health and wellbeing. A family member said, "If staff have any concerns, they let me know. I am kept well informed."
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. A family member told us, "Staff always close the bathroom door."
- Staff encouraged people to be as independent as possible. People's care records contained clear information as to what people could do independently without the support of staff, and where support was required clear instructions guided staff as to the support needed.
- Care records provided information for staff as to their role in promoting people's privacy and dignity, which had been developed with people's involvement. For example, the importance of closing doors and curtains. Family members we spoke with confirmed staff always closed doors to afford their relative privacy.
- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

# 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; End of life care and support

- People's packages of care were personalised and tailored to meet their needs and included information as to their preferences. For example, where they wished their personal care to be provided such as sitting on the bed or in the bathroom.
- People and family members spoke positively about the care they received. A family member told us, "Everything is quite brilliant, we couldn't get by without the care. It's made such a difference."
- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences to including religious and cultural wishes and to document these within people's care records.

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.

- People's communication needs were considered as part of the assessment process and documented within their care records. For example, whether assistance with communication was needed such as the wearing of glasses or hearing aids.
- Any health conditions which impacted on people's ability to communicate were documented. For example, people living with dementia. A person's care records stated. 'My speech is sometimes not very clear and audible. I like to participate in conversation and be informed about my care so I know what is happening. Carers to maintain eye contact when talking to me.'

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. Records were kept of concerns and complaints, including the action taken in response, which included providing a response to the complainant.
- The outcome of concerns and complaints were analysed and used as lessons learnt.
- A family member told us they had raised a concern with the registered manager, which had been acted upon and changes had been made in response to their comments in relation to their relative's care.

# 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; Continuous learning and improving care

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- Staff were supported by the registered manager to provide good quality care. A member of the management team sometimes worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback as to the quality of care they provided.
- People and family members told us they would recommend the service. One person when we asked about the service told us, "Very good. I'm very pleased with them." And a family member told us, "I have no doubt about recommending the service."
- The registered manager had received compliments from people and family members about the quality of care provided, which included the kindness and caring approach of staff.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority, were a member of the skills for care registered managers forum and kept up to date with changes by reading the Care Quality Commission newsletters.

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

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law. There had not been a need to do this to date.

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

- Systems and processes were in place to monitor the quality of the care provided, which included a schedule of audits.
- The registered manager analysed the results of audits undertaken in a range of areas, which included timeliness of care calls, information staff recorded within daily notes detailing the care provided to people, people's care records and staff recruitment records. This enabled them to identify if improvements were needed so that action could be taken.

- People and family members spoke positively about the leadership and management of the service and told us the registered manager would respond to any queries or questions they had.

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

- Systems and processes were in place to seek and receive feedback about the service.
- People were encouraged to provide feedback about the service, which included the completion of surveys. The results of surveys were analysed and individual comments were responded to. Staff were provided with the outcome of the surveys, which included areas for improvement as well as the positive feedback from people and family members.
- Staff spoke positively of the support they received. A staff member told us, "I feel supported by the manager, they help me with any queries I have."
- Opportunities were available for staff to comment about the service they provided. The registered manager had analysed staff surveys, which showed staff were complimentary about their work, which included the support they received from the management team.

Working in partnership with others

- The registered manager worked with local hospitals to facilitate people's discharge from hospital, returning to their own home with a package of care being in place.
- The registered manager took part in webinars hosted by local commissioners. They told us it was a supportive forum to talk about the commissioning of packages of care and the support they could offer to providers, which included staff training.