

Alpha May Domiciliary Care Limited

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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

About the service:

Alpha May is a small domiciliary care provider that was providing personal care to two people with physical support needs in their homes, at the time of the inspection.

Not everyone using Alpha May received the regulated activity 'Personal care' that CQC inspects, which includes support with personal hygiene, eating and drinking. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People told us they felt safe with staff. Risks to people were identified and reviewed regularly with people, their relatives and health and social care professionals.

People received support from the same staff each week which meant care was provided consistently. There were enough staff to meet people's needs and no care calls had been missed since the service opened.

Staff were recruited safely. They had a good understanding of safeguarding, potential signs of abuse and of who they would need to report any concerns to.

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

People, their relatives and a professional told us that staff had a thorough knowledge of them and their needs. Staff received regular supervision and spot checks to support them within their role.

People had access to health and social care professionals to improve their well-being. Staff supported them where necessary to appointments and had effective communication with professionals. People's nutritional and hydration needs were also met.

Everyone we spoke to was consistent in their views that staff were kind, caring and respectful towards people. People told us they had built strong relationships with staff who they felt, "Genuinely cared about them." They said staff took time to get to know them, their preferences and routines and this made them feel valued.

Staff knew people's communication needs well and regularly sought their views of the service provided. Although no complaints had been received, people told us they knew how to raise concerns and would have no issues doing this with the manager.

People, their relatives, staff and a professional told us the manager had a good understanding of people, was professional and ensured the service was well-led. Although the service was small the manager and provider were aware of what was needed to ensure care remained consistent, as the service grew.

The provider and manager understood the value of working in partnership with others and had already started building relationships with other services, to benefit staff and people.

Rating at last inspection:

This was Alpha May's first inspection since being registered.

Why we inspected:

We inspected the service as part of our inspection methodology for new services.

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?

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 May Domiciliary Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector. An expert by experience made phone calls to people, relatives, staff and professionals to ask their opinions about the service provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Alpha May is a domiciliary care provider in Brighton, East Sussex, which is situated close to the coast. Not everyone using Alpha May received the regulated activity 'Personal care' that CQC inspects, which includes support with personal hygiene, eating and drinking. Where they do we also take into account any wider social care provided. At the time of inspection, two people were receiving a regulated activity.

The service did not have a manager currently registered with the Care Quality Commission. A registered manager 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. The current manager had recently applied with CQC to become registered.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit. This is because we wanted to gain consent from people to receive phone calls from the expert by experience.

The inspection took place on 24 April 2019. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. We also used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at rotas and contingency plans, quality assurance processes and records of accidents, incidents and complaints. We reviewed two people's care records and three staff files. This included information about recruitment, training and supervision. We also spoke with two people using the service, two relatives, a health professional, the provider, manager and two members of care staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- Staff had all received safeguarding training. Although no incidents or safeguarding's had occurred, the manager and staff gave examples of signs people may be at risk of abuse. They told us how they would manage these situations and that they would contact emergency services, the local authority and CQC. The manager said, "If anything happened, we would always report to the relevant people. Not only to work together to fix issues but to learn so that something didn't happen again."
- Staff were aware of a safeguarding and whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.
- One staff member said, "People are free - they have their own rights. We can't take away these rights but we do have a duty to protect them from abuse or neglect. I would follow policies and procedures, go to the manager, do a report. Tell the person why I am worried if they disclosed something to me and never keep something to myself."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- People and their relatives told us that staff understood risks and made them feel safe. One person said, "Knowing they are coming in the morning to help me get up and have breakfast is reassuring". Another person said, "Staff take me to all my appointments, we go for walks, she's always there by my side to make sure I am safe."
- A professional told us they were confident people were safe. They said, "I've observed good quality care and am in regular contact with all parties to ensure everything runs smoothly, and most of all safely."
- People had robust assessments that identified areas of risk and how this could be reduced. This included areas such as moving and handling as well as people's home environment. During assessment, each person had a baseline assessment of needs completed. This helped staff to identify what support people needed and when.

Staffing and recruitment

- There were enough staff to meet people's needs. We viewed staff rotas and saw that people received support from the same staff each week. This enabled staff to get to know people well and fully understand their support needs.

- People confirmed that they received support from the same staff each week and there was always enough time to meet all their support needs. One person said, "I like the fact I always know who is coming that day, it's nice to know who is coming to support me". Another person said, "I never feel rushed, in fact quite the opposite, if an appointment is running late it's never too much trouble for my staff, she never minds." Relatives agreed, one telling us, "I know they are reliable, for me knowing the same regular 3 carers visit her gives me peace of mind as they know what they are doing and where everything is, it would be exhausting for my relative if they had to show new staff all the time."
- People also told us that if their needs changed, staff were flexible and always able to help. One person said, "I've had to book some additional visits for help going to appointments, and they've always been able to accommodate this for me."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely

- At the time of inspection, no one was receiving support with medicines. However, in people's care plans there was a list of their current medicines so that staff were aware, in case of an emergency.
- The manager told us that despite no-one currently needing support in this area, they were preparing for a time when people may have medicines support needs. There was a clear medicines policy that was regularly reviewed with staff. The manager was aware that staff training would need to be reviewed and had access to a course whenever it was needed. They were also aware of the detail that would be needed in people's documentation and medicines audit processes to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People told us that staff always wore gloves and aprons when supporting with personal care or when preparing food. One person said, "My staff is gentle with me when getting dressed after and she's always washing her hands".
- Staff had all received infection control training and gave examples of how they would reduce the risk of spreading infection. For example, regularly washing hands, wearing protective equipment and safe preparation of food.
- Staff told us they always had access to personal protective equipment when they needed it.

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

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 and continually reviewed to ensure they were receiving the right support and their needs were met.
- Assessments were completed with each person before they received support in their homes, which identified their support needs, preferences and wishes. People told us this process was in-depth and that management, "Made sure that they really understood my needs."
- These pre-assessments were used to formulate the person's overall care plan. This included detailed information on what support was needed on each care call and the person's preferences.

Staff support: induction, training, skills and experience

- Staff had received training in areas such as moving and handling, safeguarding and mental capacity and had the skills and knowledge to meet people's needs.
- People told us they were confident that staff, "Knew what they were doing." One person said, "My carer does lots of courses all the time." A professional agreed, telling us, "I feel confident that the manager recruits the right carers for people's needs and that they ensure that the correct training and handover is delivered."
- Staff told us that most training was online, however they found their practical moving and handling training most useful. This was completed with staff from a care home that the provider had built relationships with. The provider said, "Not only do staff get to use practical equipment, they get to talk with staff from other services and experience first-hand what they need to do."
- Staff told us they received a full induction, which included learning about the company, their roles and responsibilities. They met people before they worked with them to ensure people were happy with who would be providing their support. They also shadowed more experienced staff to get to know people and their routines.
- New staff also completed the care certificate as part of their induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Following induction, staff were supported in their roles with regular supervision and they told us they found them effective. One staff member said, "They ask me how I am doing, how it's going with the client. Because the clients have regular reviews, the manager feeds back in supervision what the client thinks of support I give. We also talk about any improvements needed." Another staff member said, "Management are very open, you can make suggestions, they will always listen and take on board your opinions during supervision."

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

- People's nutritional and hydration needs were met. One person said, "They prepare my breakfast for me and also make sure I am drinking enough." Another person said, "My carer helps me with food and drinks and we prepare vegetables together ready for dinner."
- People told us that they had complete choice and control over what they wanted to eat each day. One person said, "They ask me what I want and go out to the shop if I don't something I fancy. My other meals are batch cooked and frozen so they will ask me what I want that day and get it out of the freezer ready for me."
- Although people did not have any specific dietary needs, staff have all received food hygiene and nutrition training. The manager told us that if anyone's needs changed, this would be referred to relevant professionals and guidance followed to support people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing.
- One person had regular multi-disciplinary meetings with the manager, occupational therapists and physiotherapists. The person also told us that staff regularly supported them to other health appointments. "My carer takes me to several appointments, one of them being hydrotherapy, it is nice to have someone I know come along."
- We spoke to a professional and they were complimentary about the staff and management. They said, "Staff are always receptive to my suggestions, ideas and training. They are responsive and although this is a rather complex case I feel they showed the aptitude to support adequately."
- A relative told us that the manager was good at suggesting other services that could support people. They said, "My relative would be unable to attend higher education without staff support. The manager has been so supportive with working with other professionals to get my relative extra assistance in this area – she has support sessions with the education department weekly, which is something I'd never have thought of without (manager name)'s input".

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

- People's choice and consent was considered of high importance and they were regularly consulted about their 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.
- People told us they felt in control of the support they received. One person said, "Yes, they always confirm I am happy with everything." Another person said, "They ask me what I want to wear and eat, everything is my choice – they support me exactly how I need."
- Although people had capacity and didn't need support with making decisions, staff had all received mental capacity training. They had a good understanding of how they would support people to make decisions if their needs changed. One staff member said, "If I was supporting someone who lacked capacity, decisions would not be made automatically for them. Any should be done in their best interests and

involving the person and other people."

- There was evidence throughout people's documentation of their involvement with their care and people had signed their consent.

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

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 "Kind", "Caring", "Respectful" and, "Encouraging." One person said, "They are very friendly, professional and supportive; I feel like they are here to do the very best for me to the best of their ability. I've got to know them all now and feel really comfortable with them." Another person said, "We have got a nice rapport together, my carer is very supportive in what I do. She really does care about me, we have become buddies. She knows my ways and is polite and kind."
- Relatives were very happy with the care provided by staff. One relative said, "She has the same regular carers and has got to know them well."
- A professional was also positive about the caring nature of staff. They told us, "Staff are kind and caring and they are responsive and willing to be upskilled to fulfil the client's needs. Overall, they have been brilliant, I've dealt with many domiciliary care agencies in my career, and I have to say Alpha May have been brilliant."
- Staff and the manager had a good understanding of equality and diversity. One staff member said, "I respect that everyone is different and wants different things." Another staff member said, "I wouldn't want to be treated without individuality so why should people." The manager gave an example of a person that requested only female staff and this decision was respected and valued.
- When we spoke with staff, they knew people, their preferences and routines very well. They told us they spent time getting to know people and building relationships with them to ensure they were comfortable.

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

- People told us that staff put their wants and preferences above all else and continually sought their views.
- People had reviews of their care every six months. We saw that reviews included positive aspects of care and explored areas for improvement. The views of people were fully documented. One person had requested amendments to times and duties within their care calls and this had immediately been actioned.
- One staff member told us, "I ask the person what she wants rather than just doing things for her. I listen and encourage her to do things herself. She picks out what she wants to wear, eat, do that day. I check she is happy and well but she's in charge of her own care at every moment."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- People told us staff promoted their privacy and provided care in a dignified way. One person said, "They keep me covered with a towel when getting washed and dressed. I do feel so respected, they encourage and

support me and treat me like a normal person." Another person told us, "Staff listen to what is important to me and make sure I get that."

- Staff had all received confidentiality training and told us they would only provide information on a "Need to know" basis. People's documents were held securely and only accessed by those that needed to. One staff member said, "I would never discuss a client in front of others. I would go into a private office to talk."
- When we initially gave notice to the service about inspection, the manager would not disclose any information about people until they had confirmed who we were. The manager said, "I'm sorry but I needed to check you were who you say you were. I needed to make sure I wasn't disclosing private information to someone who didn't have the right to know." This demonstrated a good understanding of keeping people's information private.
- People, relatives, a professional and staff told us that people's independence was promoted and encouraged. One person said, "They are not over the top when it comes to helping with personal care, I do most things myself." Another person said, "My carer helps me to prepare food, and encourages me to do as much as possible with food preparation and personal care." One person had expressed the need to be as independent as possible and so staff worked with professionals to provide equipment in their home, that would enable them to do this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored around their wishes, preferences and routines.
- Before a care package started, management met with people to talk to them about their wishes and support needs. They used this information to formulate bespoke care plans for people. Consideration was also given to staff's personality, strengths, character and experiences to match them with people they could support well. A relative said, "I have to give credit to the manager. They did their research and matched carers to my relative's needs very well."
- People and staff told us that a placement induction was completed before staff started working with people. This gave staff information on preferences and people's histories. They also spent time with the person to get to know them. The manager told us, "This process allows a better understanding of people's situations, will create an atmosphere of compassion and ensure our staff treat people with kindness."
- We were advised in the provider's information return (PIR) that they had organised blind care plan audits. This process was designed to ensure staff understanding of people and where information can be found in their care plan about their needs. We spoke to staff about this on inspection and they confirmed this was happening as part of supervision and spot checks by the manager. One staff member said, "This is useful, particularly when people's needs change. It ensures we are up to date with their preferences and support needs." We saw in staff supervision records, that this was happening regularly.
- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Staff had a good understanding of people's communication needs. People being supported were able to fully communicate and express their needs verbally. Their communication needs were reflected upon in care plan documentation. One person told us that they used to have a daily records book that they liked to read to remind them what support had been given. When daily records became electronic, they missed being able to read the book. When they mentioned this to the manager, they organised for reports to be emailed daily to them instead.
- The provider had researched AIS and reflected on ways they could support people if they were unable to communicate verbally. The manager gave examples of non-verbal communication tools such as observing body language, easy read documents and assistive equipment. They were also aware of other professionals they could access support from if required.
- Staff told us that one person had social activities as part of their care package and that these were based on their interests and preferences. The person told us they enjoyed going shopping with staff or to their favourite coffee shop for a drink. They said, "Staff ask me what I would like to do and we do it. I really enjoy that time."

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints or concerns had been raised. People and their relatives confirmed this. They told us there was a clear process that had been explained to them before the package of care started and they would feel, "Completely comfortable" raising issues with the manager.
- One person told us they'd not complained, but asked the manager to amend care call times and duties to suit their needs better. They said, "This was arranged quickly and efficiently."
- The manager showed us their complaints policy, which included the monitoring of concerns and larger complaints. The manager was knowledgeable of their responsibilities about complaints, which included empathising with complainants, acknowledging responsibility where required, investigating concerns and responding in a timely and professional way.

End of life care and support

- At the time of inspection no-one was receiving support with end of life care.
- The service was currently supporting younger people without complex health needs, however the manager said, "If it became clear that people's needs changed and we needed to provide that support, we would." The manager was aware that further training would be required and showed us an end of life training course they could easily source. The manager said, "We know as we expand, people's needs will be greater and we would never take this on until staff were confident."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had been in post since January 2019 and applied to be registered with CQC in February 2019. This application was in progress at the time of inspection.
- We received consistently good feedback that the manager was kind, caring and professional.
- People were complimentary of the manager and felt that the service was well-led. One person said, "They are professional and caring. I can contact them anytime with any queries." Another person said, "They have made me feel special, I am not just another patient for them, they care about me as a person."
- Relatives also spoke highly of the manager. One relative said, "I met them and they seemed very caring, they wanted to make sure everything was perfect." Another told us, "I would say the manager is very knowledgeable, and thorough – they took a great deal of time in making sure they were clear on my relative's needs. They are also very flexible – we've had one occasion where we have cancelled with minimal notice and they didn't charge us."
- Staff told us that the manager was, "Caring", "A good person" and, "Helpful." Other comments included, "They are always available if you need them" and, "They're flexible and help us out with shifts. They are also good at communicating and give lots of feedback." Staff also spoke highly of the provider of the service, one telling us, "They always tried to get us to up our game and improve. They encourage and motivate us, for example by offering incentives."
- Staff expressed that they felt listened to and valued by the manager and provider. One staff member said, "We work as a team here." Another said, "We are always verbally thanked for our efforts and also receive bonus payments – it's good."
- The manager reviewed people's documents and staff files regularly and found that documentation was up to date and reflective of people's needs. Because the service was very small, there was not a set quality audit tool used or needed to have oversight of the service. However, the provider told us they were planning to expand and had therefore considered that their quality audit processes would need to be more robust with additional people joining the service. They showed us an example audit document that they would use in the future that included reviewing of accidents, incidents, safeguarding's and complaints on a monthly basis.
- Staff told us that the manager encouraged an open and honest culture and this meant they were always confident raising concerns with them. A staff member said, "Management communicate well and it (the culture) is very transparent. We always know what is expected of us."
- The manager had a good understanding of their responsibilities in reporting incidents to relevant others.

Although they had not experienced any accidents or incidents, they were able to explain who they would share information with, such as appropriate health and social care professionals and CQC.

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. However, because people had not received care for a year, annual surveys had not been sent out yet. The manager said in the meantime, they met regularly with people and their relatives in reviews to ensure they were happy and make improvements as required.
- Staff told us they were asked about their views of the service in supervision, spot checks and at meetings. Although they had only had one full staff meeting, they told us they were regularly involved in smaller staff meetings, particularly if more than one staff member supported a specific person. The manager said, "We have meetings between teams of staff to ensure they are all on the same page when it comes to supporting the person."
- We viewed meeting minutes for the full staff meeting held. This included information about the company's vision, staff structure, expectations in their role, staff reward schemes, performance review and recruitment. Several policies had been reviewed with the team to ensure their understanding. Staff were also offered the opportunity to ask questions and feedback about the service. The provider had plans for more regular meetings to be held, particularly following expansion of the service and staff team.

Continuous learning and improving care

- The provider and manager had plans to improve and sustain the service, which included increasing the amount of support provided to people. However, they were clear that this would happen slowly. The provider said, "We wanted to start out small and build up slowly. We plan to expand to up to 10 clients by the end of the year. We want to make sure that all needs can be met and staff have relevant training. The most important thing is that people continue to get personalised care and if we take on too much, too quickly, we could be at danger of losing that."
- The provider was advertising the service in Sussex Life magazine as well as local GP surgeries. They advised they got a few referrals per month but that this suited what they could provide at the moment. The provider said, "We will have more staff in the near future. But right now, we spend a lot of time looking at people's needs and locations. We don't want staff having to rush with people or spending more time travelling than supporting."
- The manager told us that every day was a learning curve and they were always seeking to improve. They told us that they had recently amended people's daily notes to include more detailed information. The manager said, "With one of the people we support especially, we are liaising a lot with professionals. This new form is much better in identifying changes in people's behaviour or support needs. It is easier to identify patterns to then share with professionals."
- The provider also had plans to move people's care documents onto an electronic format. The manager said, "This will be so beneficial, especially as we grow as a company. Staff will be able to amend care plans as and when needed and management will be able to see reviews and changes at all times."

Working in partnership with others

- The provider and manager were passionate about working with others and understood the importance of building relationships.
- One of their links was to a local care home, where staff completed moving and handling training. The

provider said, "It is always good for staff to receive face to face training where possible This way, they get to meet other established staff, who do a lot of moving and handling on a regular basis."

- The provider and manager had also gone to a charity event at another local care home to socialise and introduce themselves to staff and people. The provider donated several raffle prizes in aid of the event.