

# Alphacare NW Domiciliary and Support Services Ltd

## Alphacare NW

### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Alphacare NW Ltd is a domiciliary care agency, providing personal care to people who were living with complex support needs in their own homes. The service operated from the registered address, based in the Everton area of Liverpool. At the time of this inspection 68 people were receiving support.

People's experience of using this service:

Quality assurance measures were in place however these were not always effective. We found that some of the areas of improvement were not always identified in routine audits or checks that were completed.

Improvements were required in relation to the overall governance of the service. The quality and safety of the care people received needed to be reviewed and further developed.

People's level of risk was assessed and monitored from the outset, however risk assessments we checked did not always contain the appropriate level of information to enable staff to keep people safe.

The registered provider had a complaints policy and process in place; however, the feedback we received suggested that verbal complaints were not always effectively responded to. The registered manager was responsive to this area of improvement during the inspection.

Staffing levels were appropriately managed; although we received mixed feedback about the continuity of care people received and the punctuality of staff.

We received mixed feedback about the skills, experience and abilities of the staff from people who received support from Alphacare NW and their relatives. During the inspection we confirmed that all staff received the necessary training and were provided with training, learning and development opportunities.

People told us that they felt safe when receiving support from Alphacare NW staff. Staff were supported with training in relation to safeguarding and people were protected from the risk of harm and abuse.

Safe recruitment practices were in place. People received care and support from staff who had been appropriately vetted and had undergone the appropriate recruitment checks.

Safe medication administration procedures were in place. Staff received the appropriate training and regularly had their competency levels assessed.

Medication audits were routinely taking place and there was an up to date medication policy in place.

Principles of the Mental Capacity Act, 2005 were followed and complied with. Staff encouraged people to make decisions about the care they required and people were not unlawfully restricted.

People told us that they were treated with kindness, compassion and respect. Relatives told us that the more experienced Alphacare NW staff were more approachable and confident when supporting their loved ones.

A person-centred approach to care was provided. People told us that staff were familiar with their support needs and staff explained some of the likes, preferences and wishes of the people they supported.

Rating at last inspection:

This was the first inspection rating since the registered provider registered with The Care Quality Commission (CQC) in March 2018

Why we inspected:

This was a planned comprehensive inspection as part of CQC's inspection schedule.

Improvement action we have told the registered provider to take:

Please see the 'action we have told the provider to take' section towards the end of the report.

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.

## 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 always 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 responsive

Details are in our 'responsive' findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our 'well-led' findings below.

**Requires Improvement** ●

# Alphacare NW

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by three Adult Social Care Inspectors and an 'Expert by Experience'. 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:

Alphacare NW Ltd is a domiciliary care agency, providing personal care and support to people who are often living with complex support needs in their own homes.

The service had a manager registered with CQC. This means that they and the registered 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 visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in when we conducted the site visit.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the

registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

The inspection took place on 23 January and 6 February 2019

During the inspection we spoke with the operations manager, registered manager, four members of staff, five people who were receiving support and six relatives. We also looked at care records belonging to six people receiving support, recruitment records for seven members of staff and other records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

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

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.

### Assessing risk, safety monitoring and management

- Care records indicated the level of support people required. However, not all risks were appropriately recorded. For instance, one care record we reviewed indicated that the person required specific nutritional support. When the risk assessment was checked, nutritional risk and support was not identified.
- Risk assessments were not always tailored around the person. Risk assessments contained a detailed amount of generic information about how to keep people safe however, they did not always contain specific information in relation to the person. For instance, one medication risk assessment did not contain any allergies, specific medication guidance or requirements.
- People's level of risk was safely managed although documentation was not always updated or contained the required amount of information. We raised our findings with the registered manager who was responsive to our feedback; they confirmed that all care records were in the process of being reviewed and transferred across to an electronic system.

### Staffing and recruitment

- People and relatives told us that staff would often arrive late for scheduled support visits; when this was raised with Alphacare NW managers, improvements were not made. The registered manager demonstrated how he was able to 'track' staff support visits but agreed that this area of care required greater overview.
- During the inspection we received mixed feedback about continuity of staff. People and relatives told us that they did not always receive care and support from the regular staff. We saw that the registered manager consulted best practice guidelines in relation to the amount of staff who could support people who were in receipt of large packages of care.
- The registered manager used an electronic system to prepare all staff rotas. Where possible, staff were assigned to the same people in specific geographical areas. During the inspection, the registered manager demonstrated how staff rotas were managed and how continuity of care was supported as much as possible.
- The registered manager closely monitored staffing levels in conjunction with people's dependency support needs. New care packages were not agreed unless staffing levels allowed.
- Safe recruitment practices were in place; all staff were subject to the appropriate pre-employment checks and Disclosure and Barring System (DBS) checks were routinely completed.

### Systems and processes

- People were safeguarded from abuse and the risk of harm. Staff received safeguarding training, they understood the importance of complying with safeguarding and whistleblowing procedures and knew how to report concerns if they presented.
- The appropriate safeguarding referrals were submitted to the Local Authority and the registered provider

ensured that safeguarding incidents were investigated and appropriately managed.

#### Using medicines safely

- Staff received the appropriate medication training and regularly had their competency levels assessed.
- There was an up to date medication policy in place and staff were aware of the procedures and processes to follow.
- Medication administration records (MARs) were appropriately completed by trained staff and routine audits/checks were carried out to ensure safe medication administration practices were supported.

#### Preventing and controlling infection

- There was an up to date infection control policy in place; this made reference to infection control procedures which needed to be effectively managed and support measures which needed to be followed by staff.
- Staff received personal protective equipment (PPE) such as gloves and aprons.
- Care records contained detailed information in relation to infection control support measures which needed to be followed.

#### Learning lessons when things go wrong

- The registered manager kept a record of all accidents/incidents and events that occurred.
- Accidents, incidents and events were discussed and reviewed during managers meetings.
- Action was taken to minimise the risk of repeat occurrences and measures were put in place to keep people safe.



# 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.

Staff skills, knowledge and experience

- We received mixed feedback from people and relatives in relation to the skill set and experience of staff. One person told us that they felt some carers did not have the appropriate training to assist with mobility support needs that they required; another person told us that they were fully supported with their daily routine and felt safe when care was being provided.
- We found that all staff were required to complete a robust induction, mandatory training needed to be completed as part of the care assistant role and specialist training was provided in accordance with people's support needs.
- Staff received training from an external training company who offered training, learning and development opportunities to new and existing members of staff. Staff received training in a number of areas such as safeguarding, medication administration and dignity in care.
- The registered provider conducted regulator 'spot checks' to ensure staff were delivering an effective level of care.
- Staff told us they received a variety of training, learning and development opportunities. Staff members told us, "We get a mixture of classroom and e-learning training" and "We get training and re-fresher training, If I'm not confident then I can request the training I need."
- The registered provider explored different training opportunities based on the needs of the people receiving support. For instance, staff received bespoke training in relation to stoma care, oxygen therapy and catheterization support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice.
- Referral information was received by the registered provider in relation to the support that a person required. The registered provider then ensured that a further comprehensive assessment was completed and the necessary support plans and measures were put into place.
- Care records outlined people's choices, preferences and wishes for staff to follow.
- People received a holistic level of support from external professionals such as district nurses, occupational therapists, dieticians, chiropodists and heart specialists. Although staff were familiar with people's specific care needs, care plans and risk assessments did not always contain the most relevant and up to date information.

Ensuring consent to care and treatment is 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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records indicated that people were involved in the decisions that needed to be made in relation to the care and support they required.
- Staff had a good understanding of the MCA and understood the importance of gaining consent before providing care and support.
- People did not have their liberty unlawfully restricted and 'best interest' decisions were appropriately made on people's behalf.

Supporting people to eat and drink enough with choice in a balanced diet

- Care records we reviewed indicated that people were provided with adequate nutrition and hydration support.
- People were supported with 'choice' and encouraged to make decisions around food and fluid intake.

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

- People received support from healthcare professionals accordingly.
- Referrals were appropriately made and staff followed the necessary guidance provided by healthcare professionals.

# 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; equality and diversity

- People were treated with dignity and respect. Each person we spoke with during the inspection told us that Alphacare NW staff treated them with kindness, compassion and dignified care. One person told us that their regular carer was "Excellent." Relatives told us that some of the less experienced were, "not as good" as the experienced members of staff.
- Staff knew people well. Staff were given the opportunity to familiarise themselves with people's support needs and to develop positive relationships. People told us that they felt that their carers knew them well and provided the care that they needed.
- Staff understood the importance of treating people as individuals. Staff explained their understanding of providing person-centred care, treating people with respect and providing support that was tailored around their individual support needs.
- People's equality and diversity support needs were assessed from the outset; measures were put in place to provide the support that was needed.

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

- People told us that they were involved in the care planning process and were actively encouraged to make decisions about their care.
- Regular review meetings took place and people had the opportunity to share their thoughts, views and opinions about the quality and safety of care they received.
- Quality questionnaires were routinely sent out to people and relatives; this provided them with an opportunity to express their views and suggestions about the provision of care that was delivered.
- Staff explained that the support people received was specifically tailored around their wishes, desires and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored at the registered address and protected in line with General Data Protection Regulations (GDPR).
- People received respectful care and their privacy and dignity was maintained and promoted. Staff also received training in relation to Dignified Care.
- Staff ensured that people maintained a good quality of life, that they were involved in the care they received and were supported and encouraged to make choices about decisions that needed to be made. People and relatives told us that Alphacare NW staff encouraged as much independence as possible.

# Is the service responsive?

## Our findings

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

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

### Personalised care

- A person-centred approach to care was evident. Staff knew people well and were familiar with their support needs.
- People had care plans in place; these had been created with the input from people receiving support and their relatives.
- People told us that they were encouraged to make choices in relation to the care they needed; they were also involved in the care planning process and reviews that were taking place.
- Staff described the importance of providing person-centred care as well as involving people in decisions that needed to be made.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, such accessible information could be provided on request.

### Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place.
- People and relatives told us they were provided with complaint information from the outset.
- People told us that they knew how to make a complaint and would feel happy to speak to carers about any concerns if they needed to.
- Relatives felt they were listened to when they verbally complained but expressed that such complaints were not always appropriately responded to. The registered manager was responsive to this feedback and reviewed the process of making verbal complaints and how these were managed.
- At the time of the inspection, one complaint was being responded to. In one instance, we also saw that a complaint had been submitted and disciplinary action took place.

### End of life care and support

- At the time of the inspection nobody receiving support from Alphacare NW were receiving 'End of Life' care.
- All staff were expected to complete 'End of Life' training and understood the importance of providing such specialised care in a dignified and respectful way.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Manager's and staff being clear about their roles, understanding of quality performance, risks and regulatory requirements:

- Systems and processes that were in place to monitor the quality and safety of the service were not always effective. For instance, care plans and risk assessments did not always contain the relevant amount of information in relation to the care and support people required.
- Effective governance systems had not been appropriately established; the quality and safety of care people received was not always appropriately assessed or improved upon.
- The concerns we raised during the inspection were not identified during routine audits, tools and checks that were carried out by the registered manager.
- Regulatory requirements were not always complied with. We identified that three statutory notifications should have been submitted to CQC as a measure of monitoring the quality and safety of care people received. Incidents were appropriately managed at the time they occurred and notifications were retrospectively submitted.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Quality assurance measures were not always identifying areas of improvement that were required.
- We received mixed feedback about the provision of care that people received, feedback indicated that improvements in care were communicated but these were not always followed up on. For instance, staff arriving late for support visits had been raised with management but people/relatives felt that this was a re-occurring problem.
- The registered provider kept up to date with current best practice and relevant health and social care requirements. Care records also contained relevant best practice and guidance that needed to be followed.
- The registered manager was responsive to the feedback we delivered during the inspection; an action plan was submitted following the inspection which identified key areas of improvement that would be focused upon as a matter of priority.

Engaging and involving people using the service, the public and staff

- Quality assurance questionnaires were regularly circulated; people and relatives were encouraged to share their views, thoughts and suggestions about the quality of care being provided. However, it was not always clear how the feedback received was followed up on or how areas of improvement that made.
- Staff told us they felt involved in the provision of care people received, that they were a valued member of

the team and were encouraged to participate in team meetings when they occurred.

- People and relatives we spoke with during the inspection told us they felt involved in the care that was being delivered.

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

- People told us that they received care and support that was tailored around their support needs and wishes.

- People were involved in decisions that needed to be made in relation to their care; staff were familiar with people's preferences and how they wished for their care to be delivered.

- The registered manager told us they were committed to providing person-centred, high quality care.

Following the inspection, we received an action plan which detailed how they would improve the provision of care people received.

Working in partnership with others

- The registered manager worked closely with other healthcare professionals; the overall health and well-being of people receiving support was effectively supported and people received a holistic level of care that was tailored around their support needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes were not appropriately established; the quality and safety of care was not effectively being monitored or assessed.</p>