Alpha Medical Care Limited

Alpha Community Care

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service caring?	Inadequate
Is the service well-led?	Inadequate

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 January 2015. We found breaches of a number of regulations of the Health and Social Care Act 2008. This resulted in the Commission serving three warning notices on the registered manager and provider. These warning notices were in relation to staffing, quality monitoring and dignity and respect. The timescale for meeting the warning notices was the 14 April 2015.

The registered manager sent us an action plan which indicated action had been taken to address the breaches of regulations outlined in the warning notices. We undertook a focused inspection on the 22 April 2015 to check that they were meeting the legal requirements which the warning notices related to. This report only covers our findings in relation to these breaches of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Alpha Community Care' on our website at www.cqc.org.uk'. We will follow up the other breaches referred to in that report at a later stage.

Alpha Community Care is a care home which provides accommodation and personal care for up to four people with learning disabilities and complex needs such as autism. At the time of our inspection there were four people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this focused inspection on the 22 April 2015, we found the required improvements had not been made. Staff were not providing person centred care. This was because people were not encouraged or supported to make choices and decisions in relation to their care such as meals and activities. People were not enabled to communicate using their preferred ways of communication and as a result people were not stimulated. We saw some people wandered around the home without a purpose whilst others displayed challenging behaviours. People's dignity and independence was not promoted and people had no involvement in the running of the home.

We found the provider had made some improvements in relation to the quality monitoring of the service. A quality monitoring policy had been developed but the systems referred to within the policy were not implemented. Night checks of staff had been introduced to ensure staff were carrying out their responsibilities on night shifts. The home had been decorated, carpets replaced and task lists put in place to ensure staff carried out the required cleaning tasks to an acceptable level. Some policies had been developed and a schedule for staff supervisions had been introduced. A training matrix was in place to audit what training staff had and what was required.

Relative meetings were planned to enable relatives to be consulted on the service provided. However we saw risks to people were not identified and managed. This was because people's care plans did not include up to date risk assessments. General risk assessment to identify and manage risks to people who used the service, staff and visitors was out of date and overdue for review. Health and safety and infection control audits had not been carried out. This meant people's health, safety and well-being was not promoted.

We found the provider had made improvements to the staffing levels. Two new staff had been appointed and they were advertising for a staff member to take responsibility for organising activities for people. The registered manager had assessed two staff were required for day time shifts but these staffing levels did not allow for person centred or individual activities to take place. It also did not allow people the choice to stay at home if they wanted to.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against the provider. As a result the provider put measures in place to make the necessary improvements to the service.

Summary of findings

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 safe.

Staffing levels had increased which meant staff were not working excessive hours. However the dependency levels had not being properly assessed. This meant the staffing levels did not allow for person centred support to be offered.

Inadequate

Is the service caring?
The service was not caring.

People were not provided with person centred support as staff did not have the knowledge to implement this.

Staff did not engage with people using their preferred means of communication.

People were not consulted or involved in making choices and decisions on their care.

Inadequate

Is the service well-led?
The service was not well-led.

Risks to people, staff and visitors were not identified and managed.

Some quality monitoring systems had been introduced. However these were not established and effective in ensuring the service was effectively managed.

Inadequate

Alpha Community Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a focused inspection to check whether the provider had made improvements as a result of warning notices which were served following our comprehensive inspection on the 14 and 15 January 2015.

We undertook a focused inspection of Alpha Community Care on the 22 April 2015. The inspection was announced. This meant the registered manager was given short notice of our planned inspection. This was to ensure the registered manager was available and that the home was accessible.

We inspected the service against three of the five questions we ask about services: is the service safe, caring and well-led. This is because the service was not meeting legal requirements in relation to those questions and were the areas the warning notices were served against.

The inspection was undertaken by one inspector and a specialist expert. A specialist expert is a professional who has specialist knowledge in a chosen area. In this case they were a specialist expert in learning disabilities and autism.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they had taken to meet the legal requirements which the warning notices referred to.

During the inspection we spoke with three care staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We walked around the home to assess the improvements made to the environment. We looked at four people's care records, staffing rotas, shift planners, policies and audits.

After the inspection we made contact with the Local Authorities contract monitoring team to provide them with feedback on our findings. We spoke with the Local Authorities Quality In Care team to establish their involvement with the service.

Inadequate

Is the service safe?

Our findings

At the previous inspection on the 14 and 15 January 2015 we found there were not sufficient numbers of staff employed. As a result staff were working day and night shifts in succession to cover the rota. We served a warning notice in respect of a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 18(1) of the Health and Social Care act 2008(Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 14 April 2015.

We discussed people's dependency levels. We were told one person required one to one staff for some aspects of care but not all. The staffing ratio provided was one staff to two people. The registered manager confirmed a dependency tool had been developed which enabled them to identify the numbers of staff required per shift. They provided us with the summary of staffing levels required which was two staff per day time shift and one waking night staff member. However the document did not evidence people's dependency levels or show how it concluded what the required staffing levels should be. We saw two staff on the day time shift did not provide any flexibility in the rota to offer person centred activities or the opportunity for people to stay at home if they wanted to.

We saw two new staff had been appointed and were in post. The registered manager told they had also advertised for an activities staff member to take responsibility for developing activities. This post was yet to be filled. The rota and shift allocation records confirmed two staff were provided on day time shifts and one staff member was rostered on waking night shifts. Staff had their days off each week and staff were not working day and night shifts in succession.

We saw two staff were rostered to provide support to two people in the home whilst the other two people were on social leave. Individual activities were still not provided as an option as staffing levels did not allow for this. The registered manager told us they hoped to address this through the recruitment of an activities organiser who would be expected to work shifts including weekends.

The registered manager told us they monitored the hours worked through the rota and signing off of the time sheets. We asked the registered manager what they considered to be the maximum amount of extra hours staff could work. They confirmed staff had signed the working time directive and they thought the accepted total hours should be no more than 60 hours per week. There was no guidance to support this. We saw from the time sheets from January to March 2015 full time staff had worked more than 60 hours in total per week but the hours and shifts being worked had reduced since the previous inspection. The registered manager told us they expected this to be less once the new staff were fully inducted and able to work unsupervised. We saw agency staff were used to cover annual leave and holidays as opposed to using their own staff team. This ensured staff were not working day and night shifts in succession.

This was a continued breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the provider failed to ensure that at all times there were sufficient numbers of suitably, qualified, competent, skilled and experienced staff available to provide person centred care.

Inadequate

Is the service caring?

Our findings

At the previous inspection on the 14 and 15 January 2015 we found people's privacy, dignity and independence was not promoted and people were not involved in choices and decisions in relation to their care. We served a warning notice in respect of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 10 of the Health and Social Care act 2008(Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 14 April 2015.The action plan received from the provider indicated this was met.

Care plans had been developed but they failed to provide guidance to staff on person centred care. Care plans made no reference as to how people were to be supported to make choices, decisions or how their involvement in the home and independence should be promoted. We saw one relative had been contacted to get feedback on their relative's care. However the information obtained had not been incorporated or included in the person's plan of care and there was no indication people or their families had contributed to the development of the care plans.

Staff did not promote people's involvement in decision making and people were not routinely offered choices. We saw people were not being enabled or encouraged to be involved in any aspect of life at the home to enable them to develop skills and promote their independence. Staff made the drinks and meals without any involvement of people. We heard one person being asked what they wanted for supper. The other three people who had limited communication were not provided with prompts and aids to enable them to make a decision. We were told a pictorial menu was being developed but we saw no evidence to indicate this was the case and none was in use. We were told the menus had recently been developed in consultation with families. We saw one relative had been contacted to find out their relatives likes and dislikes of food. A record of their food likes and dislikes was not documented and had not been agreed with the person using the service. There was no reference to the person's food likes and dislikes within their care plan either.This could have a moderate impact on people as there was no evidence they were being provided with food they liked.

As we arrived at the home on the day of the inspection people were getting ready to go out. One person was going to the day centre and the other three people were going in the minibus to drop that person off. We were told they were then going out for an activity at the bowling centre and a meal. We did not hear people being asked what they wanted to do. We were told this decision had been made before we arrived. We asked how people had made the choice and decision as to what they wanted to do. Staff told us they knew they liked it as they liked going for drives and they enjoyed the activity once they were there. We asked staff if people could choose to stay at home or do another activity or were they provided with this option. Staff confirmed they had not given them the option and if someone stayed at home then this would impact on the other people being able to go out.

People's interests and hobbies were not taken into consideration in the development of the programme of activities and all four people went on activities together. The action plan received from the registered manager indicated the activities programme had been revised which was more person centred following consultation with families. We saw from the activities provided person centred activities were not made available. People went on activities together and the activity programme was not varied in that they did the same thing each week. It was not recorded in people's daily records whether people were given the choice to participate in the planned activity. Prompts and visual aids were not provided to assist people make informed choices and decisions.

We saw a person engaged in a table top activity such as brick building. The bricks were provided and they were left alone with the activity. The activity record indicated people were involved in table top activities each day and this was the only activity that was provided at weekends. We saw two dates where one person was in the home with one staff member. This would have been an ideal opportunity to involve the person in one to one community based activity to promote community involvement. Instead it was recorded they were involved in a table top activity.

We saw a person's clothes was stained on return from their trip out. We asked the staff member about it and why they had not been changed. We were told it had happened whilst the person was eating and said they would assist them to get changed after supper which was at least two hours later. This practice did not promote that person's dignity.

Inadequate

Is the service caring?

We observed no improvement in staff's engagement and communication with people. We saw people were wandering around and staff walked past them without any acknowledgement. We were told one person was unable to communicate verbally with us. However a member of the inspection team engaged with them by giving them good eye contact and using sign language. Immediately the person responded positively and was smiling, animated and spoke a few words. When people returned from their trip out we saw they were not being observed at all times. Three staff were on duty at this time and were in the kitchen chatting, whilst people using the service wandered around the home unstimulated. One person was displaying behaviours that challenged and staff failed to hear and respond to it resulting in the registered manager intervening and asking staff to observe.

The communication passports included in people's care plans did not provide clear guidance for staff on how to communicate with people. They were brief and were not developed to indicate symbols and signs used by each person. We saw one staff member used sign language on one occasion to communicate with a person. Throughout the remainder of the inspection staff spoke to people verbally which meant people were not enabled to express themselves or encouraged to make choices and decisions in relation to their care. We spoke to the newest staff member. We saw they communicated verbally with people. They said they were not aware of people's individual communication needs which would enable them to communicate effectively with people. They were still on their induction and shadowing experienced staff whose practice was not in line with best practice in enabling people.

Staff told us people were given choices and involved in decisions. The practice observed and records viewed did not indicate this was the case. We saw some prompts, pictures and signs were available in a folder in the office, but they were not in use in everyday practice. Staff did not understand the principles of person centred care and person centred care training had not been obtained or booked either

We saw one person had redness in one eye. We asked how it had happened and what action had been taken. We were told the night staff had reported it but yet no steps were taken to follow that up and seek medical advice. The registered manager made a GP appointment in response to our feedback. However staff were not proactive and caring in addressing this sooner.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the provider failed to ensure people were treated with dignity and respect. Their autonomy, independence and involvement in the community was not promoted.

Inadequate

Is the service well-led?

Our findings

At the previous inspection on the 14 and 15 January 2015 we found the registered person did not have an effective system in place to enable them to assess and monitor the quality of services provided. We served a warning notice in respect of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 14 April 2015.

We saw a new care plan format had been developed but was not fully completed. This was because care plans lacked detail as to how people were to be supported and made no reference to enabling and empowering people in their care. One person was diagnosed with diabetes. We saw their health action made reference to this but no care plans or risk assessment was in place to provide guidance to staff on how they manage it. We saw guidance on food choices were provided for this individual by a dietitian but there was no evidence this was incorporated into menu planning or implemented by staff. Therefore care plans were not being effectively audited to ensure they provided the required information to keep people safe and have their needs met.

Risks to people were not being effectively managed. Risk assessments were not included within the new care plan files. The registered manager told us they had developed the risk assessments but they had dropped their laptop which resulted in loss of data including people's risk assessments. They told us the risk assessments in the previous care plan files were still accessible to staff. However we saw those risk assessments were the ones in place at the previous inspection which were not up to date and did not address all areas of risk.

Two people required support with moving and handling. One person had no moving and handling assessment in place. The other person's moving and handling risk assessment made no reference to the use of a mobility aid or hoist for bathing. A falls risk assessment was not in place for a person who had a fall. This meant there was no system in place to address and manage the risks of falls and moving and handling risks to people.

We saw a risk assessment policy had been developed. However the general work risk assessment had not been reviewed or updated. This meant risks had not been identified and managed to promote people, staff and visitor's health, safety and welfare.

We saw the process for reporting accidents had improved in that an action plan had to be completed following each accident/incident. However none had been completed since being introduced and none was completed in response to the unexplained redness noted on a person's eye on the morning of the inspection. Therefore the system in place to monitor accidents and incidents was not effective due to those records not being completed.

A quality assurance policy had been developed. The policy outlined the home placed a strong emphasis on providing the highest quality service for the people they supported. It indicated they did this through the introduction of a quality management system in the home. Such as seeking the views of people who used the service, relatives and others involved in people's care, continuous self-assessment and making staff responsible for the quality of their work. It also indicated there would be a system for auditing all the standards and key procedures, regular visits from the registered person or a representative, training and supervision of staff and having a named person responsible for assuring and management of quality matters. We saw the policy was not being implemented in that a comprehensive quality monitoring system was not in place.

A survey had not been carried out since November 2013. The registered manager told us that they had set up quarterly relative meetings. The first one was scheduled to take place in May 2015. This will enable them to gain feedback from relatives but does not give people who use the service and others like professionals an opportunity to give their feedback on the service.

We saw a schedule was in place for all staff supervisions but there was no system to monitor if the supervisions took place in line with the schedule. Epilepsy training was booked and the training matrix had been developed to highlight when training updates were due. The registered manager told us this enabled them to monitor training.

Areas of the home had been decorated, carpets replaced and suitable fire door closures installed. The registered manager told us they had a refurbishment plan in place

Inadequate

Is the service well-led?

which they agreed to send us after the inspection but to date it has not been forthcoming. We were provided with a day and night shift task sheet, which included household tasks such as cleaning areas of the home in rotation. This was to ensure staff were clear of their responsibilities in relation to the tasks that needed doing and also provided a record that staff had completed the required tasks to ensure the home was kept suitably clean.

Water temperature records for February and March 2015 indicated the water temperature exceeded 44 degrees centigrade and staff were not recording what action they took. 44 degrees is considered the safe temperature by the Health and Safety Executive for water outlets in care home. The registered manager told us all of the water temperature outlets had been adjusted and in the most recent check the water temperatures were recorded as being within safe levels. We found the water was lukewarm to the touch and did not present as a risk to people at that time.

The registered manager told us an infection control lead had been identified and infection control lead training had been booked. Infection control and health and safety audits had not been put in place. The registered manager advised us the infection control audit would be completed after the infection control lead had attended the training in June 2015. A health and safety audit was not scheduled.

The registered manager told us a medicines audit had been introduced and completed. One staff member was responsible for medicines management. We saw the completed medicines audit was an assessment of the staff member's understanding of medicine's management as opposed to an audit of medicine practices to ensure people were getting their medicines safely.

The health and safety and safeguarding of vulnerable adults policies had been revised and updated. The registered manager did not have a list of policies that still needed to be introduced or updated but confirmed they were aware and working on them.

We saw the average weekly hours staff worked were recorded on the rota. The registered manager said this enabled them to monitor that staff were not rostered to work excessive hours and allowed them the time to find agency or bank staff to cover shifts. The registered manager had commenced checks on the night staff to ensure staff were suitably alert to support people who used the service. A record was made in the registered manager's diary of their findings and any actions required.

At the previous inspection we saw the registered manager and staff team were not up to date with current best practice and therefore had not made changes to the care and treatment people received in line with the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies. For example "The principles of valuing people now" was not promoted. At this inspection we saw some improvements had been made within the service. However day to day staff practices were not being monitored. As a result staff failed to work to best practice in supporting people as they failed to provide people with opportunities to have autonomy over their lives.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to have systems and processes in place to ensure the service was meeting the Regulations.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was a continued breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the provider failed to ensure that at all times there were sufficient numbers of suitably, qualified, competent, skilled and experienced staff available to provide person centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect There was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the provider failed to ensure people were treated with dignity and respect. Their autonomy, independence and involvement in the community was not promoted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to have systems and processes in place to ensure the service was meeting the Regulations.