

Alpha Quality Care LTD

Alpha Quality Care Newport

Inspection report

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22 February 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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:

Alpha Quality Care is a domiciliary care agency that provides personal care to people in their own homes within the community. At the time of the inspection, the service was providing care to nine people.

People's experience of using this service:

- Most staff had completed essential training and were knowledgeable of how to support people effectively. However, we identified a staff member who had not received training in topics that the provider considered mandatory and another staff member who had not received refresher training in key areas.
- People received their medicines safely and as prescribed, however records of medicines administration had not always been completed fully and accurately.
- There was no direct support available to provide cover for the manager, which mean that should they be absent, appropriate cover may not be in place.
- Quality assurance checks were in place, which included a range of audits carried out by the manager, however these had not identified the concerns we found in relation to medicines records and staff training.
- People were supported by staff with their nutritional and hydration needs. Staff worked in collaboration with health and social care professionals where required.
- People received timely and consistent team from a group of staff that understood their needs well.
- Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what mattered most to them.
- People's cultural and diversity needs were assessed, recorded and respected by staff appropriately.
- Most people had a clear, detailed and person-centred care plan in place, which guided staff on the most appropriate way to support them.
- Complaints were dealt with and investigated appropriately by the manager. People felt able to raise concerns.
- The manager kept in contact with people and sought their feedback about the service in a variety of ways.
- Rating at last inspection:

This was the first inspection of the service since they registered with the Care Quality Commission.

Why we inspected:

This was a planned inspection.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

Alpha Quality Care Newport

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:

This inspection was carried out by one inspector.

Service and service type:

Alpha Quality Care Newport is a domiciliary care service which is registered to provide a personal care service to people living in the community in their own homes.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Day to day management of the service was carried out by an acting manager, who was in the process of applying to register with the CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 13 February 2019 and ended on 22 February 2019. We visited the office location on 15 and 22 February 2019 to see the manager and to review care records and policies and procedures. We also spoke with people and their relatives on the telephone to gain their feedback and visited a person in their home.

What we did:

Before the inspection we reviewed the information, we had received about the service, including

notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. 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 gathered information from:

- Three people using the service
- Three relatives of people using the service
- Five people's care records
- The manager
- Four members of care staff
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

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.

Using medicines safely:

- Where required, people told us they received their medicines safely and as prescribed.
- People's care plans contained clear guidance for staff on how to support people to take their medicines appropriately and in line with their preferences.
- Where people's families were involved in the management of their medicines, such as re-ordering and collecting medicines, this was recorded clearly. This meant that staff were aware of their responsibilities and roles when supporting people with their medicines.

Systems and processes to safeguard people from the risk of abuse:

- People and their families told us they felt safe. One relative said, "[My relative] is safe with the staff. She can [show certain behaviours] and they deal with that the best they can."
- There were appropriate policies and systems in place to protect people from abuse. Staff were aware of their safeguarding responsibilities and knew how to recognise abuse and protect people. One staff member told us, "If there are any bruises or marks, we record them. We record it in a booklet and report it to the office or the safeguarding team."
- There were robust processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.

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

- People's care plans contained detailed risk assessments which were specific to their needs, such as mobility, risk of falls and medicines management. These were recorded for each person and clearly identified how staff should support people and what equipment, if any, was needed. Risks were reviewed regularly and updated when required.
- Comprehensive risk assessments had been completed in relation to people's home environment in order to identify any potential hazards to people or staff.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency or disruptive conditions.
- Accidents and incidents were recorded, the manager had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

Staffing and recruitment:

- People said they felt safe and staff made them feel comfortable in their own homes, and that they had no concerns around safety.
- Records showed that staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Preventing and controlling infection:

- There were systems in place to protect people from the risk of infection. All staff had attended infection control training and had access to personal protective equipment (PPE), which we saw they wore when needed.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- Training was not always consistent for all staff members employed by the service. We identified that one staff member had not completed training in topics deemed mandatory by the provider, and another staff member had not received refresher training in key areas such as safeguarding adults and moving and handling. This posed a risk that staff were not up to date with best practice and legislation to support people effectively. We discussed this with the manager, who was not able to provide us with evidence that the staff members had completed the required training and training refreshers. We have identified this is an area of practice that requires improvement.
- The manager or field supervisor completed regular spot checks to ensure staff were following best practice when delivering care and support. As part of the spot check, staff competency on administering and recording medicines was monitored, however we identified that these checks had failed to highlight an inconsistency in staff recording of medicines administration. You can see further information about this in the Well-Led section of the report.
- New staff received an induction into their role which involved reviewing key policies and shadowing more experienced staff whilst they got to know people.
- Staff received regular supervision which enabled the manager to monitor and support staff in their role and to identify any training opportunities. One staff member said, "We have supervisions when we need them, they are useful because sometimes [the manager] will point things out. He can see things differently and he helps me to get better to give better care."
- Staff told us they felt supported in their roles by the manager. One staff member said, "I definitely feel supported. I usually see [the manager] once a week or if I have a problem or something to report, I can call him."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Comprehensive assessments of people's care and support needs were completed before people started receiving care and support for the service. The manager described how people's needs were considered carefully to ensure they could meet them effectively.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, ethnicity, religion and sexuality.
- Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff providing effective and timely care:

- Staff provided care in a timely manner as agreed. People confirmed that staff were mostly on time, however if a member of staff was running late, the office contacted the person to let them know or make other arrangements. People's comments included: "It's pretty good, timekeeping wise they are good", "they are always on time and there when I need them" and, "they are always on time and they are always cheerful when they arrive."
- People told us staff always stayed for the amount of time allocated, so as to ensure care tasks had been completed and to meet the person's needs.
- Staff used daily care reports to document key information for each care visit, such as medicines administration, changes in their health or specific events. A relative said, "They write down what they should and what has been done, it's all fine." The manager reviewed the reports on regular basis to help ensure any issues were identified.

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

- Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met appropriately, in line with people's preferences. One person said, "[The staff] always make sure I have plenty of drinks before they leave."
- People's care plans contained specific information about people's nutrition and hydration needs, including their likes, dislikes and specific dietary requirements.

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

- Staff liaised effectively with other organisations and teams and people received support from specialised health and social care professionals when required, such as GP's and social workers.

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 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.

- All people receiving a service from Alpha Quality Care had full capacity to make decisions about their care. However, the registered manager described the action they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the Mental Capacity Act 2005.
- Staff were knowledgeable about how to protect people's human rights. Staff told us they sought verbal consent from people before providing care and support. A staff member said, "When I support people, I tell them first what I am going to do and ask them if this is ok."
- People's care plans contained clear consent forms around their personal care and where required, administration of medicines, which had been signed appropriately.

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:

- People were supported by kind and caring staff. One person said, "They are very, very caring" and another commented, "They're lovely to me, they're the best carers in the world."
- Staff had built supportive relationships with people and their families and were committed to providing them with a positive experience of care. For example, one person's relative described how staff had supported their family member outside of their normal allocated times. They said, "That's a real positive with Alpha, if [my relative] requires 'in between' carers, I can phone and [the manager] will send people out, no problem." Another relative told us, "We couldn't think of a life without [staff member], he goes well above and beyond, he does everything and more."
- Most people were supported by a small team of consistent staff, which allowed staff to improve their relationships with people and understand their needs well.

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

- People were supported by staff to have choice and control in the way their care was delivered. For example, people were offered choice around the timings of their care calls and the agency worked flexibly to accommodate these needs. A staff member commented, "[Person] makes decisions for himself, I can only nudge when I have an inkling that he may need help. I always ask, 'Do you want this? What do you need?' But he is the decision maker."
- Information recorded in people's care plans was written in a manner that guided staff to respect people's choice around their care. For example, a section of a person's care plan stated, "I would like the care worker to help me get dressed in clothes of my choice."
- Where people expressed a preference over the gender of staff they wished to support them, this was recorded and respected accordingly. One relative said, "We were offered male or female staff and we said we would prefer to have a male. They accommodated that with no problems."
- The service had considered people's individual communication needs to ensure they received information in a way that they understood. This information was recorded in people's care plans to guide staff on the best way to speak with people or present them with information. For example, one person's care plan described how their communication abilities were affected at a certain time of the day and guided staff on the best manner to relay information during this time.

Respecting and promoting people's privacy, dignity and independence:

- Staff understood their responsibilities when respecting people's privacy. They described how they protected people's dignity when providing personal care by covering people with towels, closing doors and considering people's privacy where other family members were in the person's home. A staff member said, "We close the door, keep [the person] safe, cover them with towel, keep them warm and keep the room

warm. We make them comfortable."

- Staff supported and encouraged people to be as independent as possible in their day to day routines. For example, one staff member described how they supported a person to be involved with their care routine, they stated, "One lady has a table which we move around for her before we leave so that she has everything she needs. It makes things easier for her. We bring her a bowl of water on it, so she can wash her hands herself." Another staff member said, "If [people] are able to do tasks for themselves, we realise this so we don't take over. If we can see they are having difficulty, we offer support."
- People's personal information was kept confidential. Copies of people's care records were stored electronically and on paper within the service office, and were only accessible to staff who had the authority to see them.

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:

- People told us their needs were met. One person said, "I think [the staff] are great, they look after me very well" and another person said, "They help me on bad days. [Staff member] is very good, she has the clients interest at heart."
- Person centred care plans had been developed for most people, which enabled staff to support people in a manner that met their specific needs and preferences. However, we identified one person whose care plan was not personalised and did not contain information about their likes, dislikes and preferences. We discussed this with the manager, who was aware of this and had already begun reviewing the person's care plan to ensure it was detailed and person centred.
- With one exception, care plans contained detailed information on the person's likes, dislikes and daily routine, with clear guidance for staff on how best to support that individual. For example, one person's care plan stated how they wished for staff to support them at night time, such as leaving a bedside lamp on and having a hot drink before bed.
- Staff were familiar with the information in people care plans and used this to effectively meet people's needs. One staff member told us, "We look at the care files to know what [the person] would like and what we need to do. If you don't look at it, you won't know if people are able to do things for themselves or how much support they need, so it is very important."
- Staff were responsive to people's changing needs. Staff were knowledgeable of how to monitor people's health and seek prompt support from healthcare professionals when needed. One person said, "The lady that I have now has helped me in the past, she knows when I'm poorly."

Improving care quality in response to complaints or concerns:

- A process was in place to investigate and record complaints or concerns. This included a robust complaints policy and procedure, which was accessible to people within their care files at home.
- People and their relatives knew how to complain if required and were confident that the manager would act on any concerns raised. One person said, "I had one problem in the past and I spoke to [the manager] about it. I phoned up and he sorted it immediately."
- We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy.

End of life care and support:

- At the time of the inspection, the service was not supporting any one with end of life care. However, the manager reassured us that people's wishes and preferences at the end of their life would be discussed and respected should this be required.
- People's care plans did not contain any information about their end of life care, however the manager showed us a form they planned to use in order to collect up to date information about people's wishes and

preferences at the end of their life. Furthermore, arrangements had been made to organise training in end of life care for all staff to attend.

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.

Leadership and management:

- There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Day to day management of the service was carried out by an acting manager, who had started the application process to register with the CQC.
- We received positive feedback from people and their families about the manager, whom they kept in contact with regularly. One relative said, "He is very pleasant to talk to, we have a chat now and again. He asks us if we have any problems or concerns" and another relative said, "He's very helpful, he checks in with us quite regularly and asks if everything is going ok. He will help us too, he will recommend about getting advice from a doctor if needed, he is good like that."
- It was clear that the manager had formed supportive relationships with people and we saw they interacted with people in a friendly and familiar way. However, there was a lack of direct support available to the manager, to enable them to share their management and office responsibilities appropriately. A field supervisor was employed on a part time basis to support staff and people within the community, however there no one employed to provide direct cover for the manager in the event of their absence.
- Whilst the risk of not having direct cover support for the manager was minimised due to the small number of service users being supported at the time of the inspection, it was notable that this arrangement of management cover could not be sustained over a long period of time.

We discussed this with the manager, who was aware of the issues this may cause and had started making arrangements with the provider to recruit further office staff to share management duties with.

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

- Quality assurance systems and audits had been developed to assess, monitor and improve the service. However, these were not always robust. For example, we identified gaps in some people's medicines administration records with no explanation as to why the record was incomplete. We raised this with the manager, who told us that staff should have used a coding system to document the reason why the record was not completed, such as if the person was absent or declined the medicine. We found that a monthly medicine audit completed by the manager had consistently failed to identify the gaps in medicines records, which meant action had not been taken to address this with staff and avoid a recurrence of incomplete records. Furthermore, a system used by the manager to monitor completion of staff training was not up to date and had not identified that two staff members were not included on the record of staff training.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were

policies on safeguarding, whistleblowing, complaints and recruitment.

- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

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

- People and their families told us that the service was well run. One relative said, "We absolutely love it. [My relative] can have restless nights and the staff manage it so well." Another person said, "I've got no concerns, I'm very happy with Alpha."
- The management team and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred.

Engaging and involving people using the service, the public and staff; continuous learning and improving care:

- The manager monitored feedback from people and their relatives through regular contact on the phone and during routine care visits, as well as sending out an annual survey. We looked at the results of the most recent survey which evidence mainly positive feedback about the service.
- Staff felt the service was well-led and kept in contact with the manager. One staff member said, "I like working for Alpha. I like that the company not so big, so we as staff don't get lost. If I have any problems, I can always get in touch with [the manager]. He is always at the end of the phone."
- Staff meetings were held regularly, which provided an opportunity for staff to discuss any issues or concerns together with their colleagues, and stay up to date with any changes within the service.

Working in partnership with others:

- The manager told us that they had a good local support network. They attended meetings with the local authority and other care agency managers in the local area. This enabled managers to share good practice and talk about any issues or concerns they had.
- Staff had links to other resources in the community to support people's needs and preferences, such as day centres.
- The provider and the manager worked with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided.