

Valeo Limited

Alpha House - Huddersfield

Inspection report

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Date of inspection visit:
11 June 2019
13 June 2019

Date of publication:
25 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alpha House is a residential care home providing personal and nursing care to three people with autism and/or a learning disability. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Medicine management had not always followed best practice and audits had not identified areas which required improving. Day staff had been trained to administer medicines and had their competency assessed. Night staff had not been trained and although this had not presented an issue, it had been highlighted as a requirement but not yet actioned.

Some improvements were required in how the service assessed and managed risk, as some risks were managed well, but others had not been identified to ensure the necessary risk reduction measures were in place.

Improvements were needed in how the service recorded behaviours that challenged others. More detailed records would help ensure the effectiveness of the resources available to reduce these behaviours.

Staff were recruited safely. Staff training, supervision and appraisal were not all up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, formal decision specific capacity assessments and best interest decisions had not always been undertaken which meant the service was not acting within the legislative framework.

People were supported to prepare meals of their choice and weights were recorded regularly to ensure their wellbeing. Staff supported people with hospital appointments, and professional visits. Professional advice was sought when required.

People using the service and relatives spoke highly of the caring support provided by the staff and told us people were treated as if they were a member of the family. They were happy with the service provided.

Audits and checks were carried out; however, these were not always effective in identifying areas which needed to be improved. The provider had not notified CQC of significant events as required which showed an issue with the overview of the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Some people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. However, for other people the service had identified they needed to look again at their outcomes to ensure goals were continuously reviewed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 5 December 2019)

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people at the service. A decision was made for us to inspect and examine those risks.

The inspection identified areas where the provider needs to make improvements. These included how they assessed and managed risk, ensuring lawful consent, records and how they assess and monitor the quality of the service they provide. The provider had failed to notify CQC of all occurrences that affected the people who use services

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alpha House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance, staffing and failure to notify. The provider has taken immediate action to mitigate the risks.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service remained caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Alpha House - Huddersfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by two inspectors. The second day was carried out by one inspector.

Service and service type

Alpha House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service. We spoke with the area manager, the operations manager, a senior care worker, and four care workers

We reviewed a range of records. This included all the care records and medication records. We looked at all staff files in relation to staff supervision and training. We also looked at a variety of records relating to the management of the service, including policies and procedures. We looked at the quality assurance records.

After the inspection

We spoke with two relatives and an advocate who regularly visits the service. We also spoke with a social worker.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant 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.

Using medicines safely

- The management of medicines was not consistently safe.
- Medication administration records (MARs) contained some discrepancies and gaps where staff had not signed to say the medicine had been administered. This meant there was no accurate record people had all their medicines in line with the prescription.
- One person's medicines which was required infrequently was out of date, which posed a risk to their health.
- Cream charts were not in place to show staff where to apply people's topical creams.
- As and when medicine guidance was not all held with the person's medication records, which meant it was not easily accessible to guide staff.
- All day staff had been trained to administer medicines and had their competencies checked. Night staff had not been trained to administer medicines, and although no one had needed medicines during the night, there was the risk people would have to wait for pain relieving medicines. The management team responded immediately to ensure night staff were supported to learn to administer medicines.

The issues we found in relation to the management of medicines demonstrated a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

The provider responded immediately to our concerns and the issues had been addressed by our second day of inspection and systems had been put in place to monitor the safe administrations of medicines.

Systems and processes to safeguard people from the risk of abuse

- People who could communicate verbally told us they were safe at the service. For those people who couldn't communicate, their advocate and relatives reassured us of their safety.
- Staff had been trained in safeguarding adults. Staff were aware of the different types of abuse people could be subject to and knew the action they needed to take if they suspected someone was at risk of abuse.
- Staff told us they would blow the whistle and report their colleagues if they were concerned about a colleague's care. One said, "We are not frightened of reporting anything. People have been sacked for sleeping on duty." Another said, "I'm not worried about going to my senior or manager."

Assessing risk, safety monitoring and management

- The environment was safe. Gas, electricity and alarm systems were regularly maintained, and certificates were up to date. The provider had a maintenance officer who had responsibility for ensuring all these checks were up to date.
- The provider had a range of policies and procedures to help to manage risk and keep people safe. Risk assessments and management plans were of inconsistent quality.
- For example, some risk assessments in place lacked sufficient details to show how staff needed to act to reduce the risks to people. Staff could tell us about the risks associated with people's care and what they did to reduce these risks.
- Staff were not consistently recording people's behaviours which challenged others, which meant the service did not have a full analysis to develop strategies or have the necessary evidence to inform professionals. Our review of records showed one person's behaviours changed dependent on the availability of staff who could drive.
- People had agreed physical interventions that staff could use if necessary but the plans lacked information on how staff should deliver the interventions in practical terms such as staff position, how many staff needed and post intervention aftercare. Although there was no direct impact, we raised this with the management team at inspection as an area to improve.
- Staff required additional training on physical interventions to build knowledge and confidence and ensure they were working to best practice guidelines. Information in care plans needed to be more detailed to guide staff.

Staffing and recruitment

- Staffing levels were based on the needs of the people at the service.
- Staff recruitment practices remained safe. Recruitment records were held centrally with the organisations human resource department, and the service kept a log of essential information.

Preventing and controlling infection

- Safe systems were in place to minimise the risks of harm from infection.

Learning lessons when things go wrong

- Staff completed records when things went wrong. There was inconsistency in the way the records were completed which meant learning from these experiences was not evident. The provider had already identified ways to improve records and how they could ensure lessons were learnt.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been appropriately applied for and there were three authorisations in place. One person's condition on authorisation had been met the week before our inspection. This condition had been in place on the previous authorisation which had expired but never met. This showed there had been a lack of monitoring of DoLS authorisations as the issue had only been picked up as part of the renewal process.
- We found inconsistencies in the recording of decision specific capacity assessments and best interest decisions. For example, there was no capacity assessment in relation to medication.
- Consent to care and treatment was also not recorded, although it was clear one person was able to and was consenting to their care. They said, "Staff always ask for consent. Never do anything I don't want them to do."
- Staff offered people choices and involved them in decision making; asking for consent before delivering any care or support. The area manager agreed to review how the service documented consent, capacity assessments and best interest decisions to ensure these were appropriately recorded.

Staff support: induction, training, skills and experience

- Staff supervision was not happening in line with the provider's policy. Records of supervision lacked information to show how the sessions were used to check staff knowledge and skills and to identify areas to develop. Annual appraisals were not up to date, and where they had taken place, some staff had requested further training around specific areas of care. We could not see evidence that this had been actioned.

- Staff were provided with a range of learning opportunities face to face or online. Records showed some training was not up to date. Knowledge checks were not done after training to show the training provided was improving people's skills.
- Relatives said staff were skilled in caring for their family member and understood their particular needs.
- Staff reported positively about how useful one face to face training had been to support their development and referenced a recent course on "hearing voices".
- The management team said they would always ensure specialist training was completed before agreeing care for people with specialist needs. The Operations Director had identified the need for some further staff training following their recent support visits to the service. We identified from our conversations with staff and during this inspection, further training would benefit staff to improve the care provided around mental health, mental capacity assessments, risk assessments, positive behavioural support and restraint.

The lack of timely supervision, training and appraisal for all staff posed a risk to the delivery of high-quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were responsible for cooking the meals and people were encouraged to participate. Staff told us people were able to choose what they wanted to eat, and this was done on an individual basis. People were supported to shop for their meals. One person told us they made one of their favourite meals, lasagne from scratch.
- Staff were aware of people's likes, dislikes, specialist diets and risks. Records were kept of meals eaten.
- People's weight was monitored for any changes.

Staff working with other agencies to provide consistent, effective, timely care

- Care records and daily notes showed people were supported to maintain their health and there was involvement from health, social care and advocacy as needed.
- The handover book showed staff were contacting professionals and healthcare when an issue arose which showed they were responsive to people's needs.

Adapting service, design, decoration to meet people's needs

- The home was designed to meet people's individual needs. There was one self-contained apartment within the building where one person with a higher level of independent living skills resided.
- A recent audit had highlighted the need to make some areas more personalised and this action had been completed.
- There was limited outdoor space and no secure outdoor area where people could come and go as they wished. However, when we raised this with a relative, they had no concerns and said, "There is a park nearby."

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

- People had access to health care professionals when required and we saw reference to this in people's care records, although we found relevant information had to be retrieved from archives. We raised this as an issue to ensure information was readily accessible when required.
- People were supported to see a dentist at regular intervals. Staff were recording people were supported with oral hygiene once each day. However, people were prescribed toothpaste to be used twice a day, and there was no detailed oral health plan in place to guide staff to achieve this. There was no evidence this information had been passed to the prescriber to alert them staff were not achieving their recommendation in terms of teeth brushing.

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.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with compassion, kindness, dignity and respect.
- People were comfortable and relaxed with the staff and we saw staff spoke with them using appropriate language and gestures.
- Relatives spoke highly about staff and told us even though their relation could not speak, they would be able to tell by their relations non-verbal gestures and behaviours if staff were unkind to them.
- One relative said, "Staff are kind and caring. They class [name] as part of the family and [name] treats them as part of the family. You've got to look at that. I wouldn't leave [name] somewhere that wasn't safe." Another relative said, "The current service is outstanding, marvellous."

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

- Staff knew people well and understood the importance of supporting people in communicating their needs and wishes. They understood what each gesture meant to the person. Recording was not consistent and in some sections of the care plans this was detailed, whilst in others further detail was required to ensure staff knowledge could be shared.
- People's relatives were also involved in decisions about people's care, where this was appropriate, and they wanted to be involved. One relative told us they were fully involved in all decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. A risk assessment had been completed where it was necessary to protect a person's specific issues around privacy and risk reduction measures had been implemented.
- Staff recognised the importance of supporting people to be as independent as possible. For some people they could evidence real success. However, some records did not evidence people's goals to help them to achieve outcomes. This had been recognised by the provider who assured us they had plans in place to address this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team assured us people received a full assessment before they came to live at the service to ensure people were compatible and there was a formal process to go through. We were made aware that this had not happened on one occasion, which resulted in the placement being unsuitable. The provider has agreed to investigate this to see if there are any lessons to be learnt from this, and if so, these will be shared across the organisation to improve their service.
- Two of the care plans were very detailed and of good quality providing staff with the guidance needed to support people. There were areas which could be improved around oral care, bowel management and guidance around restraint but overall, they were very descriptive. Not all sections were signed or dated. One person's care plan was of a lower standard and the management team agreed to review this as a priority.
- Reviews were not person-centred, which had already been highlighted by the Operations Manager. Registered managers had recently been trained and were due to carry out person-centred reviews. The Operations manager provided evidence of a senior management meeting where this was discussed, and their notes said, "We need to ensure that they are led by the individual, that they have invited who it is that they wish to attend and that we capture people dreams and aspirations in the most appropriate way." They assured us this was an area they were developing across their services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records identified their communication needs. Some of these were very detailed records and staff could tell us how they communicated with people using gestures and facial expressions. Staff also kept a lot of communication information in their heads and we suggested they looked at ways to record this to ensure this information was captured.
- Two people's records referred to their use of Makaton (signs and symbols to help people communicate) but not all staff had been trained in this method. We raised this with the management team who did not think it was an issue as staff knew the signs people used to communicate. Staff told us they would be willing to be trained to use Makaton.
- Information was available to people in different formats which ensured the service was meeting the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with their families, and their relations told us they felt informed and involved in their relative's care.
- People were involved in activities on most days, and they chose what they wanted to do but this was often dependent on staff availability (such as a driver). We found improvements could be made in how people were supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them. For example, one person's records showed they had not taken part in the activities identified in their care plan.
- Another person's care plan did not contain a weekly planner, nor did it identify their goals and aspirations. Our discussions with staff, with the person and their relative showed conversations were happening about further education, but these had not been formally recorded.
- The Operations Director had recently completed an observation with staff during an activity. They said, "The staff were fabulous. Everyone was included in the conversation. It was a really nice day." They said they had lots of ideas to pass on to staff to ensure people were provided with meaningful activities that did not over stimulate them and they would arrange for the necessary assessments to take place to maximise people's life experiences.

Improving care quality in response to complaints or concerns

- The provider had a policy in place which detailed how to make a complaint. There had been no complaints at the service and we confirmed with relatives they had no complaints about the service.

End of life care and support

- The service was not supporting people at the end of their life. There was a section in people's care plan called "Wishes after death." This was not always completed. The provider was aware that records must include preferences relating to protected characteristics, culture and spiritual needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits had not consistently identified areas of practice which were unsafe and required development. For example, the medication audit had not identified the concerns raised during this inspection. Areas where care plans could improve had not been identified. Mental capacity assessments and best interest decisions were not in place for specific decisions and some restrictions.
- The provider had systems in place to monitor the quality of the service and a quarterly audit was completed by the registered manager. Sufficient checks on these were not conducted to ensure the information inputted was accurate.
- Where audits could have identified areas to improve, opportunities were missed. For example, there was a disconnect between what was put on their health and safety portal about accidents and incidents and what was happening at the service. This meant in terms of behaviours which might challenge, triggers were not recorded.
- Staff hadn't been supported through regular, timely and effective supervision and appraisal.

The provider did not have effective systems in place to assess, monitor and improve the quality of service provided. This is a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Registered manager meetings were held within the organisation to develop manager's knowledge and skills to drive up improvements at each service. Minutes from these meetings showed the provider was identifying and outlining areas to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us how much they loved working at the service and how supportive the registered manager was. They described good team working and their colleagues going over and above to support people at times of crisis. One said, "I am passionate about my job and I am passionate about [the service users]."
- One person who could verbally communicate with us said, "[Manager's name] understands me. She is a good manager."
- There had been no update to the staff and service user questionnaires since our last inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had policies and procedures in place across their portfolios of homes that provided staff with information about different aspects of their service. Staff were expected to sign they had read the policies but not all staff had done so.
- The provider had a complaints policy in place and a process to follow if they received any complaint. There had been no complaints.
- The registered manager had not understood their responsibilities in reporting to CQC of significant events. We had not been notified when DoLS were authorised nor in relation to a safeguarding incident. In addition, there were no records at the service in relation to the safeguarding.

The failure to notify CQC of all incidents that affect the health, safety and welfare of people who use services is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- The provider was in the process of setting up a quarterly service user forum meeting and the invitations for this had sent out. One person living at this service had been identified to attend the forum.
- Records showed two team meetings had been held recently. This gave staff the opportunity to contribute to the running of the service. Night staff meetings were less frequent. Where staff could not attend team meetings, they told us they were provided with information using a communication book. One said, "I have to admit they are good at communicating."

Working in partnership with others

- Staff worked closely with other health professionals where people required expert advice and intervention. These included both health services, advocacy and local authority.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>CQC had not been notified about incidents as required by legislation</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medication had not always been managed safely.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (2)(a) Ineffective governance, auditing systems and processes to assess, monitor and improve the quality and safety of the service. There had been inconsistent approach to recording incidents which meant lessons were not learnt or shared.</p> <p>17 (2) c Decisions made on behalf of a person who lacks capacity had not all been recorded to provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 and their associated guidance</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff supervision, training and appraisal was</p>

not all up to date. Knowledge checks following training were not carried out to embed learning.