

Alpha Community Care Limited

Alpha Community Care Limited

Inspection report

Unit 1, Farrington Court
Farrington Road
Burnley
Lancashire
BB11 5SS

Tel: 01282455205

Website: www.alphacommunitycare.co.uk

Date of inspection visit:

29 July 2019

30 July 2019

Date of publication:

16 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alpha Community Care Limited is a domiciliary care agency that is registered to provide personal care to people living in their own homes. At the time of the inspection, 22 people were receiving a service from the agency. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The registered manager carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The registered manager had appropriate arrangements to ensure staff received training relevant to their role. She explained all staff were due to refresh their training in the next two months. New staff completed an induction training programme. Staff felt well supported by the registered manager.

People and their relatives consistently told us staff were caring and always showed kindness and compassion. People and where appropriate their relatives had been consulted about their care needs and had been involved in the care planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities. People and their relatives had access to clear complaints procedure.

The registered manager demonstrated a strong and supportive leadership style. She led by example and promoted a culture of team work and inclusion for all. Staff felt valued and were proud to work for the service. The registered manager had established quality assurance systems and used feedback to make improvements to the service.

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 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alpha Community Care Limited

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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 30 July 2019. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection such as notifications. These are events that happen in the service the provider is required to tell us about by law. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we visited the office and spoke with the registered manager, the nominated individual and one member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four people using the service, three relatives and three members of staff over the telephone.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate training and to policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "I feel very safe with the carers. I can trust them with anything" and another person said, "I feel extremely safe with them. They are always there to reassure me."
- Relatives spoken with had no concerns about the safety of their family members. One relative said, "They are all very trustworthy and look after [family member] in the best way possible."
- The registered manager and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and were due to refresh their knowledge.
- Where appropriate, staff supported people to manage their finances. We saw there was a procedure in place to record all financial transactions.

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

- The registered manager maintained effective systems to ensure potential risks to people's safety and wellbeing had been assessed. Each person's care plan included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- The registered manager had carried out service level risk assessments. The assessments covered areas such as lone working, the use of equipment and manual handling. The registered manager reviewed all risk assessments at regular intervals.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incident. The registered manager had carried out an investigation following a minor incident and had disseminated the learning to the staff team.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us they received care from to the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

- People and relatives said staff were punctual and they had never missed a visit. One person told us, "They are always on time and if anything, they stay longer than they should."
- The registered manager devised the staff rotas to ensure the planned visits were flexible and in line with people's preferences. On looking at the staff rotas, we saw staff had sufficient travelling time and the necessary amount of time to spend with people.
- At the time of our inspection, the provider was considering various ways to monitor the visits to people's homes. As an interim measure, the registered manager was due to implement a system whereby staff logged their call times by sending text messages.
- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines when they should. Where people were supported, we found medicines were managed in line with good practice guidance. People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent and a risk assessment.
- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and the registered manager was due to carry out checks on the staffs' level of competence.
- Staff completed medicine records accurately. However, we noted there were no written instructions for the administration of medicines prescribed 'as necessary'. The registered manager provided assurances this matter would be addressed immediately.
- The nominated individual checked all medicines records when they were returned to the office. We saw an action plan was developed to address any shortfalls.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels. People confirmed staff used the equipment when providing personal care.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training and understood the relevant requirements of the MCA. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. People using the service confirmed this approach. One person said, "The staff are just brilliant. They always ask me what I want doing and will do everything they can to help. They frequently go above and beyond. Nothing is too much trouble for them." There were no restrictions on people's liberty.
- The registered manager considered people's capacity to make decisions as part of the initial assessment. We noted people had signed consent forms in respect to care and treatment, management of medicines and the sharing information with other organisations. The registered manager explained there were plans to further embed the principles of the MCA within the care planning process.

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

- The provider had systems to ensure people received care which met their individual needs. The registered manager completed a detailed assessment prior to a person receiving a service. This helped to ensure people's needs and preferences could be appropriately met.
- People told us the assessment process was thorough and confirmed they had the opportunity to discuss their needs and how they wished their service to be delivered. One person said, "[The registered manager] came round and discussed everything with me. It was all down to what I wanted, and I made all the decisions. They have been marvellous ever since." The needs assessments had been used to develop individual care plans which guided staff on how to support people.

- The registered manager and staff considered people's protected characteristics, such as sexuality, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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

- People were supported to eat and drink in line with their care plan. People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person told us, "The staff are very helpful. They chop vegetables up for me, so I can manage to cook myself." Another person explained they were following a diet plan and a member of staff helped them cook and freeze healthy meals for the forthcoming seven days. The person said, "They are always willing to go the extra mile."
- People's nutritional needs were assessed, and diet and fluid charts were implemented for those requiring closer monitoring. Staff sought specialist advice, as necessary.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and relatives felt staff were competent and well trained. One person said, "The staff are extremely well trained and very knowledgeable and respectful of [family member's] needs."
- Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise.
- The registered manager monitored staff training to ensure all staff completed their training in a timely manner. She explained all staff were due to complete refresher training over the next two months.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff. One person told us, "[The registered manager] has introduced new staff to me and not let them provide care until I feel comfortable with them."
- The provider had systems which enabled staff to be individually supervised and appraised, allowing discussions around work performance, training needs and areas of good practice.

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

- The registered manager and staff focussed on building and maintaining open and honest relationships with people and their families. People and their relatives told us staff always treated them with respect and kindness and they were complimentary of the support they received. One person told us, "All the staff are absolutely brilliant. They are all caring and very friendly. They have made a massive difference to my life." And a relative commented, "[The registered manager] and all the staff have been so sensitive in understanding our difficulties. [Family member] feels safe and comfortable with them all."
- Staff had developed good relationships with people and their relatives. They described warm, caring and friendly interactions. One person said, "All staff are kind and very thoughtful."
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's backgrounds and personalities. Staff spoke with warmth and affection about the people they were supporting. Staff told us they were proud of the work they did and believed people supported by the service received personalised care and support. People's equality, diversity and human rights were respected and recorded as part of the care planning process.

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

- People were involved in decisions and consulted in individual and meaningful ways. People were consulted about their care needs and personal preferences. One person told us, "[The registered manager] makes a conscious effort to make sure everything is right for me and nothing is missed out of my care plan. The plan is very detailed and gives staff step by step information. I've agreed it all and signed it." This demonstrated people's views were listened to and respected.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences and encouraged to express their views. People said they were listened to. One person said, "They will always make time to talk to me and listen to what I want. They are all wonderful."
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff called people by their preferred name and spoke to people with respect. One person said, "I have real input into my care and they respect me in every way. I can't fault them at all."
- Staff encouraged people to develop their independence and self-esteem to enable them make choices

and express their preferences. The staff offered people opportunities to increase their independence and to have freedom and control over their lives.

- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "They will all do whatever I want doing. It is more than a job to them."
- The registered manager developed person-centred care plans, which provided the staff team with clear guidance about people's needs and how best to meet their needs. This helped to support effective delivery of care. We noted each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- The care plans were detailed and showed people's preferences and interests had been taken into consideration. The registered manager had reviewed the plans at regular intervals and any changes in needs had been clearly recorded.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way and had completed care records when there was an identified risk.
- The registered manager used technology to enhance the delivery of effective care and support. Rotas were devised on a computer and the registered manager maintained databases to monitor staff training and other aspects of the service.

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 had good support to undertake activities, hobbies and interests that enhanced their quality of life. Activities included cooking, swimming, walking, gardening, shopping, pool and bingo. The registered manager considered people's personalities and interests and wherever possible matched staff with similar interests.
- Staff protected people from the risk of social isolation and loneliness. People were well supported to maintain contact and have meaningful relationships with people who were important to them. The registered manager explained she was supporting a person to visit a friend during the following weekend.

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.

- The registered manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans and shared appropriately with

others. Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They said they would speak to a member of staff if they had any concerns or wished to raise a complaint. One person told us, "I am totally happy with everything. I feel very lucky they provide my care. If there was anything at all, [the registered manager] is always happy to help."
- The provider had arrangements in place for recording, investigating and resolving complaints. The registered manager confirmed she had received no complaints about the service.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.

End of life care and support

- The service was not primarily designed to provide people with end of life care. However, in these circumstances the registered manager explained the service would work closely with health and social care professionals to ensure the comfort and dignity of the person.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people. We noted a positive open culture, where people were empowered to make choices and have control over their lives.
- Throughout the inspection, people and their relatives spoke highly of the registered manager and the staff team. They told us they would not hesitate to recommend the service and described the service as 'well managed'. One person told us, "It is the best care company I have ever had. They go the extra mile, and everything is the highest standard". And a relative said, "I don't know what I would do without them. They are very reliable and trustworthy."
- Staff told us they felt everyone was well supported and they all described how much they enjoyed their work. One member of staff told us, "We do our best to provide everything people want in the way they want it."

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

- The registered manager understood and acted on their duty of candour responsibilities. She promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff and people using the service and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they felt valued and supported. One member of staff told us, "[The registered manager] really values and appreciates the staff. She promotes teamwork and does a brilliant job". And another member of staff said, "If there are ever any problems, whether she's busy or not, she will always find time for us."
- The provider had established effective systems to monitor the quality of the service. The nominated individual carried out audits and monitored the standards and quality of the service effectively. We saw action plans were drawn up to address any shortfalls. Any learning had been discussed with the staff.

- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.
- Throughout the inspection, it was evident the registered manager was passionate about their role and ensured improvements were continually made to the quality and safety of the care provided.

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

- The registered manager and staff were positive role models and were actively involved in supporting people to achieve their goals and ambitions. They were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care.
- People and staff were invited to give feedback on the service and had been given the opportunity to complete an annual satisfaction questionnaire. The last survey had been carried out in September 2018. We looked at the collated results and noted people and staff indicated a high level of satisfaction with the service.

Working in partnership with others

- The registered manager fostered and encouraged working in partnership with other professionals and agencies. The registered manager and staff team sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs This included district nurses, mental health nurses and the local GPs, as well as the safeguarding and social work teams.