

Alfa Inc LTD

Alfa Personnel

Inspection report

Unit 11, Barnsley Business And Innovation Centre
Snydale Road, Cudworth
Barnsley
South Yorkshire
S72 8RP

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13 November 2019

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Alpha Personnel is a domiciliary care agency. It provides personal care to people in their own houses and flats in the community. At the time of inspection one person was receiving support.

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

Governance and performance management systems were not in place. The quality of information in care plans varied and some records we looked at did not include information about individual risks.

Medicines were not managed safely, systems were not in place to ensure people received medicines safely. The provider and the manager had not created strong systems to promote people's safety in terms of the recruitment of suitable staff. Care plans and risk assessments did not detail what care and support people needed to reduce risk to them. Relatives told us they did not always feel their relative was safe.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice. Decision specific mental capacity assessments had not been carried out to establish if people had the ability to make informed decisions. Best interest decisions had not been appropriately completed and recorded. The provider had failed to ensure that staff received the appropriate support and training necessary to enable them to carry out the duties they are required to perform.

People's end of life wishes had not been explored and documented. The service had a complaints procedure and people knew how to complain. However, complaints had not been recorded. Peoples likes, dislikes and communication needs were not recorded in care plans.

People's views were not always obtained when completing care plans. The service doesn't always ensure that schedules are organised so that people receive care and support from staff they are familiar with.

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

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to providing safe care and support to people, recruiting staff that are suitable for the role, obtaining consent from people to receive care and treatment, responding to

complaints, providing support, training and supervision and overall governance including notifying CQC of changes and incidents.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Alfa Personnel

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 team consisted of 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 in place, however they were not registered with the Care Quality Commission. The manager had recently applied to become registered. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 the provider and the manager.

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

After the inspection

We spoke with one relative about their experience of the care provided, and three care staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely. There were no safe processes in place to protect people from harm such as a care plan and risk assessment to provide staff with guidance.
- We were not assured that people were receiving their medicines as prescribed. There were no medication administration records, (MAR's) in place to demonstrate when medicines had been administered. There was no up to date list of medication in place.
- Staff who were administering medication were not trained to do this and their competency had not been assessed.

Whilst we found no evidence that people had been harmed, the service failed to demonstrate safe medicines management practice. This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

Staffing and recruitment

- Safe recruitment procedures were not in place to ensure only staff suitable to work in the caring profession were employed.
- Staff did not undergo an interview with the provider. Gap's in employment history were not followed up.
- References were not in place to demonstrate staffs past conduct.

Whilst we found no evidence that people had been harmed the service had failed to demonstrate they followed safe recruitment procedures this is a breach of Regulation 19: Fit and proper person employed. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

The provider responded immediately after the inspection. They confirmed actions were in place for future recruitment. The manager assured us they would follow up the missing information for staff who were already in employment.

Systems and processes to safeguard people from the risk of abuse

- People told us they didn't always feel the service was safe and they didn't feel their relative was always safe when staff visited.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The manager told us there had been no safeguarding incidents in the last twelve months. However, through our inspection process we identified issues that should have been reported.

This was a breach of Regulation 18: Notification of other incidents Care Quality Commission (Registration) Regulations 2009

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment was undertaken to assess whether the service could meet people's needs. However, this assessment was basic and required more detail.
- People's care files included some assessment of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, equipment, and manual handling. However, specific health needs had not been risk assessed. The person was supported to access the community using public transport but there were no risk assessments in place for this.
- Although care documentation set out some risks and control measures in place to mitigate risks, records for some aspects of care provision lacked detail.

Whilst we found no evidence that people had been harmed the service failed to demonstrate they assessed all risks to the health and safety of service users of receiving the care or treatment this is a breach of Regulation 12: Safe care and treatment. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording accidents and incidents. However, staff had not always followed this process.
- There were no systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident. However, this didn't always happen.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments of people's needs were completed however this information was very basic. Care plans had been reviewed.
- The service was not always delivering care in line with current guidance and law.

Staff support: induction, training, skills and experience

- The provider and manager did not ensure the staff providing care or treatment to people have the qualifications, competence, skills and experience to do so safely.

Whilst we found no evidence that people had been harmed. This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- Training was predominately delivered via unsupported e-learning. Discussion with staff raised concerns regarding the ability of staff to retain and reflect upon training completed as some staff spoken with lacked awareness of the training courses that they had completed and course content. For example, staff couldn't explain what action to take to ensure people were safe and protected from harm and abuse.
- Staff did not receive regular supervision to ensure they were supported in their role. We viewed the records of five staff, which indicated they had not yet received a supervision. The manager informed us staff currently did not receive supervision. This along with failures in the training process, meant people were at risk of staff being ineffective at their role.
- The manager informed us they would provide staff with supervision moving forward.

This is a breach of Regulation 18: Staffing. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

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

- The service supported people with their dietary needs. However, care records showed people's dietary needs had not been assessed, such as their food preferences and how they should be assisted with their meal. Due to support provided by family any risks in relation to this were reduced.

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

- People's families arranged their own healthcare appointments. However, where the service had supported

with appointments, information was recorded in daily notes to ensure people received effective care.

- Staff were aware of what action to take if people were unwell or had an accident.

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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one was under CoP.

We checked whether the service was working within the principles of the MCA.

- The service did not always seek consent to care and treatment in line with legislation and guidance. It was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.

This is a breach of Regulation 11: Need for Consent, of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff do not always know people's preferences, as these were not recorded. Staffing was regularly inconsistent, and staff did not have time to find people's likes and dislikes out. The family had provided a written plan about the person, however, staff did not read this before arriving to deliver care.
- Relatives told us, some staff are more focused on tasks than people and their wellbeing.

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

- Peoples views are not obtained when completing care plans. During reviews the person and their family were not involved the process.

Respecting and promoting people's privacy, dignity and independence

- The service does not always make sure that schedules were organised so that people receive care and support from familiar staff. When the care package commenced family requested two male staff to provide support. This was to act as a role model to the individual and develop relationships. However, this did not happen. Rota's show it was predominately female staff that provided support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans did not give information to staff about a person's specific care needs for example epilepsy or learning disability. Care plans we reviewed had limited information about these personalised needs. This meant staff were not equipped with relevant information to appropriately support the person and better understand their needs.
- People's care plans held no information about people's likes, dislikes and preferences. There was no information in people's care plans about their life history and things which were important to them.

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 plans contained minimal information about their communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. No complaints had been recorded. However, in discussion with people and their relatives they confirmed they had raised complaints about the service they were receiving. This is reported on further in the well-led domain.
- People were not confident that their complaints had been listened to and acted upon.

End of life care and support

- No one was receiving end of life care at the time of our visit.
- People's wishes about the care they would like to receive at the end of their life was not included in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider and manager had not provided effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, the concerns we identified at this inspection relating to medicines, staff recruitment, staff supervision and training, risk assessments, care plans and the mental capacity act, had not been identified by the provider and manager. Although random checks of daily notes and care plans were being undertaken, these checks had not picked up on the concerns we identified with these documents during this inspection.
- Robust audit systems were not in place. We checked to see if there were any provider level audits being undertaken of the service to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. We spoke to the manager who confirmed the provider did not undertake any audits of the service
- There were no systems in place to learn when things went wrong.
- The manager responded to our feedback and began to implement changes during the inspection.
- There was a manager in post who provided support to staff. They were in the process of completing their application to register with the Care Quality Commission.

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

- The manager had not created a positive culture. Relatives did not always feel staff provided good care to their family members and were not satisfied or confident in their abilities. Staff told us they had limited interactions with the manager, interactions were mainly in relation to shift cover.

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 manager was aware of this and the importance of this.
- During the inspection they were open and reflective to the issues we raised. They told us that they would make the required improvements.

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

- Staff meetings were not held to share information about changes and updates to the service. We also found the service failed to ensure staff received regular supervisions.

- The provider had not yet started to process to obtain people's views via questionnaires. The manager confirmed this would take place. We will review the progress of this at our next inspection.

Continuous learning and improving care

- There were no systems in place to enable the manager to monitor the quality of the service. We found continuous learning and improvements to care were not in place.
- The manager had not developed a culture of continuous learning. They became aware of this need during the inspection process. They needed to improve their own knowledge and understanding in key areas of their work.

Working in partnership with others

- The manager was developing relationships with other professionals to improve partnership working.

Due to not monitoring the quality of the services, this is a breach of Regulation 17: Good governance. of the Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not assessing the risks to the health and safety of service users of receiving the care or treatment. Not doing all that is reasonably practicable to mitigate any such risks. Not ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. No safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were operated effectively to ensure that persons employed meet requirements. Information in Schedule 3 was not present.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support,

training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>No assessing, monitoring of the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>Not all risks had been assessed, monitored and mitigated relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>There was not a complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p>

The enforcement action we took:

Warning Notice