

Alpha Care Solutions Limited

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Inspection report

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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

Alpha Care Solutions Limited is a domiciliary care agency (DCA) which provides twenty-four hour care and support across two supported living locations to people with a learning disability. At the time of our inspection, four people were being supported in their own homes, two living at each location.

The inspection took place on 24th March 2016 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager would be available. The last inspection of this service took place on 23rd April 2014 and at that time the service was meeting all the required standards inspected.

The service was run by a registered manager and a company director (the management team) both of whom were present on the day of the inspection visit. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives of people who used the service told us their family members were safe. Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs. We identified during our inspection that due to a management oversight references were not taken up as required in the company's recruitment process. This oversight was immediately addressed by the management team to ensure that staff were recruited safely.

The management team and staff understood their responsibilities in terms of safeguarding people from abuse and managing risk. Accurate and up to date records were kept about the care and support people received and about the day to day running of the service which provided staff with the information they needed to provide safe and consistent care and support. Potential risks had been identified with steps recorded of how the risk could be reduced. People received safe care that met their needs, protected them from harm whilst promoting their freedom and rights to exercise choice and control. People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely.

Staff and the management team had a good understanding of the Mental Capacity Act and people were

supported to make their own decisions wherever possible. Staff asked for consent before supporting people in ways they were comfortable with. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

Staff were supported to carry out their role effectively. There was a regular programme of training with opportunities for specialist training relevant to meeting the needs of the people using the service. People were supported to have enough to eat and drink to maintain their health whilst respecting their preferences. People had access to health professionals when needed and we saw the care and support provided was in line with what had been recommended. When people became unwell staff responded quickly and sought the appropriate support.

Staff had formed positive relationships with people who used the services and were valued and held in high regard by the people and families they supported. Care was personalised and met people's individual needs and preferences. People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included. Staff treated people with dignity and respect and promoted their independence.

Relatives told us they felt able to raise any concerns with the management team. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and accessible.

There were systems in place to monitor the quality of the service and these were used constructively to drive improvements. The management team were motivated to continue to learn and develop and work in partnership with health and social care professionals to improve outcomes for people who used their service.

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.

Policies and procedures for the safe recruitment of staff were in place.

People's needs had been assessed and risks to their safety were identified and managed effectively.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

People's rights were protected and they were supported to make their own decisions wherever possible.

Staff received appropriate training, supervision and appraisal so that they were competent to meet people's needs effectively.

People were supported with nutrition and access to health care services to help them to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff were attentive to people's individual needs and had a good knowledge and understanding of their likes, dislikes and preferences.

People were supported to be as independent as possible by staff who respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement and that of their families.

People's care and support plans were continuously reviewed to ensure the service met people's needs and that people were supported during times of change.

People participated in activities and interests that were important to them.

People knew how to make a complaint and were confident they would be listened to and any concerns would be acted upon.

Is the service well-led?

Good ●

The service was well-led.

The management team were visible and people and staff felt able to approach them and felt listened to when they did.

Staff felt supported and valued which had a positive impact on the people who used the service.

There was a culture of openness, partnership working and a willingness to learn and develop.

Quality monitoring systems were in place to identify any areas needing improvement.

Alpha Care Solutions Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24th March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day and we needed to be sure that someone would be in.

We reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we observed two people who received care and support in their own home. Due to the people's complex needs we were unable to obtain their views regarding the service they received. Therefore we spent time observing the interactions between people and staff. As part of the inspection process we spoke to the registered manager and company director. We also spoke with two relatives of people who used the service, four members of staff and four health and social care professionals who worked closely with the service.

We reviewed four people's care plans, to see how their care and support was planned and delivered and looked at other records related to people's care. This included medicine records, the provider's quality assurance audits, satisfaction surveys and records of complaints, accidents and incidents. We also looked at four staff record files, the training programme and staff rota.



Our findings

Peoples relatives told us their relations were well looked after. One relative said, "I know that [Person] is safe and when they are happy I am happy."

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for three members of staff showed that they had completed an application form, provided a full employment history and photographic proof of identity. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services. However, on the day of inspection we saw that the service had omitted to take up written references despite this being part of their recruitment policy. This was discussed with the management team who agreed that it had been an oversight on their part due to the fact that the service employed a small, close-knit staffing group who had been recruited on the basis of recommendation. The service immediately addressed the issue and obtained satisfactory written references for all staff members retrospectively within the timescale requested to evidence that safe recruitment practices were being followed. We were also provided with assurances that the management team would adhere to their recruitment policy and take up references for all new employees in the future.

Other mechanisms employed by the service to ensure safe recruitment included arranging for new staff working in pairs with experienced team members so they were not unsupervised. In addition the management team took a hands-on approach often working shifts and in this way monitored staff providing additional supervision.

Staff rotas showed that there were enough staff employed to meet people's needs and keep them safe. The workers were long-standing employees which meant that people consistently received support from the same member of staff which ensured continuity of care. People and their family members told us this helped them to feel safe.

Risks to people's safety had been assessed and staff knew how to provide support to minimise the risk of harm. We saw that assessing risk was a continuous process which was informed by everyone who knew the person well and was involved in their care and support including staff and family members. Where risks were identified, comprehensive risk management plans were put in place for when people were within the home environment and out in the community.

The written records we looked at showed that consideration was given not only to protecting people from harm but also respecting their rights and freedom. For example, people's money was kept safe in a locked box and at each change of shift, staff members would complete an audit to ensure the amounts matched with the records kept. However, people were also provided with a wallet they could keep on their person with designated amounts of money to spend how they wished. In this way, people were protected but still able to exercise choice and control.

People were protected from the risk of abuse. Staff had received training in how to safeguard adults from abuse and knew the signs to look for which might tell them that someone was being abused. Staff were aware of the reporting process and told us that if they had any concerns they would report this to the management team.

Medicines were recorded and administered correctly. Medicine administration records (MAR) showed that people received their medicines as prescribed. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people received their medicines safely. We looked at written records which showed that spot checks were regularly carried out to check that people were receiving their medicines safely.



Our findings

We found that people received care and support from a consistent staff group who knew people well and had the skills and knowledge to meet their individual needs. Relatives told us that the staff met their relation's needs and provided good care. One relative told us, "They have very experienced staff who come from the right professional background." Another relative said, "The staff are very skilled and experienced, [family member] has made huge progress thanks to them."

The service provided all new staff members with a three day classroom induction based on the Care Certificate. The Care Certificate sets out national minimum standards on what is needed to be caring, providing workers with a good foundation from which they can develop their knowledge and skills. The service also used e-learning to cement learning and monitor staff progression to identify any gaps in staff's knowledge and skills. The service kept an electronic spreadsheet which recorded staff training to ensure that all mandatory training was up to date. The system highlighted when refresher training was required.

Staff told us they had been provided with a very good induction which was followed by shadowing experienced members of staff to support them to be competent in their role. They said that the training was very good with opportunities provided for further learning and development if they were interested in particular specialist areas such as autism awareness. We saw that the service organised additional training in response to the individual needs of people using the service, for example training in epilepsy.

Staff said they felt supported by the management team who were accessible and approachable. They received regular supervision which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs. Supervision was also used as an opportunity to monitor staff satisfaction with their role and how they were being supported. Staff also received an annual appraisal which was used as an opportunity to look at their objectives, development and training needs. Appraisal was viewed as a two way process and staff were provided with a questionnaire so that they could provide feedback. The support provided by the management team had resulted in positive outcomes for people using the service as staff told us they felt valued and stayed with the provider. This resulted in people being cared for by staff who they were familiar with and who knew them well. One staff member, speaking about their relationship with a person they supported said, "We have been together from the beginning so we have a really good rapport, a trusting relationship."

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 people 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 under the 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 were being met. We saw that the registered manager consulted with other professionals where appropriate to ensure that DoLS applications were applied for appropriately

We saw that people's mental capacity had been assessed to reflect their ability to make specific decisions for themselves and where decisions were being made in people's best interests, these were correctly documented. The assessments were respectfully worded and evidenced consideration of the least restrictive option and use of appropriate consultation with other people such as peoples' representatives and relevant health and social care professionals in the decision-making process in accordance with the MCA code of practice.

Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and they were able to demonstrate that they understood their responsibilities with regard to seeking peoples consent and supporting people to make their own decisions. Staff were aware of the importance of giving people choices and communicating information in a way that helped people to understand what they were being asked so that they could make an informed choice. For example, one member of staff told us how they would support someone to make decisions about what to wear. They said, "I open the wardrobe door and will prompt if necessary. I use hand signals and gestures to help them to understand what the weather is like, for example I might say it's quite cold out today and at the same time I would mimic what it feels like when it's cold by shivering, making noises like 'Brrrr' and rubbing my arms to help them to understand."

People were supported to have food that met their dietary needs and preferences and were involved in meal planning and shopping for groceries to ensure that their preferences were respected. To support people who were not able to read or write to make shopping lists and participate in the shopping experience, the service provided people with picture stickers of grocery items so that people could identify and choose what they wanted to buy each week.

Relatives told us that the service supported people to make healthy food choices and had supported them to lose weight to improve their health. One relative said, "[Person] always tells me their food is better than mine." Where people had particular dietary needs in order to maintain physical health the service supported this, following guidance provided by health care professionals. A staff member told us, "[Person] is on a special diet, we have a diet sheet from the hospital. We keep a daily log to monitor food. To help [Person] decide what to eat we show them choices from the fridge from the list the hospital gave us, we always give them a choice."

Staff understood people's health care needs and supported them to maintain good health. People had hospital passports which meant that when they moved between care services, health care professionals were aware of their needs and how best to support them. The records we reviewed showed that people were supported to access health care services such as GP, hospital appointments and opticians. A monthly medical appointment audit was completed to ensure that all medical appointments were recorded and followed up as required.

We reviewed feedback from relatives in the annual satisfaction survey. One relative had commented, "Excellent support in a medical crisis." A relative we spoke with told us how staff had looked after their family member really well when they were unwell, supporting them not only with GP appointments but

going the extra mile to provide care and nurture to help them to feel better.



Our findings

People said the staff were caring. One relative told us, "They go the extra mile. They are really something special. I feel really blessed that [Person] is with this service." Another relative said, "They are all very caring, I really can't fault them."

On the day of inspection we observed two members of staff working with two people who used the service. We saw that their interactions were warm and affectionate with appropriate use of touch. The staff spoke to people kindly and courteously and used gentle humour to engage with them.

Relatives told us that their family members were treated with dignity and respect and that the staff members were very respectful of people's privacy. We saw that people's care plans were kept in a locked drawer in the office to maintain confidentiality.

Staff spoke with familiarity and enthusiasm when talking about the people they supported. Comments from staff included, "Me and [Person] have a fantastic rapport, I can really tap into their sense of humour". And, "[Person] and I get on really well, we are always laughing and joking. We dance to music, we go out together, I am guided by what they want. I can always tell if they are unhappy or don't want to do something".

Staff had an in depth knowledge of the people they were supporting and could describe in detail things that were important to the person. They knew how best to support them and manage any difficulties they experienced at home or when out and about. People were aware of who was going to provide care to them because they received weekly rotas which were displayed in their homes. We recommended including pictures of staff members in the rotas for people who were unable to read and the management team agreed to consider this.

Relatives told us they felt listened to and were fully involved in decisions around the care and support their family members received. One relative told us, "They always ring me and keep me informed, they make me feel welcome when I visit and always make me a cup of tea." Another relative said, "I feel included in everything."

People's independence was promoted in a number of ways. For example through staff working with people to develop their daily living skills. Relatives told us their family members had made good progress since being supported by the service. One staff member said, "We help people to develop, baby steps, progress slowly. [Person] is now able to make their bed." Another staff member told us how they had worked with

people to improve their confidence in social situations.



Our findings

When people joined the service they had an initial assessment which focussed on their health and wellbeing, daily living skills, mobility and the level of support they required both in and out of the home. Information was gathered from those who knew them well. Where people were able to communicate verbally they were provided with the opportunity to say what was working and not working in their life, how they would like their life to be and to identify their most important outcomes for the year. In this way people's wants and needs were respected and promoted. We saw an example of where the service had supported a person who had been able to express a particular need. The service had supported the person to fulfil their wishes with appropriate boundaries put in place to safeguard all those involved and manage any risks.

Based on information gathered during initial assessment and through on-going observations and interaction with people a care and support plan was developed. This was informed not only by people and their relatives but also by the staff who supported that person. The plans were continuously reviewed in response to feedback and daily observations from staff to ensure that they were up to date and accurately reflected the level of care and support each person required.

Care plans were written sensitively and were person-centred which means that the person was placed at the heart of everything that the service did. The provider's philosophy of being person-centred extended to how the service recruited new staff. The management team arranged for potential new employees to shadow existing staff members at work as part of the interview process. In this way the people who used the service were involved in choosing who cared for them as their opinions were sought as to the suitability of candidates.

Where people required additional support to communicate or were unable to communicate verbally, records detailed their communication preferences. Staff were familiar with these preferences. One staff member told us, "We use sign language and hand signals to communicate with people." This worker was able to give us examples of the different gestures and sounds people used and what they meant.

Staff knew how to effectively support people who could become distressed. Staff knew what things might upset the people they cared for and what was the best way to support them when they were distressed and calm them down. For example, a staff member told us about a person who disliked too much noise and how this information was used when planning activities and supporting the person to access the community.

Staff supported people to pursue their interests and hobbies as well as education and social opportunities. A relative told us, "[Person] has a really good social life." Care records detailed what people enjoyed doing and what support people needed in order to access activities.

The registered manager told us that the service organised a diverse range of activities for people to enjoy which included shopping, day trips, theatre trips, attending Race for Life and being in the audience at X Factor. People were involved in choosing which activities they would like as they were shown pictures and brochures to help them choose.

The service had systems in place to manage complaints. The people we spoke to knew how to make a complaint and told us they felt confident they would be listened to and the matter addressed. However, they told us that they had not ever had to make a complaint. In the satisfaction surveys we looked at we observed that 100% of people agreed that the service was extremely responsive and professional and 100% of people surveyed were pleased with the service they received.



Our findings

The service had a small management team made up of the registered manager and a company director. Both were very visible within the service and would work with people, providing additional support if required as well as cover when staff were on holidays or off work due to sickness. Because of this hands-on approach, staff and relatives of people who used the service told us that they found the management team both helpful and approachable and felt that they were accessible and listened to people.

Both the registered manager and the company director were working towards further qualifications in health and social care to increase their knowledge and skills to continue to improve the quality of their service. A health care professional who worked closely with the service told us, "When they [the service] have been presented with difficulties they have worked hard to support people through them and they are really keen to develop their skills."

Relatives valued the service they received and held the management team and staff in high regard. One relative said, "I think we are very lucky, it's a small company and we have a lot of say and we know all of the staff, we are very fortunate." Another relative told us, "It would have been a much harder decision to let [Person] try supported living if they [the service] hadn't been so good."

The culture of the service was person-centred and empowering with a focus on promoting people's independence. The attitude of the management team was one that was keen to continue to learn and develop and they were pro-active in working in partnership with health and social care professionals to seek advice and support for the benefit of the people they supported.

We spoke with four health and social care professionals to obtain their opinion of the service. They told us that they found the service very willing to deal with any queries or difficulties and that they were always contactable and good at returning calls. We were told that the management team always attended meetings and reviews and were polite and professional. One healthcare professional said, "They are very committed and passionate about ensuring that the people they support have a very good quality of life... All of my contact with the managers and staff has shown their compassion and dedication."

There were quality assurance systems and processes in place to ask for people's feedback and drive improvements. For example the service sent out annual quality assurance questionnaires to relatives of people who used the service. The most recent survey showed 100% satisfaction with the service of everyone surveyed.

Regular audits were carried out to monitor medicine administration, accidents and incidents, medical appointments and people's nutritional intake. The service also audited the daily record logs which recorded people's wellbeing, any visits or activities they took part in and any issues of concern. The information obtained was analysed to check the safety and effectiveness of the service and learn from any mistakes to help the service to continue to develop.