

Alphacare NW Domiciliary and Support Services Ltd

Alphacare NW

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

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:

Alphacare NW Ltd is a domiciliary care agency, providing personal care to people who were living with complex support needs in their own homes. The service operated from the registered address, based in the Everton area of Liverpool. At the time of this inspection 59 people were receiving support.

People's experience of using this service:

There had been some improvements to the quality assurance measures in place since our last inspection; however, we identified that systems still needed to be embedded. Some key areas, such as monitoring and analysis of people's feedback, and the monitoring of regulatory requirements, were still not being identified. The new IT record system needed further embedding. Some routine audits needed further development. The breach of regulations found at the last inspection had still not been met.

There were systems in place to manage staffing and cover calls. We continued to receive mixed feedback about continuity of care for people and staff punctuality. Following the last inspection, the provider had put in place a monitoring system that had improved the situation and the amount of late calls to people had reduced overall.

The philosophy of the service was to encourage a person-centred approach to care. Most feedback for people being supported and their relatives was positive. People told us that staff were familiar with their support needs and staff explained some of the likes, preferences and wishes of the people they supported. However, some feedback indicated that communication and reassurance around aspects of people's care could be improved.

The registered provider had a complaints policy and process in place. Not all complaints had been identified although those received were responded to appropriately. We made a recommendation regarding this.

People's level of risk was assessed and monitored, and risk assessments contained the appropriate level of information to enable staff to keep people safe. This was an improvement from the previous inspection.

Staff received the necessary training and support and were provided with learning and development opportunities. Safe recruitment practices were in place. People received care and support from staff who had undergone the appropriate recruitment checks.

People told us that they felt safe when receiving support from Alphacare NW staff. Staff were supported with training in relation to safeguarding and people were protected from the risk of harm and abuse.

Safe medication administration procedures were in place. Staff received the appropriate training and had their competency levels assessed. We identified some areas of good practice for improvement and these

were actioned immediately following the inspection.

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.

Most people told us that they were treated with kindness, compassion and respect when receiving personal care.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 19 March 2019). There was a breach of regulation. At this inspection we found some improvements had been made but further improvement was needed. The provider remained in breach of regulation.

Why we inspected:

This was a planned comprehensive inspection as part of CQC's inspection schedule.

Improvement action we have told the registered provider to take:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We may 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.

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?

Requires Improvement 

The service was not always responsive

Details are in our 'Responsive' findings below

Is the service well-led?

Requires Improvement 

The service was not always well led

Details are in our 'Well led' findings below

Alphacare NW

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team:

The inspection was carried out by an inspector and an 'Expert by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Alphacare NW Domiciliary and Support Services Ltd is a domiciliary care agency, providing personal care and support to people who are often living with complex support needs in their own homes.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection which took place over two days on 2 and 6 March 2020.

We announced the inspection as we had to plan interviews with people using the service and to ensure the registered manager was present when we visited the agency offices.

What we did:

Our planning considered information the provider sent us since the last inspection. This included the provider's action plan and information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority and health commissioners who work with the service.

The provider completed a provider information return [PIR] 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.

On 2 March we made phone calls to people using the service to gain feedback. We also visited three people at home. On 6 March we visited the offices of the agency to speak with the registered manager and operations manager and review records. We also spoke with care staff.

We spoke with 12 people using the service and eight family members to ask about their experience of care. We looked at four people's care records and a selection of other records including quality monitoring records, training records and other staff records.

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 Requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care records indicated the level of support people required. Risks were appropriately recorded. This included risks around moving and handling for example as well as other risks such as those involving other risks such as people developing pressure sores. This was an improvement from the previous inspection.
- People's level of risk was safely managed, and documentation contained enough information to guide staff effectively.

Staffing and recruitment

- Most people and relatives told us that staff would arrive on time and staff were now more consistent than previous. The amount of late calls was low as a total of all calls made and this continued to improve. One relative told us "The staff are more consistent since about Christmas time and are less likely to be late." The registered manager demonstrated how he was able to 'track' staff support visits and agreed that this area of care required ongoing overview to help ensure further ongoing improvement. We did not find care was unsafe as a result of late calls.
- We saw that the registered manager consulted best practice guidelines in relation to the amount of staff who could support people who were in receipt of large packages of care.
- The registered manager used an electronic system to prepare all staff rotas. Where possible, staff were assigned to the same people in specific geographical areas. During the inspection, the registered manager demonstrated how staff rotas were managed and how continuity of care was supported as much as possible.
- Staff had been recruited using appropriate pre-employment checks.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and the risk of harm. Staff received safeguarding training, they understood the importance of complying with safeguarding and whistleblowing procedures and knew how to report concerns if they presented.
- The appropriate safeguarding referrals were submitted to the Local Authority and the registered provider ensured that safeguarding incidents were investigated and appropriately managed. Not all safeguarding issues had been notified to the Care Quality Commission (CQC), at the time of the incidents, as required. We have commented on this under the Well led section of the report. These notifications were updated as part of the inspection.

Using medicines safely

- Most people told us they received support with their medicines, and they were pleased with the overall management of medicines.

- Medication Administration Records [MAR] checked showed people had received their medicines at correct times. There were some minor recording anomalies which did not impact on people; the registered manager advised they would be corrected and monitored by updating existing medication audits.
- Protocols for people's 'as required' (PRN) medicines needed to be more detailed. These were reviewed and updated during the inspection. There was no direct impact on people at the time.
- Key staff were trained to administer medicines; regular checks to ensure staff competency in this area along with refresher training had been carried out.

Preventing and controlling infection

- Staff told us they had access to relevant guidance and information. Staff had adequate supplies of personal protective clothing to use when needed.
- Care records contained detailed information in relation to infection control support measures which needed to be followed.
- The registered manager was in receipt of up to date advice and guidance to assist with managing infections outbreaks.

Learning lessons when things go wrong

- The registered manager kept a record of all accidents/incidents and events that occurred.
- Accidents, incidents and events were discussed and reviewed during managers meetings.
- Action was taken to minimise the risk of repeat occurrences and measures were put in place to keep people safe.

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. People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Most people felt that staff had the skills and experience to carry out care effectively. Most care staff had a qualification in care such as level 2 diploma or NVQ. This evidenced a good level of basic knowledge.
- All staff were required to complete a robust induction. Mandatory training needed to be completed as part of the care assistant role and specialist training was provided in accordance with people's support needs.
- Staff told us they received a variety of training, learning and development opportunities. A staff member told us, "Training is constant – we are always getting reminders. We get regular updates on basics such as moving and handling, safeguarding and infection control."

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

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice.
- Referral information was received by the registered provider in relation to the support that a person required. The registered provider then ensured that a further comprehensive assessment was completed, and the necessary support plans were put into place.
- Care records outlined people's choices, preferences and wishes for staff to follow. Some care plans for health-related issues could be improved, for example one person who had a urinary catheter had a care plan lacking detail. This was addressed immediately following the inspection.
- People received a holistic level of support from external professionals such as district nurses, occupational therapists, dieticians and chiropodists. Although staff were familiar with people's specific care needs, care plans did not always contain the most relevant and up to date information about this support.

Ensuring consent to care and treatment is 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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records indicated that people were involved in the decisions that needed to be made in relation to the care and support they required.
- The manager and staff understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were offered choice and control over the care they received. We were told that care staff would always explain, and seek permission when they were about to do something different.

Supporting people to eat and drink enough with choice in a balanced diet

- Care records we reviewed indicated that people were provided with adequate nutrition and hydration support. Some people preferred paper records of fluid intake [for example] as they could not access electronic records held by staff.
- There was reference to the importance of people's oral care in care planning documentation.

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

- People received additional support from healthcare professionals. The manager's and staff were aware of the processes they should follow if a person required support from any health care professionals.
- Professionals who commissioned support for people and worked with Alphacare told us they had no concerns regarding health-related issues and care carried out.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Most people we spoke with and their relatives told us they were looked after well by staff. Their comments included, "I am happy with the care they provide, and [relative] is happy with the care and the carers" and "Everyone is lovely caring and kind and so helpful and thoughtful too."
- Staff knew people well and it was evident from our observations that positive relationships had been formed for those we visited. Comments from people included "They can't do enough for you" and "Staff are kind and caring every time they come."
- People's equality and diversity support needs were assessed from the outset; measures were put in place to provide the support that was needed.

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

- People told us that they were involved in the care planning process and were actively encouraged to make decisions about their care.
- Regular review meetings took place and people had the opportunity to share their thoughts, views and opinions about the quality and safety of care they received.
- Quality questionnaires were routinely sent out to people and relatives; this provided them with an opportunity to express their views and suggestions about the provision of care that was delivered. These were not collated effectively, and the results fed back to people.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored at the registered address and protected in line with General Data Protection Regulations (GDPR).
- People received respectful care and their privacy and dignity was maintained and promoted.
- Staff helped ensure that people maintained a good quality of life, that they were involved in the care they received and were supported and encouraged to make choices about decisions that needed to be made.
- Not all comments were positive, and two people felt that staff could be 'rushed' and did not have time to talk and sometimes played on their phones. Managers explained that staff now updated all records on their phones, and this could be a misinterpretation of the observations of people. We fed this back to the managers who followed up with their own interviews to see how they could further reassure people and reinforce this change.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has changed 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; 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.

- Care plans reviewed contained varying amounts of detail. The plans contained a description of the care to be carried out each call.
- There was a need for greater consistency in the quality of the care records. Some of the care plans lacked detail and personalisation in some instances. For example, information around catheter care for one person. In another example there was a lack of detail around a person's need for oral hygiene. A relative reported a lack of monitoring around a specific area of care. This was because information, in the way of daily charts, was not being maintained or presented in an easily accessible format so the relative could understand and feel reassured. These care plans and monitoring charts were updated following our feedback.

We recommend the consistency of the quality of information regarding people's care be improved in line with good practice around personalisation of care planning and ongoing auditing

- The registered manager and operations manager reported that there may be a need to reappraise the balance between the new digital records and the need to maintain some paper records. There was ongoing work being developed so that some people and their relatives could access the digital records.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The registered manager had identified the need for staff to receive training in end of life care and this had been planned. For example, staff currently signing up for diplomas were required to complete a specific unit on EOL care.
- A care plan template was available as a basis to build a more personalised care plan for people determined as EOL care.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the managers about their experiences of care; the service provided a range of ways to do this through care review meetings and surveys. The feedback surveys we saw did not have any overall analysis recorded and were not fed back to people so they could be engaged in future developments.

- Staff, people and family members were given information about how to make a complaint. Not all were confident that complaints made would be listened to and acted upon. We identified some complaints that the managers had not been aware of as they had not been identified; these were followed up promptly as part of the inspection.

We recommend that the systems in place to identify complaints continues be developed in line with best practice.

- When formal complaints were received, they were investigated thoroughly and responded to appropriately.

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 Requires improvement. At this inspection this key question remains the same. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Manager's and staff being clear about their roles, understanding of quality performance, risks and regulatory requirements

At our last inspection the provider had failed to meet care standards and regulations through good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- There were some good systems in place to monitor the service and the key issues from the last inspection had been included in the services development plan. Some improvements had been made, such as the reduction of late calls to people and the attention to the management of risk in care documentation, but other areas for improvements remained.
- Some of the quality audits seen, such as the feedback surveys sent to people asking about care, had not been analysed and reported on, so any issues or trends could not be quantified and fed into development plans.
- Systems and processes that were in place to monitor the quality and safety of the service were not always effective. For instance, the quality of the personalisation of care plans was not consistent. The concerns we raised during the inspection had not been identified during routine audits and checks carried out by the registered manager and operations manager. This had been the case at the previous inspection.
- The provider had not displayed the quality rating from the last inspection on the services web site. This was corrected on the inspection; the registered manager stated they had not been aware of this regulation.

This evidence showed a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regulatory requirements were not always complied with. We identified that three statutory notifications should have been submitted to CQC as a measure of monitoring the quality and safety of care people received. Incidents were appropriately managed at the time they occurred, but notifications were only retrospectively submitted. This had also been an issue at the last inspection. Internal monitoring had not identified these at the appropriate time.

This was a potential offence under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Any further action will be considered outside of this report.

Continuous learning and improving care

- There had been some improvements to the service and although feedback was mixed, mostly it was positive about the provision of care. However, quality assurance measures were not always identifying requirements or areas of improvement.
- The registered provider kept up to date with much of current best practice and relevant health and social care requirements, but this was not always consistent. However, most care records contained relevant best practice and guidance that needed to be followed.
- The registered manager was responsive to the feedback we delivered during the inspection.; The operations manager followed on up on the areas of concern we fed back and was open and constructive in their findings.

Engaging and involving people using the service, the public and staff

- Quality assurance questionnaires were circulated; people and relatives were encouraged to share their views, thoughts and suggestions about the quality of care being provided. However, it was not always clear how the feedback received was followed up on or how areas of improvement that made as the audit cycle had not been completed.
- Staff told us they felt involved in the provision of care people received, that they were a valued member of the team and were encouraged to participate in team meetings when they occurred. They felt supported by the managers.
- Most of the people and relatives, we spoke with during the inspection told us they felt involved in the care that was being delivered.

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

- The managers and the staff we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in some of the service developments since the last inspection, although not yet fully realised.
- Staff demonstrated an understanding of their responsibilities in relation to the people being supported and the need to act with honesty and integrity.

Working in partnership with others

- The registered manager and operations manager worked with other healthcare professionals; the overall health and well-being of people receiving support was effectively supported and safe.
- We received feedback from five health and social care commissioners who had no concerns about Alphacare.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes were not appropriately established; the quality of care was not effectively being monitored or assessed.</p>