Alphacare Northwest Limited

Alphacare Northwest

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

We carried out the inspection of Alphacare Northwest on 10th August 2015. We gave the provider 48 hours' notice that we would be visiting the service. This is because the service provides domically care and we wanted to make sure someone would be available.

Alphacare Northwest is a domiciliary care agency that provides personal care and support to people in their own homes. Alphacare Northwest is based in Anfield, a suburb of Liverpool, and provides care to people within Merseyside.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

Staff we spoke to had a good knowledge of safeguarding and how to recognise signs of abuse. The provider had procedures in place which would help keep people who

Summary of findings

used the service safe from harm. We could see these procedures were discussed as part of the induction process. People who use the service felt staff had the right skills and knowledge to support them do their job.

The provider had risk assessments and care plans in place for people who required support which was more complex. The risk assessments we looked at contained all relevant information about the needs of the person; however we felt some of the care plans needed more personalisation. For example, we looked at a care plan for someone with epilepsy. The care plan included a high level of information about epileptic procedures, but not what it meant for the person and the impact on their lives.

People we spoke with felt there was enough staff to support them. When we looked the provider's rotas and electronic call monitoring (ECM) system. We saw there had been no missed visits. ECM is a system which involves the staff 'clocking in' by phoning a number when they arrive at each call.

Staff recruitment and training were robust, and we could see the provider carried out suitable pre-employment checks. We observed the induction and refresher training records and found that all staff were trained to support people and ensure their rights were protected.

People received care from staff which was caring, promoted their dignity and respected their wishes.

People were involved in planning, assessing and reviewing their care. Staff had a good knowledge of the people they support, and people felt their needs were being met. People felt able to raise concerns or complaints and these were investigated and acted upon.

There were systems in place to monitor the quality of the care being delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were suitably trained to understand and protect people from harm. Care was provided in a way which helped ensure people's safety.

All staff were trained to administer peoples medication safely.

The provider ensured people's needs were met by staff that had the right competencies, knowledge and skills to provide support to meet people's needs. Systems were in place to ensure recruitment procedures were managed in a safe way

Good

Is the service effective?
The service was effective.

Staff had a good knowledge of The Mental Capacity Act 2005. The training we looked at was up and date.

Staff attended an induction programme which was effective and covered all mandatory training needs.

People were provided with staff who knew their needs. The same staff were sent to people were possible to ensure consistency.

People's rights and choices were protected.

Good

Is the service caring?
The service was caring.

People received care in line with their wishes and had positive relationships with the staff who were supporting them.

People told us they liked their staff and the staff who came to their homes were professional and kind to them.

Good

Is the service responsive?
The service was not consistently responsive.

People were involved in the assessment and reviewing of their care plans, however some of the plans lacked personal centred information.

Some people did not know who was coming to their homes and the service did not inform them of any changes to their service.

People were able to raise concerns if they were not happy, and these were investigated.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led

There were systems and processes in place to consult with people about the quality of service and these processes were applied.

A long standing registered manager was in place and the conditions of registration were being met.

There were robust quality assurance audits in place.

Alphacare Northwest

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 10th August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was undertaken by two adult social care inspectors 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.' The expert by experience used domiciliary care services themselves so had expertise in this area.

During our inspection we looked at information held about the service. This included notifications received from the provider about deaths, incident/accidents and safeguarding concerns they are requested to send us by law. Before the inspection took place, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and any improvements they plan to make.

During our inspection we spoke with 20 people by telephone who used the service, visited two people in their own homes and spoke to them and their families. When we visited the agency office we interviewed five staff, two coordinators, the office manager and the registered manager.

We looked at safeguarding procedures, the complaints and compliments procedure, training and recruitment, staff supervision and quality assurance. We looked at six people's care plans including plans of care for people who had more complex needs such as epilepsy, peg (Percutaneous endoscopic gastrostomy), and tracheostomy care. We also looked at medication administration records (MAR) and other documentation associated with their care and support, such as wound management charts, bowel charts and daily logs.

Good

Is the service safe?

Our findings

People who used the service said they received a safe service from the provider. For people who could not speak to us themselves, their family members made positive comments about the staff. People said they 'never had a cause to complain'. One person said "The care is really good' and the coordinator is spot on, sorts everything out with the other members of the care team"'. Another person told us "They are great, I feel comfortable with them in my home" and "They are fantastic".

Care workers completed safeguarding training as part of their induction and this was refreshed annually. Care workers were knowledgeable about recognising abuse and the procedures they should follow. One care worker told us "I am always made aware of safeguarding procedures and how to report them."

We discussed the safeguarding concerns we had been made aware of by the provider in the last twelve months. We saw evidence these had been investigated and that the correct action been taken. The Manager confirmed their role with regards to safeguarding concerns and demonstrated a good understanding of this. For example they would discuss any concerns with the local authority safeguarding teams and would make referrals when necessary.

Assessments were undertaken to record any potential risks to people who used the service and to the staff who supported them. This included environmental risk assessments. The assessments contained information about what staff should do to prevent or minimise the risk from occurring. The health and support needs of people were also risk assessed including how to safely transfer the person from one place to the other, and what equipment would be needed to do this safely.

We looked at staffing rotas and saw there were sufficient numbers of staff to meet people's needs and provide the support they required at the times it was needed. The manager had taken into account when people's needs change and staffing levels may need to increase by making sure they had suitably trained staff ready to start work when needed. People told us staff were punctual and stayed for the full duration of their time.

Staff employed by Alphacare Northwest had access to a company car to help them get from place to place. The manager informed us that at night, staff mainly travelled in pairs and one of the staff members would be a driver. If a staff member had to travel on their own at night the registered manager informed us they would be encouraged to use a taxi, paid for by the provider. The staff we spoke to confirmed this. This showed the provider was concerned with the welfare of their staff and this helped to ensure the risks for people not getting their calls on time was minimised.

The registered manager informed us that the agency had not had any missed visits. The people we spoke with confirmed the care staff had not missed any visits. The manager told us they telephoned the care staff every day to confirm their calls for the next morning as an additional way to minimise the risk of missed visits occurring. The provider also had an Electronic Call Monitoring system in place (ECM) which 'clocks the care staff in and out of calls'. The manager receives an alert when a care staff has not logged into a call informing them they need to take action and contacts the staff member and call the person.

On the occasions care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit, they telephoned the provider who in turn let people know.

Recruitment checks were undertaken at Alphacare Northwest to ensure the staff they employ are suitable to work with people. This involved the names of two referees, proof of identification and all staff completing a full enhanced DBS check, Disclosure and Barring Service (DBS) checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People were happy with the support they received to take their medicines. We found were medications required to be given by the care staff, were given safely. Each person had a Medicine Administration Record (MAR) in place which was signed by staff when medication was administered. When we visited people in their homes we looked at a sample of their MAR sheets.

People told us they received their medicines on time.

There were systems in place to show staff were trained to give medication, and that medication was audited on a

Good

Is the service safe?

monthly basis. Records and discussions with care workers showed they regularly completed competency tests. This helped to assure managers that staff could administer medication safely.

There was personal protective equipment (PPE) available for the staff to use such as gloves aprons and hand gel. The staff confirmed they had access to this when they needed it. People we spoke to confirmed the staff used PPE when they supported them. This helped to prevent the risk of infection.

Good

Is the service effective?

Our findings

The people we spoke with told us the care staff were well trained and had the skills and knowledge to support them. One family member said, "They very much treat (person's name), with respect."

Staff explained how they gained consent from people and asked permission before coming into their home. One staff member said, "We knock and call out to introduce that we are here." One person told us, "The service looks after us and I couldn't cope without them."

One person we spoke with was supported by an all-male staff team. They explained they preferred this as it protected their dignity. The all-male team worked with people who had chosen to have male carers only. This was introduced by the registered manager as a way to give people choice and respect their dignity if they only wanted male care staff.

All of the staff we spoke with said they were fully supported by the manager. One person said "(The manager) is one of the best managers; they are fair and have time for you. If you go to (the manager) with a problem they will give you constant support."

All staff completed an induction programme which included all mandatory (required) training. All new staff were given a common induction standards booklet which covered the principles required in the new care certificate, which is a nationally recognised standard. Staff were expected to complete at least thirty hours shadowing with a senior member of staff before they were assessed as competent and able to complete calls independently.

A training matrix was in place which included the names of staff and the dates they were due refreshers in their mandatory courses. We were shown an example of how the system generated an alert which informed the manager to book that staff member on the training course.

Training was delivered on the premises by a qualified trainer. The registered manager told us they did not access any E- learning at present, and all training delivered was classroom based. We looked at training records and saw staff were trained in moving and handling, first aid, medication, food hygiene, safeguarding vulnerable adults, dignity and respect, and end of life care.

We looked at the training records for staff that supported people with more complex needs such as tracheostomies and PEG (Percutaneous endoscopic gastrostomy) needs. Records showed these staff had been trained by external professionals and a copy of their competencies and certificates were seen.

The provider was registered with Liverpool Partnership and regularly signed their staff up to complete QCF (qualifications and certificates framework) level two and three. The provider informed us they use three providers of the qualification on a rotational basis.

Staff received support through supervision every four to six weeks from the senior coordinators. We saw evidence the supervisions and appraisals were taking place. Staff also received annual appraisal and team meetings were taking place in the office between the staff and the coordinator's. We were able to see minutes of these meetings

Some people who received a service required staff to prepare their meals for them. Where people were identified as being at risk of dehydration staff completed fluid monitoring charts to ensure food and drink was recorded and their daily intake was monitored. The staff confirmed before they left their call they made sure the person was comfortable and had enough to eat.

People's records showed they had been supported to access district nurses, speech and language therapists, and GP's.

Most of the staff we spoke had a good understanding of the requirements of the Mental Capacity Act 2005, and they explained to us how they gain consent from people.

We looked the training matrix and could see all other staff were either trained or booked onto training for Mental Capacity.

The people we spoke with confirmed they had consented to the care they received. They confirmed their care plans were reviewed with them on a regular basis, or when their needs changed, and they were involved in this process.

Good

Is the service caring?

Our findings

People we spoke with told us the service was caring and the staff treated them with care and compassion. One person said "The overnight sitter is my angel." Another told us, "The staff go beyond their remit."

During our visits to people we observed positive and caring relationships had been made between people who use the service and the staff. The registered manger was knowledgeable and had a clear vision of how the service should be operating.

When we spoke with the staff, they were motivated and enthusiastic about their roles. One staff member told us "It is more than just a job." Another staff member told us "It is important to get to know the people. " Staff we spoke with gave us examples of how they respected people's dignity, such as closing doors and curtains when completing personal care, asking permission before they complete a task, and encouraging the person to do as much for themselves as possible.

We saw evidence of creative and diverse support planning. For example the registered manager showed us an example of a care plan which had been converted to Mandarin using a special application tool. The care plan had an English version for the staff to follow and the Mandarin version for the family so they could be fully involved in the completion of the care plan. When the care plan was due to be reviewed, the registered manager informed us an interpreter would be available for them to access to help complete the review with the family's involvement.

The staff received guidance during their induction training with regards to treating people with care and respect, and we saw completed modules of this training.

We looked at 'thank you' cards the service had on display from people thanking them for their services from family members.

The records we looked at contained information for staff on how to protect people's confidentiality and keep their information private. All of the care plans we looked at contained relevant and up to date information for staff. The care coordinators we spoke with told us how they ensured staff provided diverse care to people, which included getting to know each person well, and how they like things to be done. Staff we spoke with explained how they supported people to express their views on a day to day basis.

We saw there was information available to people with regards to advocacy services if they required it. Most of the people we spoke with who received a service had family living with them. They told us they were fully involved in the care of their relative.

The people we visited told us staff kept detailed and up to date notes about the care they had delivered to their family member. We saw evidence of this when we looked at people's care plans.

Requires improvement

Is the service responsive?

Our findings

We spoke to thirty five people who use the service. All of the people we spoke with said they received a consistent service and had regular care staff coming to them. However, one person told us they did not always know who was going to be coming to them that day so this would cause them some stress. One person said, "I would like to know who is coming to my house to do an overnight sit." The same person said if they had a carer they did not know they would usually sit up all night because they would be worried. People told us they did not always know who was coming to their house, and felt the provider should let them know who was coming. One person we spoke with told us the care staff are sometimes given calls which are not a logical route. This causes unnecessary journey times which can impact the service people receive. When we discussed this with the manager, they told us this has had only happened to cover a short notice sickness. When we looked at the rotas we could see where changes had to be made to cover sickness. The provider informed us people who requested a rota received a rota in the post, and it was not always possible to call everyone if there was a change to the rota

We looked at care plans for six people. We found these care plans contained all of the information needed to help make the person safe and informed the staff how to manage risks. However some of the plans lacked individuality. For example, we looked at a care plan for someone who required support with their epilepsy. The care plan did go into detail about epileptic procedures, however did not contain any information for what that means for the person and how it effects their daily lives. We felt the care plans were missing some information, such as people's likes and dislikes and other personal information. We felt this lack of personal information could pose risks to the person such as staff not having a good understanding of their care needs before they support this person. We fed this back to the Manager who explained reviews were going to be taking place and they will capture more of this information. The manager also arranged for a review to take place involving this person as soon as possible. We looked at the provider's complaints procedure including complaints the provider had received in the last twelve months. All of the complaints had been responded to by the office manager. The complaint was clearly tracked from when it came in, the actions which had been taken and the date it had been closed. We saw evidence the manager had written to people to inform them of the outcome of their complaint before they closed it down. People we spoke with confirmed they understood the complaints procedure and would feel comfortable raising a complaint if they needed to. All of the people we visited had information in their home which included a copy of the organisations complaints policy with details on how to raise a complaint if they needed too.

Staff supported people to attend appointments if they were required to do so.

We spoke to one person who had chosen to have an all-male staff team supporting him. This person told us they were happy to have this option as it is something they had never had before.

We visited two people in their homes, and we could see from looking at their care plans they had been fully involved in and contributed to the assessment and planning of their care records. People's names and names of their family members were present on the front of the care plans and they had signed to say they agree with the content of the reviews.

When we spoke to staff they said that the care plans assessments contained detailed information about people's past history and lifestyle and they were required to read the care plans, so they understood each person's needs. Care records looked at confirmed this.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People who received a service and their relatives told us they were very happy with the service which was being delivered. People who used the service and their relatives felt the service was well managed and the staff received the correct support and leadership. Most of the people we spoke with referred to the registered manager or the office manager by name and had either met them in person or spoken to them on the phone. Two people we spoke to had not met the registered manager, however, they informed us the team leader dealt with everything and there were no problems. They also confirmed they would know how to contact the registered manager if they needed to. All of the people we spoke with said they would recommend the service to their friends or family.

Staff we spoke with said they felt the culture of the service was honest and open, and they could always approach the manager if they needed to talk. The registered manager confirmed they had an open door policy in place. The manager also told us they had a private 'info' email which all staff had access to if they wanted to raise a concern or speak to the registered manager. This was checked every day by the registered manager.

All of the staff we spoke with told us the management team were supportive. Staff told us the managers were approachable and nothing was too much trouble. All of the staff we spoke with told us they attend regular training and have regular supervisions. The training matrix and supervision table confirmed this. Staff told us they would feel confident to raise any concerns with the manager.

There were robust quality assurance procedures in place. We looked at feedback surveys which had been sent annually to people who used the service. We saw the results from the surveys were analysed and targets were set for the next year. For example, if a high percentage of people gave a negative comment, the reasons would be investigated and there would be a detailed action plan and target for meeting the action. We looked at surveys and reports which had been sent out in 2014 and 2015.The survey consisted of multiple choice answers. We were able to view the report and action plan for this year. The findings of the survey showed people were mostly pleased with the service they received.

The manager completed monthly medication audits. The information, such as any missed signatures on the MAR sheet and missing personal details, was collected monthly and a report was generated. This report was used to produce an overall report for the year. The registered manager explained they would use these reports to reflect and continuously improve the service.

We could see the service was transparent and open. Where there had been shortfalls in medication we looked at what the service had said they would do to put this right. We also checked to make sure this had happened and saw evidence of this. For example, staff were not completing some of the information on the front of the MAR sheets so this was monitored and then an action plan was put in place to discuss this with staff during team meetings and supervisions.

We saw a system in place to monitor calls and to ensure calls were being met. We were shown this system and how it worked, the system was effective. Spot checks took place by the coordinators to check staff were wearing the correct uniform and completing the call as required in the person's care plan. The manager informed us of checks they made to ensure staff were going to turn up for calls, which included calling them every day to confirm their calls for the next day.

The site was open from 7am – 9pm every day and was fully operational to deal with emergencies during this time. There was an emergency 24 hour on call system in place which was managed by one of the senior managers to deal with any emergencies