

Alina Homecare Ltd

Alina Homecare Horley

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

About the service: Alina Homecare Horley is a domiciliary care agency which provides personal care to people living in their own home. At the time of our inspection, the agency was providing the regulated activity of personal care to 20 people. People receiving the care were either living with dementia or elderly and frail.

People's experience of using this service:

People told us staff turned up on time and stayed the full time they expected. They said they saw the same staff members which resulted in good relationships being developed with them.

People received the medicines they required and were supported to access healthcare professional input should they need it.

People were kept safe by staff as staff understood how to report any concerns, and guidance was in place to help keep people free from harm. People were cared for by staff who had been safely recruited and knew what they needed to do to prevent the spread of infection. People had not needed to make a complaint, but told us they felt they would be listened to. They said they were regularly asked for their feedback.

People were protected from restrictive practices as staff followed the principles of the Mental Capacity Act 2005. People told us they felt staff were competent and they were happy with the food staff prepared for them.

People's care plans were comprehensive and included all relevant information for staff. People said they were involved in making their own decisions for their care. People said staff were kind and caring and they showed them respect.

Everyone felt the agency was well managed and the registered provider was approachable. Staff felt supported and were happy to work for the agency. In turn the registered provider supported the registered manager and had an ethos that meant they wished to continue to assist the agency to improve.

Rating at last inspection: This is first inspection of Alina Homecare Horley as they registered with CQC in April 2018.

Why we inspected: This was a scheduled inspection of the agency carried out in line with our inspection methodology.

Follow up: We will carry out a further fully comprehensive inspection of the agency within the timescale set out in our inspection process. This is dependent on the rating. However, should we receive any concerns about the agency prior to that, we will look to bring forward our scheduled inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Alina Homecare Horley

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Due to the size of the service, the office visit was carried out by one inspector. Three other inspectors carried out telephone interviews with people and relatives.

Service and service type: Alina Homecare Horley, is a domiciliary care agency providing personal care to people in their own homes. The agency can also provide live-in or live out carers to older adults, younger adults, people with a physical disability or a sensory impairment. At the time of our inspection, the agency was providing live-out care to 20 people who were either living with dementia or elderly and frail.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit due to the size of the service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 April 2019 and ended on 26 April 2019. We visited the office location on 26 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection, we spoke with two people, two relatives and three staff. We also spoke with the registered manager, the provider's area manager and the provider's quality lead. We also liaised with the local commissioning authority to obtain their feedback.

We reviewed a range of documents about people's care and how the service was managed. This included looking at five care plans, medicine administration records, risk assessments, three staff recruitment files, complaints records, compliments, surveys and policies and procedures as well as internal audits that had been completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were helped to stay safe as staff had a good understanding of their responsibility in relation to safeguarding. A staff member told us, "I would bring it to [registered manager's] attention, document it, complete a body map and speak to social services or the police."
- Incidents of possible abuse had been notified to CQC by the registered manager in line with their requirements of registration. They had also notified the local authority safeguarding team.
- A relative told us, "I feel she is so safe with staff. It's an absolute massive weight off my mind. It has transformed my life. They (staff) have my full trust." A second relative told us, "I can sleep at night now because the same carers have been going for months."

Assessing risk, safety monitoring and management

- Risks to people had been identified and guidance was in place for staff to help keep people free from harm.
- One person was allergic to perfumes and deodorants. There was clear information in place for staff marked in red in their care plan. A second person was at risk of deterioration in their personal care. We spoke with a member of staff about this person, who was able to describe to us how they approached the person and encouraged them to receive personal care. For example, by leaving them until a later visit in the day and asking them again.
- The provider had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel.

Staffing and recruitment

- The registered manager ensured they recruited people through robust recruitment processes. Each prospective staff member had completed an application form, provided references, given evidence of their right to work in the UK and had undergone a Disclosure and Barring Services (DBS) check. A DBS checks if the person is suitable to work with vulnerable people. A staff member told us, "I had the DBS and references checked before I started."
- Everyone told us they felt there was enough staff to meet their needs. One person told us they had no concerns about the time-keeping of staff.
- People told us that staff turned up on time unless they were unavoidably delayed. A relative told us, "Staff always turn up. There has never been an occasion where they haven't as I go in every day and check the log book. They always stay for the full length of time and longer if needed depending on how mum is."
- Travelling time was calculated by the office electronic planning system. A staff member told us, "The system works out the travelling time and if it's not enough it will adjust it." A second member of staff said, "Travelling time and call times should be right. We should deliver the care people expect." A third staff

member told us, "Most definitely (enough staff). It's easy, we don't have to rush."

- In the event that people required the agency outside of normal working hours, there was an out of hours line. A staff member told us, "It's the same number as the office and the phone diverts. It makes it easy because people don't have to try and remember two different numbers."

Using medicines safely

- People received the medicines they needed. This included a staff member collecting one person's medicines in their own time as a delivery had been missed. A relative told us, "They do all her medicines for her. If they (staff) are unsure about anything they will ask me."
- Medicine administration records (MARs) were returned to the office on a monthly basis and audited. The audits identified that where shortfalls were found such as using blue instead of black ink, or missing signatures on the MARs, staff were required to carry out refresher training.
- A staff member told us, "We have retraining and spot checks. The office is very thorough at going through the MAR charts." This member of staff was able to demonstrate their understanding of what to do should someone refuse their medicines.
- People's MARs contained information relating to any allergies, their GP and details of their medicine prescription. There were also body maps showing where topical creams (medicines in cream format) should be applied.

Preventing and controlling infection

- People told us staff always wore gloves and aprons and they felt staff treated their house with respect, leaving it clean and tidy.
- A staff member told us, "We have different types of gloves. I have ones just for me so my hands are comfortable." A second member of staff had come in to the office during our inspection to collect some gloves. They told us, "There are always a supply of gloves. I am mindful of cleanliness, using personal protective equipment and washing my hands regularly."

Learning lessons when things go wrong

- Accidents and incidents were recorded with time, date, type of incident, any injury, outcome and action taken. These were reviewed by the registered manager and in turn signed off by the area manager. A monthly report was completed by the registered manager which recorded the number of accidents and incidents that had occurred during that period. A staff member told us, "Depending on the severity I would call an ambulance straight away, write it in the care notes and notify [registered manager]." A relative told us of an incident with their family member. They said, "They put pillows all around her and covered her up to keep her warm. They stayed with her until the ambulance arrived. That's an example of how caring they are."
- There was evidence the registered manager learnt lessons from incidents that had occurred. For example, a missed call occurred as the registered manager had not properly checked that staff had received their work rota. Following this double check are carried out each time information is emailed to staff.
- At provider level, incidents and outcomes from those were shared. Some branches had struggled to provide care during poor weather and as such action was taken to prevent a similar situation. This was disseminated to all branches.

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

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

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the agency was working within the principles of the MCA relative told us, "They called us into the office to talk through the care that was in her best interests as mum does lack capacity to make decisions. They do give her choices and allow her to make small decisions though."
- Where people had capacity, we found that they had signed their consent to care. People that did not have capacity had a decision-specific mental capacity assessments carried out and a best interests discussion for any restrictive practices. For example, in the case of one person who had bedrails. Mental capacity assessments covered receiving care and medicines.
- A staff member told us, "We must never judge, never assume the person doesn't have capacity. We do an initial assessment and then have a best interests meeting on how to go forward."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- A full and thorough assessment had been carried out with people prior to them commencing with the care package. Information gathered at this assessment was used to form the person's care plan. One person told us, "I couldn't come out of hospital without a care plan." A relative said, "We were completely guided by them." We also saw the funding authorities assessments in people's care plans.
- Staff told us they worked well together to provide effective care. They confirmed they regularly went to the same people and knew other members of the staff team. People reiterated this as they told us they saw the same members of staff. One person told us they saw two regular care workers who they got on well with.
- Staff told us they would not be sent to someone for the first time without knowing something about them. A staff member said, "[Registered manager] or [field care supervisor] will give us background information and the care plan will be available to read."

Staff support: induction, training, skills and experience

- People were cared for by staff who had undergone appropriate induction and training. A staff member told us, "The training was very thorough. We ran through scenarios." A second said, "The training is fantastic. It's very good for new carers. We do shadow shifts to get up to speed and we are supported and monitored." One person said there was some equipment involved in their care for transfers and to use the bath and they

said staff used this safely, telling us, "They are very good at that." A relative told us, "Yes, they have all the skills needed."

- We reviewed the new staff check list and this covered a wide range of competency assessments, including personal care, medicines, catheter care and moving and handling.
- Staff confirmed they received supervision which gave them the opportunity to meet with their line manager on a regular basis. The records demonstrated this. The agency was a year old and as such, staff appraisals had just commenced. One staff member told us, "I have regular supervision."

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

- People told us that where they required care staff to prepare their meals, they were happy with how this was done. A relative told us, "They (staff) will always give mum what she wants. They don't just give her any old thing. She is given a variety of drinks and they always encourage her to eat her meals."
- Where staff were concerned about people's nutritional intake they took action. A staff member said, "We noticed she wasn't eating ready meals any more, so I spoke with the daughter and suggested we try different things to encourage her to eat. She now loves having fish finger sandwiches."

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

- People were supported to access healthcare input when appropriate. We read of incidences where care staff had called out the GP when they were concerned about someone's health. Care staff had also made a referral to one person for occupational therapy input when they found the person's mobility was poor. A relative told us, "They (staff) have suggested things to help improve Mum's health. If she isn't well, they will contact me and suggest we call the GP."

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

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

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

- Everyone we spoke with told us they were cared for by staff who were kind and caring. One person told us, "I was sceptical at first, but I'm very pleased with the way it's turned out. I've been pleasantly surprised." They added, "They are very nice people. They are very caring and approachable." Another person said, "They are extremely kind." We read as part of a telephone review, one person had commented, 'Very, very good. They give me great banter' and a second person had fed back, 'Matches expectations'. A third person had said, 'I think all the carers are marvellous and they do look after me and I know if I had a problem and who to go to and they will help me'.
- A relative told us, "They have been amazing. They (staff) are the nicest kindest people. Mum thinks they are her friends. She loves them." A second relative told us their family member was not always keen to accept calls and said staff were very understanding of this feeling and they handled it well. They told us, "They are extremely professional. There are two or three staff who go in regularly. If someone goes in and there's no chemistry there, they just take them off her rota." They added, "One evening mum had no potatoes left. The next day the carer brought her some of her own potatoes. I thought that was very kind; she didn't need to do that. They are very caring."
- Staff thought about people's needs and were attentive towards them. We read one person had cancelled their care calls for a week as their regular member of staff was on leave. We noted a senior staff member had written, "I chatted with [name] and advised I would go out and visit Wednesday to check that they were okay and just to ring if they needed anything at all". A relative told us, "They care about her appearance. She now likes having her nails done."
- A staff member said, "We all really do care. We have met them all (people) and know them all. [Registered manager] does care work too." Following our inspection, the registered manager gave us examples of where staff had offered people care and support, some of it in their own time. This included visiting a person in hospital and staying longer than the allocated time with a person who was anxious and wished to talk.

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

- One person told us they were involved in their assessment and care plan. They said they were happy that the assessment took account of their needs and that the care plan reflected their preferences about their care. They told us the care plan was kept in their home and staff recorded all the care they have given in a log. They told us, "They've been quite flexible" when they wanted to change the care package they had initially agreed on.
- A relative said, "It was clear that mum was able to do her own lunch, so we agreed to stop the call at lunchtime. The length of calls have also been adjusted to suit mum's needs."
- People's interests and hobbies were taken into account when matching them with a member of staff. One staff member spent time teaching a person calligraphy when they found they had a common interest in arts

and crafts.

- Another staff member took a video whilst walking around the garden of someone who spent all of their time in bed due to their health condition. The same staff member took videos and photos of the Remembrance Sunday parade for one person as it was the first year they had been unable to attend.
- People were sent birthday cards by the agency and a 'phone around Friday' had been introduced where the agency phoned some people who may have been unwell, their family away or people who they knew did not have anyone to talk to.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff treated them with respect and maintained their dignity when providing personal care. They said, "They are very discreet."
- A relative told us, "When [field supervisor] came to do the assessment, she directed all the questions to mum, rather than talking over her to me, which is what we had been used to. They always treat mum with respect. If they are changing her pad, they will shoo us out of the room to give her her privacy." They added, "Every visit they try and get her to help. They give her a flannel and say, 'well done [name]'. She always looks pleased."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People's care plans were comprehensive and included background information on the person, together with their likes and dislikes. Care plans contained guidance to staff on people's care needs and specifically how they would like their care provided to them in a very detailed manner.
 - Where people had specific health conditions, additional information was available to staff. For example, we saw information on Warfarin awareness, stroke awareness, diabetes and dementia in people's care plans.
 - One person had a specially adapted shoe and their care plan noted, 'Please ensure this is all buckled up firmly checking with me that it is not too tight'. A second person suffered from depression and anxiety and we read their care plan recorded, 'I can become very nervous and anxious at times, especially around new people and environments. Please keep my home a calm and relaxed environment and allow me time to perform all tasks'.
 - Two further people had good descriptions of their individual health conditions, with a paragraph on each condition and how it may affect the person. This included, 'On bad days, can be in bed. Staff to reassure me when having a shower as I can become breathless' and 'Sometimes I may experience extreme back pain and standing can be difficult. I would like the carers to be understanding. If back really bad may need help with meal preparation'.
 - A staff member told us, "The care plans are pretty good. The important bits are highlighted and we tell new staff to read the care plans and the daily notes as they will also tell them a lot."
- A relative told us, "I read the log and they (staff) write detailed information. It's good for me, so I can see the care that mum has had."
- No one was currently receiving end of life care from the staff, but we read a section was available in people's care plans for them to record their wishes when they felt the need to do so. The registered manager told us, "When we were caring for someone (on end of life), we liaised with the local hospice every other week."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and relatives told us they would know how to make a complaint, but had never had the need to. One person said, "Nothing to complain about. I'm very happy with them." A second person told us they had not raised any concerns but were confident any would be listened to and acted on. A relative told us, "There is a complaints policy in the folder at mum's house. I have never had to complain, but I am confident they would listen to me."
- We read three complaints had been received since the inception of the branch. One related to a domestic call only. The second concerned a member of staff. We read an apology was given and action taken which included refresher training for the staff member. A staff member said if someone wished to complain, "I

would document it and escalate it to [registered manager]."

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

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

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

- All staff, without exception, gave positive feedback about the management of the agency. One staff member told us, "[Registered manager]. She is fantastic. I could not ask for a better manager." A second staff member told us, "It's brilliant. I've been a carer for a number of years, but this agency has a better style of working and it's the way the job should be done. I'm very happy." They added, "[Registered manager] is brilliant. If I have any queries I can phone once or a hundred times and she will answer them."
- This was reiterated by people and relatives we spoke with. A person told us, "[Registered manager] and [field supervisor] are very easy to talk to." A relative told us, "I couldn't praise them all highly enough. The manager is great. I pop in to see her in the office and we have a coffee. We are like friends now." A second relative told us, "I always get a response from the office."
- The registered manager told us they were happy about the way the branch was developing. They said, "It's going really, really well. We're building business slowly. We take on staff then find them the work." They also told us they received a lot of support from head office.

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

- There was clear evidence that staff understood their roles and responsibilities. As well as the registered manager, there was a field supervisor and senior care staff. A staff member told us, "We are constantly checking the performance of staff, through spot checks and random visits. When care staff are new, we carry out a couple of spot checks in the first two weeks." A second staff member said, "It's a great bunch of guys (staff). We work together. I love my job."
- The provider's quality lead told us, "We look after our staff. We have a rewards scheme for staff as a 'thank you' to them. Every little thing helps."
- In turn, the registered provider was keen to support staff to improve and progress. A training academy had been launched in 2017 offering vocational related qualifications to staff. The registered manager told us, "I've just done mine in diabetes. [Name] and [name] are doing dementia and I'm going to put [name] forward for business management Level 5. It will be good for her."
- The provider's area and quality manager visited the branch regularly and carried out internal audits. These incorporated telephoning people receiving the care, listening in to telephone calls within the office, reviewing accident, incidents and complaints information, speaking to staff and completing spot checks on staff files. The quality lead told us, "We have something called 'vital signs', which looks at every branch to see how the branch is operating. What's going well; what we can share. We also look at staff retention."
- In turn, the registered manager undertook branch audits. This included reporting on complaints,

safeguarding incidents, accidents and incidents, staff training, auditing one care plan and one staff file. Information was submitted to head office for review and comment. They also audited people's MAR charts and the daily notes.

- The registered provider had a quality committee established which held regular meetings. This had a registered manager, operations manager and field supervisors representation. Each meeting they discussed the outcome of any CQC inspections and what could be learnt from them. In addition, quarterly health and safety meetings were held, chaired by the Chief Executive Officer.

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

- People were encouraged to give their feedback on the care they received. One person told us, "The lady who's in charge contacts me. She's very amenable and wants to hear how things are going." A relative told us, "They are always asking for feedback and asking if everything is okay. They say if there are any problems just to give them a ring."

- Regular reviews were carried out. These were done by telephone two weeks and three months after commencing with the agency and in person at six months to review the person's care plan. In addition, a survey had been circulated to which six responses had been received. This showed that people were happy with the care they received from the agency. One comment received was, 'Changing to Alina has made me feel safer that I am always listened to and cared for properly'.

- Staff meetings took place. Topics discussed were MARs, on call and communication. A staff member told us, "We have staff meetings. We all know each other. The support is always there." A staff survey had been circulated at the end of 2018. Eleven staff had responded. The overall response had been positive. A staff member had commented, 'Alina is a great place to work'.

- Action plans had been developed in response to the feedback from the client and staff surveys. These demonstrated the registered manager listened to people's opinions.

- A quarterly newsletter was produced by the registered provider and circulated to all branches. This gave registered managers and care staff provider news, guidance, the opportunity to give feedback and any general information of importance about the organisation.

Continuous learning and improving care

- The provider was currently piloting an electronic care plan system. This would help to ensure agencies were proactive as the system had built-in alerts if staff did not arrive, or failed to provide the care in line with the person's care plan. The provider's quality lead told us, "We are currently piloting the system, but hope to roll it out to this branch in the next month or two. After that we will introduce electronic MAR charts." They added, "We are a learning organisation. There is no blame culture. We learn and have a greater focus on the quality and improving care." The registered manager told us, "We are keen to get the electronic MARs. It will make auditing much better and easier."

Working in partnership with others

- The registered manager told us the branch held a Macmillan cup cake day last year and were planning another one this year. They said, "We invited everyone and if clients can't make it then we send carers round with a couple of cakes for each of them." They also told us they had sponsored a charity match, setting up a stall giving out information. In addition, the agency was involved in the local community, especially the local Methodist church in Horley, with regard to a food bank service they ran.

- There was good liaison with the local authority locality team regarding care packages and they worked closely with the care home selection team at East Surrey hospital.

- Following the inspection, the registered manager told us they also worked with other professionals such as social workers, the occupational therapy team and specialist nurses to help provide a full package of care

to people.