

Alina Homecare Services Limited

Alina Homecare - Cheltenham

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–Cheltenham is a domiciliary care service providing the regulated activity of personal care. At the time of our inspection there were 9 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People received person-centred care from staff who were caring and knew people well.

People's needs had been comprehensively assessed to ensure the service could meet their support requirements. The emotional and social needs of people were considered as part of their assessment and ongoing care reviews. People's care plans provided staff with the information they needed to support people safely and effectively.

Systems were in place to safeguard people and to manage their personal risks. Staff were aware of their role to report any safeguarding concerns or changes in people's health and well-being.

Sufficient numbers of safely recruited staff were available to support people. Contingency plans were in place to support people in the event of staff shortages or an emergency such as poor weather. People told us staff were reliable and communicated with them if they were running late.

Staff were trained and supported to carry out their role. The personal development and well-being of staff was valued and promoted by the provider and registered manager.

People and their relatives told us staff were kind and care was delivered in line with their choices and preferences. 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.

The views and feedback from staff and people who use the service was valued by the registered manager to help them drive improvements.

The provider and registered manager operated a number of quality monitoring systems which helped identify concerns, trends and drive improvement. Accidents, incidents and near misses were recorded and regularly reviewed. Lessons were learnt and improvements were made when incidents occurred.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection

This service was registered with us on 27 September 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was also carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 - Cheltenham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2022 and ended on 30 November 2022. We visited the location's office/service on 24 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the intelligence we held about the service and used information gathered as part of monitoring activity that took place on 5 September 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff, including the registered manager, regional operations director, nominated individual, care ambassador and a care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at electronic staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. The registered manager had ensured systems were in place which safeguarded people from harm and abuse.
- Staff were trained in safeguarding people from abuse and had access to the providers safeguarding policies and procedures. They were able to describe the actions they would take if they were concerned about people's safety or witnessed poor care.
- People and their relatives confirmed that they felt safe being supported by staff. Comments included, "The carers are very nice. I feel safe when they are here supporting me."
- The registered manager stated there had been no safeguarding concerns since their registration. They described the actions they would take in line with the provider's safeguarding policy if a concern was raised. They were aware of their responsibility to notify CQC of reportable events and incidents that had occurred within the service.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Staff knew people well and how to keep people safe and the support required to mitigate people's personal risks.
- Relevant risk assessments were in place for each person such as mobility and falls risks. There was a balanced approach to enabling people to retain their independence, the support they needed and managing any associated risks.
- People's care plans provided staff with the information they needed to help them understand people's risks and how people should be safely supported.
- Environmental risk assessments were in place to help prevent unnecessary risks such as trip hazards.

Staffing and recruitment

- People received consistent care by regular staff who had been safely recruited.
- Safe recruitment practices were used. The provider's human resources department supported the recruitment process of new staff which was checked by the registered manager.
- We were told recruiting 'good' staff had been a challenge and they would only take on new care packages if they could do it safely with the right amount of staff.
- People's care calls were effectively managed. A system was in place to inform people of their care call times and the staff who would be supporting them. Real time check in and check out times alerts were made to the registered manager. This meant prompt action could be taken if staff were running late or missed a call.
- We were told that communication from the service was generally good if staff were running late.

- We were given examples of situations where the provider's staffing contingency plan had been implemented to ensure the service ran safely where there were unexpected staff absences.

Using medicines safely

- The service had processes in place to ensure people's medicines were managed safely.
- People's prescriptions were recorded and managed on the provider's electronic care management system. Safety measures were in place to ensure people received their medicines before staff left their care call.
- More information was needed when staff jointly managed people's medicines. This would help reduce the risk of missed or overdose of medicines.

Preventing and controlling infection

- People were protected from the risks of infection as staff were operating good infection prevention and control practices.
- People and their relatives confirmed they received the safe support they needed with personal hygiene and handling food and staff wore PPE.

Learning lessons when things go wrong

- Quality assurance systems to monitor all accidents, incidents and near misses had been implemented which were monitored by the provider to identify themes, trends or concerns.
- Lessons were learnt when things went wrong, and actions were taken when necessary. Changes to practice were shared with staff to improve the quality of care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received safe and effective care based on current best practice for supporting people to live in their own homes.
- People's support needs were comprehensively assessed and documented. Care plans provided clear information to guide staff and support good practice.
- Staff monitored people's needs and provided flexible support where needed such as supporting people to attend medical appointments.
- People's rights, wishes and diverse needs were respected and supported in a non-judgmental way.

Staff support: induction, training, skills and experience

- People were supported by staff that had been trained and supported.
- New staff completed a comprehensive induction programme which focused on the provider's values and delivering good quality person centred care.
- Records showed and staff confirmed they received on-going training and support. Staff could access additional training if they were required to support people with more complex needs and learning disabilities. The competences and skills of staff were regularly reviewed and checked by the management team.
- The provider recognised the value of training staff to reach their potential and supported their professional development.
- Staff confirmed the training had helped them to understand their role and how to support people safely. One staff member said, "The induction was very good. I felt trained before I started to support people."

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

- Where required, people were supported with eating and drinking and maintaining a healthy lifestyle. People told us staff consulted with them about their meal and drink choices and provided people with information about any unhealthy eating and drinking options.
- One person told us staff helped them to monitor their diet and blood sugar levels which helped them to stabilise their diabetes.

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

- Staff maintained good working relationships with people's families and healthcare professionals to help promote good outcomes for people.

- People's care needs were regularly reviewed to ensure staff fully understood people's current support needs.
- Healthcare professionals were accessed as required. For example, staff supported one person to attend their GP surgery as they were experiencing reoccurring infections. Staff subsequently supported the person to implement the GP's recommendations which had resulted in a noticeable improvement in the person's health and well-being.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, all people who received care from the service had the mental capacity to make decisions about the care they received. Staff described the importance of involving people in decisions about their care. People confirmed staff gained their consent before delivering personal care.
- The registered manager and staff understood the principles of MCA and how they would support people in their best interest if they lacked capacity to make decisions about their care.
- The provider's MCA policies and prompt cards reminded staff of the principles of MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- People received care and support from caring and compassionate staff. We received positive feedback from people and their families about the kindness of the staff who supported them. Comments included, "We are very very pleased with Alina. They are streets ahead of other agencies" and "They [staff] are excellent. All the staff are very nice."
- Staff valued people's individuality and diverse needs and spoke of people and their relatives with kindness and a sense that they wanted to improve people's lives. The support staff provided made a positive impact on people's lives. For example, one person had been supported to leave their home and eat at a café which has benefited their well-being and confidence.
- Staff were recruited and trained to match the values of the provider. The provider and registered manager expected staff to deliver care which was person centred and focused on people's wellbeing. The registered manager explained they wanted staff to focus on people's social and emotional needs as well as the practical tasks of supporting people.
- The registered manager and staff were sympathetic to people's emotional needs and supported people with their personal grief and attended funerals. One person told us how staff compassionately supported them after a bereavement in their family.

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

- People and relatives told us that they were encouraged to express their views and were involved in decisions about their care and support. Staff listened to people's wishes and delivered care as requested. One staff member said, "We [staff] shouldn't assume what people want, we should always ask."
- People received consistent care and support by staff who knew them well.
- People's care plans contained detailed information about people, their life history, and provided staff with clear descriptions of their preferred daily routines and the support they required.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected and staff always sought consent before supporting people with their personal care.
- Staff told us they were discreet and respectful when supporting people with their personal hygiene needs.
- Staff were provided with sufficient time to support people in an unrushed manner which helped to maintain people's independence.
- One staff member told us how they had slowly developed a trusting relationship with a person. Their approach had helped to break down barriers and the person was now more open to accepting assistance in their home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relative confirmed they received personalised care from staff who were aware of their preferences and support requirements. They said comments such as "They always arrive with a smile and make sure everything is done as I like."
- People's care plans provided staff with detailed information on how people should be supported and their personal hygiene and grooming requirements. Staff confirmed that they had access to people's care plans which were current and detailed.
- A system was in place to prioritise people's care in the event of an emergency such as adverse weather.
- The registered manager shared several examples of how the service had provided additional support to people to overcome their fears or barriers. For example, staff provided transport and support for one person to attend a day centre which provided their family with some respite from the role as a family carer.
- Where needed, the service provided some additional support to the provider's live-in care service in the local area. This helped to ensure people's needs or any concerns relating to their live-in care were managed in a timely manner.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff described the importance of accessible communication and how they supported people with information in a format they could understand.
- People's communication needs were assessed and known by staff. This helped to ensure people received information in a way which was accessible to them such as their care visit schedule.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place
- People and their relatives told us they knew where to raise any complaints and felt the registered manager would take immediate action to address any concerns.
- The registered manager said they welcomed feedback from people, their relatives and staff and said, "I want to get things right for everyone."

End of life care and support

- Staff received some end of life training as part of their induction programme. Progress was being made to ensure staff received additional end of life training to enable them to effectively support people in the final stages of their life.
- People's end of life wishes and decisions relating to future health care treatments was discussed with them as part of their initial assessments and ongoing reviews.
- We were told staff would work alongside specialist health care professionals to ensure people remain comfortable and pain free and people's care plans would be updated to reflect people's changing needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about the quality and development of the service.
- Care was being delivered in line with the provider's values and the registered manager's vision to deliver care with a consistent positive and person-centred approach.
- The management team and staff worked well as a team and were proud of their performance and the feedback they received from people who used the service.
- People and their relatives told us they felt the registered manager was approachable and accessible.
- Staff felt respected, valued and supported by the registered manager, the provider and the care team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior leadership team had developed clear processes to follow when things went wrong, and any lessons learnt were shared with staff.
- Staff were aware of their responsibility to report any accidents or incidents about people's wellbeing to the registered manager.

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

- The registered manager was clear about their role and responsibilities. The provider had ensured the registered manager was fully supported and trained to develop a new service.
- Robust quality monitoring and governance systems were being operated. A schedule of auditing systems was used by the provider and registered manager to monitor the quality of the service and drive improvement. The provider continually looked at different ways of improving their auditing systems.
- Through their own monitoring systems, the nominated individual explained they had assessed the service was 'pretty solid' and had grown safely since their registration.
- The provider recognised the importance of valuing and supporting the wellbeing of staff and had ensured they had access to the training they required to carry out and develop within their role. Systems were in place to recognise and celebrate good care practices of staff and to support the wider community.
- The registered manager received regular support from representatives from the provider and other registered managers within the organisation. They kept themselves updated through internal and external

systems, newsletters and training. Any new practices, policies and strategies were shared amongst the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives we spoke with were all positive about the care they received and said they would recommend the service.
- Systems were in place to capture people's experiences and views of the service. The results of a recent customer satisfaction survey were mainly positive. Negative feedback was analysed and actioned to ensure people were satisfied with the care they received.
- Staff told us the management team was supportive and approachable. They spoke positively about the responsiveness of the management team and the culture of the service. Staff told us they enjoyed working for Alina Homecare–Cheltenham and morale was good.
- Good communication and partnership working with other health care professionals and family members helped to promote positive outcomes for people.

Continuous learning and improving care

- The provider had developed clear processes to follow when things went wrong, and any lessons learnt were shared with staff.
- Staff were aware of their responsibility to report any accidents or incidents about people's wellbeing to the registered manager.