

Alina Homecare Ltd

# Alina Homecare Horsham

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Alina Home Care Horsham is a domiciliary care agency. It provides personal care to people living in a large purpose built extra care housing community on the outskirts of Horsham, and also to those living in their own homes in the surrounding areas. On the day of the inspection the service was supporting 84 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Alina Home Care Horsham receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

People received outstandingly responsive care that met and exceeded their needs, and improved their wellbeing, independence and happiness. Dedicated and enthusiastic staff ensured that people's daily life was filled with enjoyment, opportunities for meaningful occupation, entertainment and involvement in making friends and reducing social isolation. People's needs, wishes and aspirations were paramount and at the heart of the service. One person told us, "They have made such a difference to my life. I was not in a good place and they have changed that".

Staff had received essential training and support, and feedback from people indicated that they knew the best way to care for them in line with their needs and preferences.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "I've never had any concerns, they treat me very well and do what I need".

People's independence was promoted and told us their needs were met. They told us that they had a regular team of care staff who arrived on time and knew them well. One person told us, "They've helped me so much, they've rebuilt my confidence".

People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They're always respectful, I've not got any concerns".

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their

needs. One person told us, "I'd recommend Alina to anybody, they are really very good".

Rating at last inspection: Requires Improvement (report published 16 July 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service remained safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective and had improved to good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was very responsive and improved to outstanding.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led and had improved to good.

Details are in our Well-Led findings below.

Good ●

# Alina Homecare Horsham

## 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 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 team consisted of one inspector.

#### Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. The service is also a domiciliary care agency. It provides personal care to people living their own houses and flats in the community. It provides a service to older adults and younger disabled adults. This inspection looked at people's personal care and support service.

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:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

#### What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection:

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with nine members of staff, including the registered manager, a regional manager, a quality manager, a care co-ordinator, and care staff. We met with staff from Alina Home Care Horsham in their office, and observed them working in the office, dealing with issues and speaking with people over the telephone. During our inspection we spoke with nine people over the telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "I've always felt safe with them, I've never had any concerns".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff. A member of staff told us, "We can ring at any time, they always answer and help us".

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.

- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

#### Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them in a timely manner. This enabled staff to have up to date information on people and their call times. A member of staff told us, "There's definitely enough staff".
- Feedback from people and staff was they felt the service had enough staff. One person told us, "I've never had a missed visit and they show up pretty much when they say they will. In my opinion they have enough staff".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.



# Is the service effective?

## Our findings

Effective – this means 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant his meant 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection.

- At the last inspection, staff had not always followed the requirement of the MCA. Improvements had been made and detailed training and information had been provided to staff to ensure they followed the principles of the MCA and told us how it applied to their practice.
- The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. A relative told us, "We spoke all about the care for [my relative] at the start, we explained what she wanted and the things she liked".
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan.

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

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "They know the kind of things I like to eat and I've never needed to complain about their cooking".
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "They know me very well, they know if I'm not feeling right and they cheer me up".
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP.

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

- People told us they received effective care and their individual needs were met. One person told us, "I've got a lovely team of carers that come to me. They know all about me and what I need".
- We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "My main carer has been a godsend. We've become very close, I'd be lost without her, she's made such a difference to my life".

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "They all seem to know what they are doing. I believe they get training from the day they start".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- The provider had developed an 'Academy' which provided sector specific training to staff. The Academy also developed staff to provide peer lead learning to others.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

## Is the service caring?

### Our findings

Caring – this means 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. One person told us, "They are always asking if I need anything and what would I like. They want to know what I think".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We work for the clients, not the other way around. We're there for them".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "They've helped me so much, they've rebuilt my confidence".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first.
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected. One person told us, "They're always respectful, I've not got any concerns".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "We are given a lot of information about the clients, but to be honest, you just get to know what they like when we chat with them".
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I feel very well looked after. I look forward to them coming to see me".
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who

can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

People received an exceptionally high standard of personalised care that was responsive to their needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the staff responded extremely well to their care and recreational needs. A great deal of time and attention had been given to ensuring people's care was designed to cater for, develop and explore their individual interests. People and their families had been included in developing their own care plans. Staff knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- The care delivered and attention to detail around people's needs and wishes ensured that people received outstanding care that increased their sense of worth, improved their wellbeing and enabled them to meet new friends and socialise.
- Alina Homecare Horsham stated in their literature, 'We help you achieve whatever you choose to do. We care for you as a person and your choices, just as much as your physical needs.' We saw this was the case in both the care plans and the way staff delivered a responsive service. Staff had assessed both the physical and emotional needs of people and then provided appropriate care and support. The registered manager told us, "We continually assess people to find out what they want, what makes them happy and how we can help".
- Staff at the service recognised that many people they supported in the community did not have an active social life and invariably were not funded for, or could afford to pay for, social and activity time with their care workers. Therefore, the provider and staff decided to organise activities that people in the community could access with their support. They made it possible for people in the community to go to numerous activities within the extra care housing property where they supported other people. The property has a large café and dining area and staff organised themed parties, such as 60's and 70's and tea parties.
- Staff enthusiastically supported people in the community to attend the parties, and transported people to and from their homes to the extra care housing property. The provider made sure these events were free of charge and above and beyond people's agreed care packages. These were very popular with both people in the community, and those living in the extra care housing property.
- This initiative had gone a long way to prevent social isolation for people living alone and had created a sense of friendship and community amongst the people being cared for.
- One person receiving care in the community had not left their house for nearly two years, but now regularly attended the gatherings and had made new friends. Another person told us, "They have made such a difference to my life. I was not in a good place and they have changed that".
- Other people had been supported to enjoy walking sessions in local parks, attend the cinema and access local shops, restaurants and cafes. Those who could express their views all told us how positive this had

been for their wellbeing. A relative told us, "They get [my relative] out of the house when they can, she likes that".

- People were also encouraged to take part in meaningful occupation activities. One person living in the extra care housing property had previously worked as a postman. The registered manager had arranged with the local post office for this person to be provided with a postman's badge and bag. Each day this person was supported by staff to deliver the post to other people within the extra care housing property. We observed this person collect the post and start their deliveries. It was clear by their actions this person took a great deal of pride with being involved in the day to day running of the service.
- Staff supported another person to run a shop within the extra care housing service that sold toiletries and other items. People and staff used the shop. This had given the person a sense of social responsibility and meaningful occupation, as well as creating friendships between them and other people living and working at the service. A member of staff told us, "We all buy things from the shop every day".
- Staff displayed exceptional resourcefulness to support people to achieve their wishes and aspirations. For example, one person wished to surprise their family by attending their granddaughter's wedding, as their family did not think it was possible for them to attend, due to their frail health. Staff organised a wheelchair, transport and the support of the person's favourite care worker for the day in order for them to attend, which created happiness for the person and their family.
- Another person had been supported to hold a wake for a relative who had sadly passed away. Staff assisted with all the arrangements, including taking the person shopping to buy a new suit.
- A further person had been supported to realise their ambition of visiting a cat sanctuary. This extra care and support that staff put in was not part of these people's funded care. The culture within the service was to provide meaningful and personalised activities and staff had been inspired to find creative ways to make this happen for people.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, staff had translated one person's care plan into Gujarati, so that they could read it and ensured that a member of staff who spoke the same language regularly attended their calls. This had significantly improved this person and their family's care experience.
- Technology was used to support people to receive timely care and support. The service used a real time monitoring system, that allowed them to track where care workers were and be alerted to any visits that were running late. People were then informed of this in good time.
- Staff told us that there was always enough time to carry out the care and support planned for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs.
- A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. They told us, "We have set rotas for the people in the extra care housing, but the office makes sure our calls are near to each other when we're in the community. I've not had any issues". People received care from a consistent and regular staff team. One person told us, "I know everyone who comes to see me. There's the occasional change if one is off sick, my regulars are brilliant".
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes, food and personal grooming.

#### End of life care and support

- Nobody using the service was receiving end of life care. However, we were told by the registered manager that peoples' end of life care would be discussed and planned, and their wishes would be respected should this be required. Paperwork we saw supported this.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

# Is the service well-led?

## Our findings

Well-Led – this means 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 has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities.
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality, care. One person told us, "I'd recommend Alina to anybody, they are really very good".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- 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.
- We received positive feedback in relation to how the service was run. One person told us, "Whenever I have needed anything, I only have to ask. I think they are very well run".

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- The registered manager told us how they encouraged staff to engage with the service and continually improve. They said, "It is our culture that sets this organisation apart. We have wellbeing checks for staff and organisation puts senior management at the bottom and care staff at the top. We don't have a blame culture, we want staff to grow and improve and provide quality care to people".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and



Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. The service had also liaised with a local hospice, presented at industry forums and invited the local community and people they cared for into their offices and the extra care housing facility to create community engagement.

#### Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "This is the best job I've ever had. I love the customers and my team. It's a joy to work here, we're all very happy".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.