

Alina Homecare Ltd

Alina Homecare Harpenden

Inspection report

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Date of inspection visit:
25 May 2017
31 May 2017
01 June 2017

Date of publication:
29 June 2017

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

This inspection was carried out on 25, 31 May and 1 June 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission in March 2016.

Alina Homecare Harpenden provides personal care and support for people living in their own homes. At the time of the inspection 47 people were being supported by the service.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe being supported by the service and confirmed their individual risks were assessed and reviewed regularly. There was a robust recruitment process in place and various pre-employment checks were completed prior to them starting work in the service. There was sufficient trained staff available to meet people's needs. People were supported to take their medicines safely in accordance with the prescriber's instructions.

People were supported by staff who had received appropriate training and support from the management team. People's consent was sought before care was provided and the staff and management were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. Where required, people were supported to access a range of healthcare professionals such as their GP, or to make dental or hospital appointments.

People told us the staff were excellent, kind caring and compassionate and that they were treated with dignity and respect. People were involved in planning and review of their care. People's personal and private information was protected to help ensure their confidentiality was maintained.

People received personalised care that met their needs. These were kept under regular review to ensure when people's needs changed the service was able to respond accordingly. Detailed information was provided to staff to help them to provide effective and responsive care to people. Where appropriate people were supported to pursue hobbies and interests and the staff arranged social events to bring people together and reduce the risk of social isolation. There was a clear process in place if people needed to raise a concern, but no complaints had been made.

There were systems and processes in place to monitor the overall quality and safety of the service. The registered manager and staff were continually looking at ways to improve the service. People knew the registered manager and told us they felt the service was well managed. People, their relatives and staff were very positive about the all aspects of the service and in particular the registered manager and the management team.

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.

People were kept safe by staff who had been trained to identify potential abuse, and knew how to report any concerns.

Risks to people's safety and welfare were assessed and managed effectively to help keep people safe.

People were supported by sufficient numbers of staff who had been recruited following a robust process.

People's medicines were administered safely by staff who had received training.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported by the management team.

People's consent was obtained before care was provided.

People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access health professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and compassionate.

People were treated with dignity and respect.

People and their relatives were involved in planning and review of their care.

Peoples confidential records were stored securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People's preferences were taken into account and staff received detailed information to help them respond in a timely way when people's needs changed.

People were supported to pursue hobbies and interests and were involved in social events organised by the service.

There had been no complaints. However were aware of how to raise a concern if they needed to.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who was open and transparent and managed the service effectively.

There were systems in place to monitor the quality of the service and these were kept under review to continually improve the service.

People, their relatives and staff told us the service was well managed and they had clear roles and responsibilities.

People and staff were positive about the management team. .

Alina Homecare Harpenden

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and carried out by two inspectors. We gave the provider 48 hours' notice to ensure that they would be available to facilitate our inspection.

We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local commissioning team. We reviewed information submitted on the provider's information return [PIR].

During the inspection we spoke with four people who used the service, one person's relative, two staff members, the area manager, the registered manager and the field care supervisor. We viewed three care plans, two staff recruitment files, training records and other information relating to the overall management of the service.

Is the service safe?

Our findings

People and or their relatives told us they felt safe having care and support provided to them by staff from Alina Homecare. One person's relative told us, "I feel my [relative] is 100% safe, time keeping is excellent and they are completely reliable." Another person told us, "We have a team of three core staff and we are always sent the schedule a week in advance." People knew who was coming to support them and at what time. They told us, "There are never any staff shortages."

Staff were able to demonstrate they knew how to recognise and report any potential signs of abuse, had received training as part of their induction and had regular training updates. The management also had a good understanding of how to respond to any concerns about people's welfare. People were visited regularly by the field care supervisor who was able to quickly identify any concerns and address them in a timely way.

There was a robust recruitment process in place which helped ensure staff were of good character to work in a care setting. We saw that application forms were completed, gaps in employment history were explored and criminal record checks were undertaken prior to staff starting work. References were obtained, and staff identities checked, which included proof of address. These processes ensured a consistent approach to the safe recruitment of staff.

There were sufficient numbers of staff available to care for people at their preferred times. Staff were assigned to people based on common interests and who were matched to their particular needs. People told us that staff also had time to carry out additional support if required or to stay a little longer in the event of an emergency.

People had their individual risks assessed and measures were put in place to reduce and mitigate these when possible. We saw that risk assessments included mobility, medicines and environmental risks. There were also specialist risk assessments for example where a person had a specific medical condition such as diabetes or dementia. Staff had been provided with specific training in these topics to help support people safely. Staff told us they frequently discussed with the management team any changes to people's needs, and that they responded promptly when needed. This meant that people's risks were managed effectively to help keep them safe.

People received their medicines safely from staff who had been trained to administer safely. The field care supervisor carried out spot checks of people's medicines to help ensure they were managed safely, and that medicine administration records [MAR] had been completed correctly. MAR charts were returned to the office at the end of each month and were checked to make sure they had been correctly completed and there were no gaps. Staff competencies were checked and staff had periodic observations undertaken to make sure they continued to follow good practice and also that documentation was completed correctly.

Is the service effective?

Our findings

People and their relatives told us they felt the staff that supported them had the right skills and experience to assist them effectively. One person told us, "We were asked at the beginning of the service to discuss what we wanted and needed and then they put the plan of care together." They went on to say, "[Relative] was completely involved and their permission sought to provide the calls." Another person told us, "The service planned the care with both me and my [Relative] and they deliver what they promised. I can't ask for more. The carers are very good and well trained and I am very comfortable with them around."

Staff told us they completed a comprehensive induction when they started work with the service. One staff member told us, "My induction was completed by the branch manager and included an overview of Alina and how the branch was run and I was able to ask questions. In addition, I completed a four day training course to include safeguarding, administration of medicines and moving and handling and included all aspects of the 'Care certificate'."

Staff competency was regularly tested during regular spot checks in people's homes by the field care supervisor. Staff were supported through regular team meetings and individual supervision meetings with their line managers. One staff member told us, "The training and support we get at Alina is excellent, they really do support you well." Another staff member said, "The training and support is really good, but the office staff are brilliant, I can always get advice or call them if I need to clarify anything."

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. We checked whether the service was working within the principles of the MCA and found that they were.

People's consent was sought before care was provided. One person's relative told us, "[Relative's] consent is always obtained before the carers begin any personal care or task." Another said, "I signed my [Relative's] care plan to say I am happy with it." Staff demonstrated a clear understanding of their role in relation to capacity and consent. The registered manager also had a good working knowledge of when an assessment of capacity may be required or when a person's ability to make decisions became more difficult.

People were supported to eat a healthy and varied diet to maintain their health and well-being. Staff also monitored people's nutritional intake to help make sure they were not at risk of dehydration. Staff were able to tell us about people's particular needs in relation to food and fluid, and were clear about how they supported people either who may be at risk, or those who required a specific diet. For example, if a person was diabetic.

People were supported to access arrange of healthcare professional when required. Staff told us if they were concerned about people's health or felt they needed to see a GP they would either arrange this with the GP

practice or inform the office or a relative to make sure the person received the appropriate support. When required, people were supported to attend hospital appointments, dental appointment or the opticians. This helped to ensure that people's health was monitored and maintained.

Is the service caring?

Our findings

People's relatives told us the staff were kind and caring and that they were treated with dignity and respect by staff. One person said, "[Relative] has never said anything negative about the staff that provides the care. She has commented before that members of staff are lovely, very pleasant and kind." "The staff just can't do enough for [relative]; she always looks forward to their visits." Another person told us, "Absolutely treat [Relative] with respect and protect his dignity while providing personal care." "The staff that come are all lovely. They are very thoughtful and caring."

People's privacy was respected and staff were able to demonstrate how they protected people's privacy when providing personal care. A relative told us, "Staff are very respectful and attentive to [Relative]. I cannot praise them enough. They really care and do things as I want them to." Staff were aware of the need to cover people when they were assisting them, and to ensure their privacy when there were other people in the home.

People were involved in planning and reviewing their care. One person told us, "The [registered] manager came to see me to discuss what support I required and then they put this in my care plan. They really do make sure everything is done the way I like it." We saw from care records that people's personal preferences were documented and people confirmed that their care was provided how they wished. People told us they felt staff listened to their views and opinions about their care. One person said, "I asked for a change of care worker, there was nothing wrong it was just a personality thing, they changed them immediately so yes I do think they listen and make changes when required."

People were supported by staff who knew them well and had developed meaningful relationships with their small team of regular care staff. Staff were able to tell us in detail about people's needs, preferences and how they liked to be supported. We heard many examples of where staff members had gone over and above the call of duty. Like supporting people to attend social events, doing shopping and spending time with people over and above what had been commissioned.

The registered manager told us about a person who had complex needs and did not accept the care very easily in the beginning. The staff persevered and eventually found a staff member who really 'clicked' with the person who was now doing some great work and had really enhanced the person's quality of life.

People's care plans and records were written in a personalised way and provided staff with such detailed information which included their preferences, what time they wanted their visits, any likes or dislikes. Each aspect of the person's care was described specifically around their wishes. People's confidentiality was maintained and we saw that records were stored securely in the office and only people who had authority to access them could do so. Information was provided on a need to know basis. People had files in their home which contained copies of all the information that staff needed included emergency contact numbers for family, GP's next of kin or other significant people involved in the person's life so they could be kept updated of any changes.

Is the service responsive?

Our findings

People received personalised care that met their current needs, and that was responsive to people's changing needs and was kept under regular review. One person told us, "We've had minor niggles in the early days but everything has been sorted to our satisfaction, anything I have mentioned has been dealt with." Another person told us, "They do everything I ask them, and always check if there is anything else to be done before they leave." Staff also gave us many examples of how they had responded when people needed a change to their usual routine. For example staff contacted commissioners to request additional visits for a person whose health had declined and required further support.

A member of the office staff told us, "Things change so quickly, for example recently a person became unwell and the staff stayed with them until the ambulance arrived." Another person who developed a health related skin lesion was persuaded to have it investigated by a specialist health professional with support from staff and they had it successfully treated. Staff told us about a person they supported who was at risk of financial abuse. Staff told us they put in weekly audits in the person's home, where they could check the financial transactions and receipts. Staff from Alina had arranged for them to have a telephone monitoring service to help protect their interests.

Staff spoken with were clear in how they supported people's needs. An assessment had been carried out prior to care being delivered, which was completed with the person and a member of the management team. Care records were well written and consistently provided clear guidance for staff about meeting people's needs. There was effective communication between staff and people using the service about how they wished their care to be provided and staff were clear about what type of support people needed and how this should be delivered.

People told us they had developed close and meaningful relationships with staff. Staff spoke with demonstrated they cared passionately about people who used the service and really went the extra mile to respond to their needs.

The registered manager told us how they assisted people to participate in various 'social events' to help reduce the risk of social isolation. For example they had arranged a festive party and staff arranged to transport people to and from the venue to enable them to attend. People were able to visit the office and have a chat with staff when they were in the local area. People were matched to staff and this gave people mutual interests which supported people and staff to develop and pursue hobbies that were of interest to them.

People were aware of how to raise a concern if the need arose. However nobody had made a formal complaint. We saw there was a policy and procedure in place and people were made aware of the process. The field care supervisor told us, "We are constantly checking if people are happy with the service, so things are addressed, they don't get to a stage where people would have to make a formal complaint." One person told us, "We had a six month review to ask if there was anything we wanted to change." Another person told us, "I've absolutely no complaints about the care at all but find all the staff so approachable I wouldn't be

concerned about approaching anyone, they come on a regular basis to review the care and check on everything and they are very responsive to any changes we have requested."

Is the service well-led?

Our findings

Relatives and staff were very positive about the overall management of the service. One person told us, "I find the [registered] manager who I've dealt with to be very approachable and responsive." Another person told us, "It's completely the service we asked for, meets our needs and is excellent." People told us, "Communication from the service is fabulous." Staff too confirmed communication was very good and they were kept updated and any changes were communicated to them in a timely way.

We found the registered manager to be open and transparent throughout the inspection process. Information requested was provided in a timely and organised way. The registered manager demonstrated they knew people really well and was able to describe people's preferences and individual circumstances relating to the care and support they received.

Staff too were very positive about the overall management of the service. Staff told us they had clear roles and responsibilities, were well supported and could contact the office staff at any time for assistance. One staff member told us, "I love working for Alina they are a great service and are so supportive to all the staff."

The registered manager told us the out of hour's service was managed by office staff on a rota basis. People were able to telephone the office number and get to speak to a member of the team. Records were kept for out of hour's communications. This procedure ensured that people received continuity of care at all times. One person's relative told us, "I find everyone very easy to speak to. I only have to pick up the phone, they are excellent, all of them".

The management team told us how the service had evolved and they had embedded quality measures in all aspects of the service. Staff told us, "We share the same values and are totally committed to ensuring people get the best care we can provide".

The registered manager told us about various systems and processes that were in place to monitor the overall quality of the service and to make continual improvements. This included regular 'spot checks' completed in people's homes. These were undertaken by the field care supervisor and included work based observations such as staff arrival, presentation, how staff treated people and a check of all documentation kept in people's homes.

Feedback was regularly obtained from people through these visits along with telephone monitoring calls. These checks helped the registered manager to monitor the overall quality of the service and take action to make any improvements that were required.

We saw that accidents and incidents were recorded and when required the registered manager sent notifications to CQC to inform us about important events. This helped us to monitor the overall performance of the service.