

Alina Homecare Stevenage Ltd

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## Inspection report

Unit 6A  
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Tel: 01438722663

Date of inspection visit:  
15 July 2019

Date of publication:  
01 August 2019

## 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 is a domiciliary care service that provides personal care and support for people living in their own homes. At the time of the inspection 180 people used 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 told us they were satisfied with the care and support they received from Alina Homecare Stevenage. Staff knew how to support people safely and understood how to report any concerns. There were enough staff available to meet people's needs. The provider had a robust recruitment process which supported the registered manager to recruit staff safely. People's medicines were managed safely, and people were protected from the risk and spread of infection. The management team shared learning from accidents and incidents with the staff team to help reduce the risk of recurrence.

Staff supported people to eat and drink sufficient amounts to help maintain their health and wellbeing. People were supported to access health and social care services when needed. People's consent was obtained before staff provided care. 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.

People told us care staff were kind, caring, and respectful. People were involved in developing and reviewing their care plans along with their relatives if appropriate. People said they knew how to raise concerns and we noted the registered manager addressed any feedback in a timely way.

The registered manager undertook regular quality monitoring to help ensure people received a good quality service to meet their needs. People and their relatives said the registered manager was always approachable and available. The staff team worked in partnership with other organisations to ensure good outcomes for people.

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

### Rating at last inspection

The last rating for this service was Good (published 24 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Alina Homecare Stevenage Ltd

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken 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.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2019 and ended on 23 July 2019. We visited the office location on 15 July 2019 to meet with the management team, some staff members, and to review documents essential to the safe and effective management of the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eleven members of staff including the provider's operations and quality team, the registered manager, senior care workers, and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone with 11 people who use the service and five relatives of people who use the service to gain their views of the service they receive.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received relevant training, were aware what constituted abuse, and reported any concerns appropriately. For example, Staff had uncovered an instance of financial abuse of a vulnerable person. The matter was reported to the relevant authorities for investigation and staff members continued to support the person to learn how to budget their money and how to keep safe.
- People told us they felt safe using the service. For example one person said, "I feel safe because they [staff] are so kind, they look after me well and do everything they are supposed to do."

Assessing risk, safety monitoring and management

- Any risks to people's safety and wellbeing were identified and plans were developed to mitigate the level of risk.
- The staff team were provided with clear guidance by the registered manager, to help them support people safely.
- The provider used an electronic call monitoring system. Staff 'logged in' when they arrived at a person's home to provide care and logged out again when they left people's homes. This system helped to assure the provider that care calls had not been missed as well as promoting staff safety when working alone.

Staffing and recruitment

- The provider's recruitment process helped to ensure that appropriate staff were recruited to provide people with safe care.
- Staff gave mixed views about staffing levels. Some told us they felt there were enough staff deployed to meet people's needs. Other staff were less positive saying that last minute staff absences often meant they had to pick up extra work at short notice. The management team advised us that they had undertaken a successful recruitment campaign and were confident this would resolve this issue.
  - In a survey in 2018 23% of people had responded that staff did not arrive on time. At this inspection people said care staff were very occasionally late when they had been held up at a previous care call but overall, they were punctual. One person said, "In the last month things do seem to have improved, things are settling down now. Generally, we are quite satisfied."

Using medicines safely

- People told us they received their medicines as prescribed. A person said, "They do all my medicines. They are delivered by the chemist in blister packs and given to me by staff. They wait until they are happy that I have taken it."
- Medicine administration charts were regularly checked by senior staff to confirm that people received

their medicine as prescribed.

- Staff training records showed training had been provided and assessments had been undertaken to confirm staff competency in this area.

Preventing and controlling infection

- Staff had received training in infection control. Personal Protective Equipment (PPE) such as gloves and aprons were provided. We saw staff accessing this equipment during this inspection.
- The management team reported they assessed infection control practice during unannounced spot checks in people's homes.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify if any trends or themes emerged. Appropriate actions were taken to help ensure incidents did not re-occur.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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's needs, and preferences were assessed before the care delivery started. People, or their relatives where appropriate, were involved in planning the care. These assessments and discussions formed the basis of people's care plans.
- Staff were provided with clear guidance about how to meet people's needs in line with their needs and preferences. The care plans were kept under regular review so that staff had up to date information about people's care needs.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff team had the skills and experience necessary to provide safe and effective care.
- The registered manager had a system to identify when staff training refreshers were due so that she could manage this effectively without disrupting people's care calls.
- Staff told us they had regular face to face training in the basic core areas and they felt well supported by the management team.

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

- The support people received with eating and drinking depended solely on their individual abilities. Some people did not require any assistance in this area whereas one person told us, "I do have support with food because I do forget to eat and drink."
- Staff members were provided with detailed guidance where people were at risk of poor nutrition or needed support to eat and drink. People told us the support they received was appropriate to meet their needs.

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

- People's health support needs were assessed and met. Staff liaised with people who used the service, their relatives where appropriate and with health professionals as needed.
- People told us they were satisfied that staff would take appropriate action if they became unwell. A person said, "Staff have the information they need and know to contact my relative and the GP should I have a seizure."
- We noted that appropriate referrals had been made to health professionals to help ensure people received safe care and treatment.

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People confirmed that staff offered choice and always asked for consent before supporting them.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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 told us they felt respected and staff treated them as individuals. One person said, "Staff really do treat me with respect. They treat me like a normal person, they speak with me as equals, we have a laugh."
- Information about people's lifestyles, choices and religion had been assessed and this fed into care plans in the form of guidance for staff. This meant that staff had access to information they needed to ensure people received their care and support in the way they wished.

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

- Staff worked in partnership with people and where appropriate, their relatives, to help ensure the support provided met their needs and preferences.
- People's care plans were kept under review to help ensure the care provided continued to meet people's needs.
- Annual surveys were sent to people to enable them to give feedback about the service they received. The management team told us that people's views were gathered at 'spot checks' and by a new initiative 'Phone around Thursday' where members of the office staff called a sample of people weekly to just check all was well.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was promoted. For example, one person said, "Staff are very respectful to me. They protect my dignity when they are helping me to wash and dress."
- People said they were supported to maximise their independence. One person told us, "They [staff] put the soap on the flannel for me and I wash what I can reach to help me keep as much independence as possible for as long as possible."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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 said they felt that care was tailored to meet their individual needs and preferences. One person said, "I feel my care is centred around me, they give me first class attention when they help me."
- Staff understood people's needs. The management team told us that where possible, people received their support from a consistent team who were familiar with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through the initial assessment undertaken prior to care delivery. These were documented in people's care plans so that all staff attending to provide care and support had the information they needed to communicate with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and people told us they were aware how to make a complaint. Complaints received had mainly related to people not satisfied with their care call times. The management told us that social workers advised people they could have the care call time they wished to have without confirming the agency was able to provide this. The management team said they worked with people to deliver their preferred call times as soon as they were able.
- We noted 68% of people had responded in a quality assurance survey in 2018 that they felt their complaints were not dealt with effectively. At this inspection people told us that the service had responded to their complaints and improvements had been noted.
- People had regular contact with management and office staff through spot checks, care plan reviews, and annual quality surveys.

End of life care and support

- Alina Homecare provided support for people at end of life who wished to remain in their own homes.
- Staff were provided with training to give them the skills to support people at end of life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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

- People received person centred care. The ethos of the service meant that staff ensured people's needs and preferences were respected and met.
- People and their relatives, where appropriate, were kept informed about any changes that affected their care and support.

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 provider and registered manager notified us, and where appropriate, the local authority of certain events that occurred. This meant we could ensure appropriate and effective actions had been taken.

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

- The service had a registered manager in post.
- Staff told us they could approach management for support as needed. One staff member said, "We are listened to, we only have to say if we have a problem" Another staff member said, "I never feel alone, we are part of a team. Our on call are fantastic, a great support."
- The provider had robust quality assurance processes in place to help ensure risks to people's safety and wellbeing were well managed.
- Committee meetings chaired by the quality manager were held involving all departments including registered managers, operations, finance, recruitment, and business support. Continual improvement and lessons learned were discussed together with new initiatives such as an improved branch managers audit tool.

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

- People and staff were respected as individuals.
- Staff were supported by the management team and the training academy. Good practice was recognised and rewarded by a monthly award incentive.
- The provider undertook an annual quality assurance survey. When responses were received they were summarised, and each branch then put actions in place to address any areas of shortfall identified by the survey. For example, 26% of people responding to the 2018 survey indicated they were not satisfied with the

reliability of care staff. In response, the management undertook a recruitment drive to boost staffing levels. At this inspection people told us that improvement had been noted and staffing had now settled down.

Continuous learning and improving care; Working in partnership with others

- The provider's senior management team were proactive and introduced contingencies when potential shortfalls were identified. For example, sudden heavy snowfall impacted on the delivery of care in the past year. The provider already had contingency plans in place for bad weather but to make these more robust the issue was now discussed with people and their relatives at the point of assessment of needs. Alternative care arrangements were considered for the future in the event of such weather events.
- The provider and registered manager worked closely with the local authority commissioning and safeguarding teams.
- The local authority quality monitoring team had rated Alina Homecare Stevenage as 'Good' at their last inspection in January 2019.