

Alina Homecare Ltd

# Alina Homecare Hemel Hempstead

## Inspection report

50 St. Marys Road  
Hemel Hempstead  
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Tel: 01442793222

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15 May 2019

16 May 2019

20 May 2019

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03 June 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 Hemel Hempstead is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 83 people were being supported by the service.

### Peoples experience of using this service:

People told us they would recommend the service to others. One person said, "[Staff] are always very pleasant, very respectful and we have a laugh together and that always releases any worries." Another person added, "I have no complaints. All the [staff] are very caring and never unkind. They always cheer me up.."

People were protected from abuse and avoidable harm and risks to people were managed safely.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. Staff provided care and support in a kind and compassionate way.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received personalised care. Their privacy, dignity, and independence was respected and promoted.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of the service.

There was strong leadership at the service. The management team and the service culture they created drove and improved high-quality, person-centred care.

Arrangements were in place to involve people in developing the service and seek their feedback. Plans were underway to enhance the systems in place to monitor the quality of service provision and to drive continuous improvement. The service worked in partnership with other agencies for the benefit of the people using the service.

### Rating at last inspection:

This is the first ratings inspection for Alina homecare Hemel Hempstead since a change in the registration in April 2018.

### Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme. At this inspection we found that the service met the standards of 'Good' in all areas.

Follow up:

We will continue to monitor information about the service and will carry out another inspection in accordance with our published inspection programme. If any concerning information is received in the interim, we may inspect sooner.

For more details of this inspection, 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 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 Hemel Hempstead

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: Alina homecare Hemel Hempstead is a domiciliary care service. It provides personal care and support to people who live in their own homes in the community. They are registered to provide a regulated activity of personal care. At the time of our inspection 83 people were being supported by the 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: We gave the service 48 hours' notice of the inspection to ensure the registered manager, or other senior staff were available to support the inspection.

Inspection site visit activity started on 15 May 2019 and ended on 20 May 2019. We visited the office location on 15 May 2019 to see the manager and office staff; and to review care records and policies and procedures. We collected feedback about the service from people, staff and professionals on 15 and 20 May 2019.

What we did:

Before the 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 authority, including a copy of their most recent inspection report. We also reviewed the provider information return (PIR) which we received prior to the commencement of the inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with seven people who used the service, five members of care staff, the registered manager, the operations manager and the quality and compliance manager. We also contacted relatives and professional for feedback about their experience of the service. We looked at a range of records relating to the overall management of the service. This included three recruitment records, three care plans, risk management arrangements and quality assurance records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to help protect people from harm or abuse. Staff received training and were able to demonstrate that they had a good knowledge of how to report any concerns without delay to their senior management team as well as to the local safeguarding team if necessary.
- People and their relatives told us that they felt they received care that was safe. One person told us "Yes I do feel safe. [Staff]are wonderful. I haven't got a bad word to say. [Staff]come in and help me shower and get dressed and when I am not well [staff]will come in extra to make sure I'm ok." Another person told us "Most of them do, [make me feel safe]. Those that come now are very good. I can't grumble."
- The registered manager appropriately reported any safeguarding concerns which helped monitor or identify any events that may place people at risk of harm.

Assessing risk, safety monitoring and management

- Peoples individual risks were assessed to help keep them safe. Where any risks were identified, measures were put in place to help reduce and mitigate risks to their well-being. Risk assessments showed that people could be supported with positive risk taking for example, by encouraging them to retain their independence as far as possible.
- Risk assessments were reviewed regularly and if there were any changes to a person's needs. This helped ensure the information available to staff was current and accurate.
- People were supported outside of hours via a dedicated contact number which was available in the event of an emergency, for example if the care worker did not arrive or the person needed to cancel a visit.

Staffing and recruitment

- The provider had a robust recruitment and selection process in place to ensure that staff were suitable to work in this type of service. This included Pre-employment check such as completing a disclosure and barring check (DBS) and taking up references.
- People told us the care staff attended at the agreed time and usually stayed the duration of the visit, unless they had finished all the tasks required and the person being supported was happy for them to leave. Staff also confirmed there were enough staff to meet people's needs at their preferred times.
- People told us they had not experienced any missed visits. One person told us "If [staff] are running a little late, [staff] do try to let us know."
- The registered manager told us they planned visits in a small geographical area to reduce travelling for staff. They also tried to 'match' care staff to service users and people received care from a consistent team of staff.

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency observed to help ensure their practice was safe and that they followed the correct procedures.
- There were clear protocols in place for people prescribed 'as and when needed' (PRN) medicines. For example, for pain relief and these were recorded when administered.
- Medication audits were completed to help identify any training needs, gaps in recording or errors. Where any anomalies were found they were addressed quickly and lessons learnt were shared.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment such as gloves and aprons to help reduce the risk and spread of infection.
- People did not have any concerns and felt that staff maintained good standards of hygiene.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents when things went wrong to see if lessons could be learned. Where there was learning this was shared with staff during team meetings.



# 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

Good: 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 were assessed before they started to use the service. If people had been in hospital their needs were reassessed to help ensure the service could still meet their needs.
- Assessments detailed people's individual support needs and their preferred times and routines. Information from the assessment was used to develop people's care plan and risk assessments.
- The registered manager kept themselves up to date with current care standards and guidance and used this to update people's care plans.

Staff support: induction, training, skills and experience

- Staff received an induction when their employment commenced. They then shadowed more experienced staff until they were signed off as being competent in all areas of their job role.
- Staff received training in a variety of areas relevant to their role. This included training in safe administration of medicines, safeguarding, moving and handling people and the Mental Capacity Act. Staff were able to demonstrate that they had a good understanding of these topics.
- Staff were well supported through individual supervision, team meetings and work-based observations, which helped ensure staff had the knowledge to provide an effective service.
- People and their relatives told us they felt staff had the skills and knowledge required to provide good care. One person told us, "Yes they have been doing it for so many years. They are very good. Even the young ones are good."

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

- Where required people were supported to eat and drink a nutritionally balanced diet to maintain their health and wellbeing.
- People's dietary needs were assessed as part of the initial assessment and any specialist support for example, if there were concerns about weight loss, were reported to other professional such as dieticians or the speech and language therapy team (SALT).

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

- The registered manager and staff team had established links with various healthcare professionals to help support people who needed to access healthcare services. These included GPs, district nurses, and speech and language therapists.
- Information was shared appropriately as required with other agencies, for example, if people needed to attend medical or hospital appointments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that it was.
- People told us that staff asked for consent when supporting them. We saw that people had been asked for consent and had signed their care plans to confirm their agreement with the care provided.
- Staff received training in the Mental Capacity Act and had a good understanding of how this applied to their day to day support of people.

# 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

Good: 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 and their relatives told us they were happy with the service they received. One person told us "I wouldn't change anything, I am happy." A relative told us "My father has been looked after by Alina homecare for some time now and I have to say I find their service to be incredibly professional, collaborative and to a very high standard."
- Staff talked with people to engage them in meaningful conversations which helped them understand about people's life histories and understand more about the individual. For example, they talked about what people enjoyed and how they liked to spend their time.
- The registered manager and staff involved family where this enhanced people's lives. A family member told us "I cannot speak highly enough about their care for [Person] for both health, social and pastoral care which has been consistent in all the time they have been caring for [Person]."
- The registered manager demonstrated a kind and caring approach to service users and went out of their way to do things which positively impacted people's lives. For example, by arranging events for people to attend tea parties, arranging birthday surprises for people and spending time with people when they had little social interaction.

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

- People told us they had been involved and consulted about all aspects of their care. This was demonstrated throughout the care plan and records. Care plans were regularly reviewed.
- People told us they were able to make choices about how they lived their lives and that these were respected by staff.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected people's privacy, maintained their dignity and supported their independence.
- One relative told us, "The carers themselves are always friendly and competent. Alina homecare have been able to be flexible around [Person]'s changing healthcare requirements and provide as much or as little as they need with minimal disruption which I have found to be immensely beneficial."
- People's social needs were taken into account as part of the assessment process. The registered manager had initiated many community events involving people to help combat social isolation.

## Is the service responsive?

### Our findings

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

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

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

- People received care which met their individual needs and preferences, and took account of individual likes and dislikes.
- People's care was flexible and could be adapted to meet their changing needs. For example, the registered manager told us that people often requested visits times to be changed to accommodate a social event and they always tried to accommodate these requests.
- During the inspection we heard that a person had been taken ill and staff were extremely responsive staying with the person until the family and emergency services arrived and rearranged visits to ensure everybody was taken care of.
- Care plans were detailed with regards to people's preferences, likes and dislikes.
- The registered manager told us staff spent extra time with people having a chat when time permitted.
- The registered manager also regularly arranged surprises for people including a restaurant meal and birthday cake for a person's birthday.
- Other events organised by the registered manager included fund raising events supporting local charities. People were invited to attend and the many pictures on display around the office showed people having fun.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy in place. We saw that any concerns raised were investigated and people were kept informed of findings and outcomes.
- People and their relatives told us they knew how to raise a concern and the staff told us copies of the complaint's forms were kept in their care files in their home. We saw that many compliments had been received and people were generally very happy with the quality of the service they received.
- People and their relatives felt they were listened to. For example, one person told us they had a few issues with one or two staff members and they were removed from visiting the person. The registered manager was positive about complaints viewing it as an opportunity to make improvements and learning from people's experiences.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the registered manager told us that should this be required they would be able to provide dignified end of life support to people choosing to remain at home in the later stages of their life.
- Staff were aware how to support people at the end of their life. Formal training and individualised support would be provided when required.

# 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

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

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

- The registered manager was passionate about delivering good quality person-centred care and were aware of their duty of candour responsibilities. They strived to achieve the best care for the people they supported.
- The registered manager was proactive in their approach and the culture of the service was based on a shared set of values. However, prior to the inspection there had been some changes in the staffing mix at Alina Hemel Hempstead and this had led to some unrest among a small group of staff. The registered manager acted quickly to reassure staff. This meant that the registered manager demonstrated they were proactive in addressing matters quickly.

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

- The registered manager and staff understood their roles and responsibilities and how they impacted on the lives of the people in their care. A staff member told us, "I do feel well supported, we can get support from a member of the management team when needed."
- There were various quality assurance processes in place to constantly monitor the quality of the service. The registered manager audited care plans, recruitment files, daily log records and MAR charts. Spot checks were completed in people's homes, to observe staff practice.
- The registered manager was aware of the responsibility to report serious events such as accident or incidents to the relevant authorities.

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

- People and their relatives gave positive feedback about the registered manager. One person told us, "The attention provided by the carers is very kind and reassuring and they will escalate to [registered manager] anything that requires further discussion. I would have no hesitation in recommending them." A professional told us "I have found them to be responsive and helpful in all my dealings with them. The registered manager will always step in to help where possible."
- Staff were positive about the management of the service. A staff member told us "I enjoy my work at Alina and feel we provide a good service."
- Regular feedback was collected from people and their relatives both formally with independent surveys, and informally by telephone monitoring and spot check visits to the people's homes.

#### Continuous learning and improving care

- The registered manager told us they reviewed any incidents to help learning for the future and prevent events from reoccurring. For example, there had been concerns raised about housekeeping tasks not being completed to a satisfactory standard. The registered manager explored these to see if there was any learning. This resulted in them seeking clarity around the person's and the service's expectation to help resolve the issue.
- The registered manager was a member of a local care provider's association, and attended management network meetings to keep themselves up to date with changes in the care sector.

#### Working in partnership with others

- The registered manager and staff worked with other professionals to achieve good outcomes for people. For example, the registered manager had liaised with the hospital discharge team to ensure that people were ready to return home and could have their needs met by the service.
- The registered manager and staff ensured they worked closely with partners to achieve joined up care for people.