

Alina Homecare Ltd

Alina Homecare Chobham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Alina Homecare Chobham is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection the service provided care to 15 people.

The inspection took place on 19 September 2018 and was announced. We gave the provider 48 hours' notice of the inspection in order that they could be available in the office to assist us.

At the time of the inspection there was no registered manager although the provider was training a manager to become registered. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People's medicines were managed safely but not always recorded accurately or audited effectively for improvement. We found gaps in medicine administration records (MARs) and ineffective measures to address these faults.

There were sufficient numbers of trained staff employed to meet the agency's care commitments. The agency ensured that people received a safe and reliable service. People were helped to stay safe because staff understood people's needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. There was a contingency plan in place to ensure people would continue to receive their care in the event of bad weather. People who would be most at risk were prioritised. Accidents and incidents were recorded and reviewed by the provider and reflective learning was used to learn from incidents.

Staff helped people keep their homes clean and hygienic. Staff understood the risk of spreading infection and as such wore personal protective equipment.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. People said their care workers always stayed for the allocated length of their visits.

Staff received the training and support they needed to do their jobs. Staff received regular refresher training and were supported through regular supervisions. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. People were protected as robust recruitment procedures were in place.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and understood how it applied in their work. People had recorded their consent to their care.

People received a service that was responsive to their individual needs. Each person had a care plan. Care plans provided guidance for staff and were reviewed regularly to ensure they continued to reflect people's needs. Staff were aware of people's individual dietary requirements and provided appropriate foods. Staff monitored people's healthcare needs and responded appropriately if people became unwell.

People knew how to complain if they were dissatisfied. People and relatives told us they felt they were listened to and the agency were good at communicating with them. The service had good working relationships with other professionals involved in people's care.

The service was managed effectively, which ensured people received safe and well-planned care. The provider sought feedback from people who used the service through annual surveys. Staff told us the provider supported them and made them feel valued. Team meetings took place regularly and were used to reinforce key messages. Notifications were correctly sent to CQC regarding any safeguarding alerts or serious injuries. The quality assurance audits for systems in place at the service were robust and effective at driving improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe

Medicines were safely managed although not always recorded correctly or accurately.

Staff followed appropriate infection control procedures when providing care.

The agency employed sufficient numbers of staff to meet its care commitments.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected as robust recruitment procedures were in place.

Is the service effective?

Good 

The service was effective.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed.

Staff had the training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary requirements.

Staff responded to people appropriately if they became unwell and supported them to access other healthcare professionals.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who showed them respect.

Staff maintained people's privacy and dignity when providing their care.

Relatives and people were involved in their care

Is the service responsive?

Good 

The service was responsive to people's needs.

People's care plans were personalised and reflected their needs and preferences.

Care plans were reviewed regularly to ensure they continued to reflect people's needs and wishes.

The agency responded well if people requested changes to their care package.

Complaints information was available to people and complaints had been responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

Audits were robust or effective at driving improvement.

People said communication from the office team was good.

People and staff were encouraged to give their views about the service and these were listened to.

Staff had access to management support and advice when they needed it.

Staff had good working relationships with other professionals involved in people's care.

Notifications were correctly sent to CQC regarding safeguarding alerts or injuries.

Alina Homecare Chobham

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 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.

We inspected the office on 19 September 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was completed by one inspector.

We held telephone interviews with six people and one relative after the site visit inspection. With permission we also visited two people in their homes whilst care staff were present. We visited the office location on 19 September 2018 to see the manager and office staff; and to review care records, training records, quality assurance and policies and procedures.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We spoke to seven staff and the operational manager. We looked at three care plans and three staff files. We checked the complaints log, accident/incident records and surveys completed by people who used the service. We also checked quality monitoring audits and records of spot checks on staff.

This was the first inspection undertaken at this service.

Is the service safe?

Our findings

People told us that they received their medicines when needed. One relative told us that their family member was supported by staff to take their medicines. They said staff did this safely and made sure their family member received their medicines as prescribed. However, despite this feedback we found that medicines were not always recorded accurately. Medicine Administration Records (MARs) contained multiple gaps that meant that there was no record to confirm whether people had received their prescribed medicines on certain days. Medicine audits completed by office staff had found the majority of the gaps in MARs. However, even after emailing staff and meeting with them to remind them to complete MARs, there were still gaps left in MARs in the weeks following this action. Following the inspection, a new audit form was created by the registered manager with specific and effective actions to follow up on after gaps in MARs were found. For example, following one audit of a person's MAR charts, the resulting actions were to cross check the daily log to see whether the medicines had been administered, hold refresher medication training for staff and hold supervisions with the responsible staff members. We will check this at the next inspection.

We recommend that all medicine records are recorded correctly and accurately.

People and relatives told us they felt safe with the service and staff. One person said, "They make me feel safe. They are really good." One relative told us, "They absolutely make my mum safe."

Risk assessments were carried out when people started to use the service and kept under review. Actions were in place to that ensured that people receiving care and the staff supporting them were safe. Risk assessments considered personal care, risk of falls and the environment in which care was to be provided. For example, one person's care plan included detailed assessments of a person's risk of falling. Staff were advised to ensure that the person's walking frame was always in reach and that the person was reminded to use it at all times when walking.

People were protected from the risk abuse because staff were knowledgeable of how to report and react to any signs of abuse. Staff had attended safeguarding training and were clear about their responsibilities to report any concerns they had about potential abuse. One staff member described how they would respond to a concern, "I would go to social services and perhaps safeguarding and then also perhaps the CQC." The provider had been in contact with Surrey County Council Safeguarding when potential signs of abuse had been identified by staff.

In the event of bad weather or a major incident the provider had a contingency plan in place that accounted for fire, flood, staff sickness or road works. For example, in the event of a fire or flood in the office the care files could be accessed remotely which were regularly backed up.

People were protected as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff

before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

There were enough staff employed to meet the agency's care commitments. The service had never missed a call as a result of staffing issues. One staff member told us, "Yes there are absolutely enough staff here." A second staff member said, "We have plenty of time during the day and the visits to chat with them (people) and get to know them." There was an electric call monitoring system in place to ensure that staff attended visits and stayed for the correct amount of time. People told us that staff were on time and stayed for the required amount of time for visits.

Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, staff had had trouble with a person's dog during visits which had led to inconvenience to staff and the person receiving care. As a result of the incident being reported, steps had been taken to avoid a reoccurrence.

People told us staff helped them keep their homes clean, hygienic and free from risk of infection. One staff member told us, "I always wash my hands and wear gloves and aprons. I also wash my clothes regularly. We have uniforms." One person said, "They always wear gloves and aprons." We observed staff wearing gloves and aprons during their care visits.

Is the service effective?

Our findings

People were cared for by knowledgeable and effective staff. One person told us, "They (staff) know what they are doing. They train new people by bringing them round to shadow experienced staff." Training records showed all staff had completed their training recently or had received refresher training. All staff were undertaking the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care. One member of staff said, "There has been a lot of training in various areas such as hoisting, manual handling, washing people, medicines, consent, safeguarding and first aid." Staff were supported by regular supervision with management which covered areas such as record keeping, feedback, training and medicines. We saw records of supervisions where staff had been spoken to in relation to record issues and how these could be addressed.

Spot checks on quality and competencies were completed on staff frequently throughout the year to check that they were using correct procedures. The manager informed us that, "There are two spot checks in the first six months and then every six months for each staff member." A manager also checked via telephone reviews that both the person and member of staff were happy with the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff were knowledgeable about the MCA and the processes to follow if a person was deemed as lacking capacity, they were aware of best interest meetings and who should be involved in them. One member of staff told us, "Everyone has capacity to make decisions unless proven otherwise, we can carry out assessments if we need to. We can also make best interest decisions to consider what is best for the client." There were two people who received care and lacked capacity, both of them had been assessed by senior staff and had their best interests considered for their consent to care.

People's needs and choices were assessed in line with current best practice. Prior to using the service, detailed pre-admission assessments took place to ensure they could meet people's needs. One relative said, "They have included my mum and me with her care plan and support from the start. They carried out a detailed assessment on her." The pre-admission assessment included details such as access to the home, the person's full medical history, the care required, risk assessments, the dependency level, any allergies, medicines and consent to care. People's needs within their care plans were regularly updated and reviewed to reflect changes and developments. For example, where one person had been prescribed creams for sores, their care plan had been updated with a body map of where the creams were required along with details of frequency of application and risks associated.

Where people required it, they were supported to eat and drink by staff. One staff member told us, "I ask them what they want to eat. I will also check their care plans to see what they like and prefer." We could see that people had their preferences recorded in their care plans and daily notes showed that staff were matching their preferences. One relative told us, "On Thursdays they [their family member] have a long visit

and they always feed her (person). They take her cups of teas throughout the day. The always prepare what she wants by asking her."

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One person told us, "They support me to see other medical professionals such as nurses, doctors and they get me my prescriptions." One staff member said, "I prompt one client to do her physiotherapy exercises which are prescribed by the physiotherapist." Record of visits were completed with people's GPs and physiotherapists.

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. One relative told us, "They (staff) are all caring without a fault." One person told us, "The carers are jolly nice. They bring me things like chocolates and other presents sometimes. They really care." A second person said, "They always chat and talk throughout their visits." A relative told us, "They (staff) used the carpet cleaner on all of my floors the other day. They didn't need to." Staff described to us how they supported people emotionally. One staff member said, "I always sit and talk to them (people) during the visits. One client gets so sad when we go that I make sure to really spend some time chatting with her. I also encourage her to do things to get her mind off of her loneliness."

People and relatives valued their relationships with the staff team and felt that they often go, 'The extra mile' for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. One relative told us, "The staff listen to me. (Staff) goes above and beyond her work, she cleans up, she plays games with my mum, she makes her laugh, she even makes our visitors laugh, she spends a 100% of her time with her to keep my mum happy and entertained." People had gifts from the managers and from staff at their homes in their bedrooms such as fruit baskets and chocolates. People smiled when they pointed these out as reminders of their friendships with staff.

People said that staff were always respectful and treated them with dignity. One relative said, "Her (their family member) privacy and dignity is always maintained by the carers as they talk to her and interact with her in a very kind way." One person said, "They maintain my privacy by covering me with a towel, they allow me to keep my privacy and dignity." One member of staff said, "I always make sure I treat people with dignity. If they are receiving personal care put the blind across, I give them privacy when they are doing personal things or things they can do themselves."

People and relatives said they felt involved in the planning of their care and were supported with their independence. One person said, "They always stand by to help me and encourage me to move myself first before then helping me to do it." A second person told us, "I wouldn't be able to manage without them to be independent in my own home." One staff member said, "I encourage them to do things for themselves. I only help when they can't do something."

People were supported to express their views and be actively involved in their care. Care plans were kept at people's houses so that they had direct access to them. People told us that they and their families had been involved in creating the care plans. One relative told us, "They have included my mum and me in her care plan and support from the start. They carried out a detailed assessment on her. The District Nurse also liaises with them to tell them of things to consider and take on board."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. One person said, "They involved me in creating my care plan. They discussed it with me." In one person's care plan routine it detailed the person's family, profession and hobbies. This enabled staff to quickly get to know that person and find out exactly how they wanted to spend the two visits with carers before they arrived at the person's house.

There were detailed care plans in place that outlined peoples' care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Staff told us that they would ensure that any care provided or changes made were written in the person's notes and also shared with other staff. One staff member said, "The care plans make it clear as to what we need to do and what we can and can't do. For a new client I saw today I looked through the care plan and it was very useful to see and read through. I knew what to do after I had read it and I made sure to update it afterwards." We saw that daily notes were person centred and contained more than just factual descriptions of the visits. The interactions between staff and people were also included.

People and relatives told us the agency responded well if they requested changes to visit times or to add or reduce visits. One person told us, "If I request any changes to the care or visits they will discuss it with me and we will talk about options."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. One person told us, "I have never complained but I would know how to." A relative told us, "I would be confident to call the office and complain if I wasn't happy. If I say something to change it or alter it they are absolutely fine with it. They are quick to react and interact with me to change." There had been two complaints since and both had been investigated in detail. As a result of the provider had taken action to address the shortfalls by staff. As a result of both complaints, the manager visited each service user and discussed their concerns at length to ensure that the service could improve.

Although the agency was not currently caring for anyone on end of life care, the provider told us they were in the process of implementing a new care plan section dedicated to this. This would enable people to set out exactly how they would like to be cared for towards the end of the lives.

Is the service well-led?

Our findings

The governance framework was effective at driving improvements at the service. The service ran a detailed branch monitoring system which enabled quality assurance to be considered in all areas of the service. For instance, in the most recent report, the results showed that care staff were working more hours than the target. In the commentary of the report this fact was noted along with the action being taken to address it which was that recruitment was ongoing and the new manager was focussing on the growth of carer numbers and reduction of hours. The operations manager along with the new manager were completed spot checks on all staff during visits to ensure correct practice and care was being provided. We saw records of the spot checks being consistently completed. There had been four missed visits in the past year due to mistakes in using the rota and one member of staff who had missed two visits by mistake. Following these missed calls action was taken by the provider to address this.

People and staff were engaged and involved in the running of the service. Quality review phone calls were made to people using the service by senior staff members. The senior managers also completed home reviews every six months. Some of the recorded comments from this feedback were, "I feel a lot more confident walking around from the support the carers are giving me." Another person stated, "All the carers we've had have been and are always cheerful, smiling and courteous." A third stated, "The carers seem well trained. They all look at the care plan and follow what is written there which is excellent."

People and relatives benefited from a well-managed service. One person told us, "The managers are wonderful. They are very nice people. I've met them a few times before. One of them is coming round today." One relative told us, "They (Management) have done everything I have asked of them. They are very good. They ask me for updates and reviews. They don't just let it run. They ask me if I want to change anything. They seem to be operating a good tight ship."

Staff told us that they felt supported by the management team. One staff member told us, "Management are lovely here. They are supportive and are always there for me. They always communicate to me changes or developments, they email or call me."

People and relatives told us that the provider communicated with them well and always responded to their queries. One person said, "The managers get things organised well. They email me with who is coming to see me. I have met the managers several times. They email and call me with changes or notifications and to tell me who is coming." A second person said, "They communicate with me a lot. They keep me updated."

Staff were involved in the running of the service. One staff member said, "I've been to one staff meeting and it was very good. It was useful and informative." A second staff member told us, "The managers have been good with communication. They are always able to talk to me and always take the time to speak to me." A third staff member said, "We have team meetings once a month. They listen to us if we give feedback and implement changes." At the last staff meeting in July 2018, four members of staff expressed interests in completing levels of national vocational qualifications. Since that meeting steps have been taken to enable those staff members to begin further training.

People and relatives were asked for their views about the agency via annual satisfaction surveys. One relative told us, "I have filled in a questionnaire and I have given them feedback. It was all positive. I just stated that I am happy with everything." One questionnaire stated, "The difference in him (person) since he has been in your care is amazing, thank you so much."

The provider had developed effective working relationships with other professionals involved in people's care. People told us how staff worked in conjunction with physiotherapists, district nurses and GPs.

The provider had a credible strategy for improvements at the service. The service had recently employed a new manager who was being trained at the time of the inspection. There were plans to create a newsletter to be sent out to all people using the service with details of updates and activities available to people. The provider enabled continuous learning at the service through communication about developments and quality assurance reports such as CQC inspections at other services. For example, due to inspections at other services, the provider has created a new care plan section dedicated to end of life care questions to ask people.

The registered provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.