Alina Homecare Ltd

Alina Homecare Basingstoke

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection of Alina Homecare Basingstoke took place between 9 and 18 May 2018.

The service is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to older and younger adults, people living with dementia, autistic spectrum disorder, physical disability, mental health needs and sensory impairment. The service enables people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 36 people using the service, who had a range of health and social care needs which were met by 20 staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People were supported by staff who made them feel safe. People experienced good continuity and consistency of care from regular staff, which reassured them and lessened their anxiety. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from avoidable harm and abuse.

Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with their support plans.

Records showed staff had been given training on how to deal with different types of emergency, for example; where people experienced health conditions which may require support in an emergency, this was clearly detailed within the person's care records.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed and action was taken to reduce the risk of further incidents and accidents.

The management team completed a daily analysis to ensure there were always sufficient staff deployed to meet people's needs. Staff underwent relevant pre-employment checks to ensure they were suitable to care for people made vulnerable by the circumstances in their own home.

Staff had completed the required training to manage people's prescribed medicines safely and had their competency to do so regularly assessed by the management team.

People were supported by staff who underwent the provider's training programme and understood their

roles and responsibilities in relation to infection control and hygiene. Staff followed current national guidance to ensure people were protected from the risk of infections.

Staff had the required skills and knowledge to provide the support people needed. Records demonstrated that required staff training was up to date, which ensured that staff had been supported to gain the necessary skills required to meet people's needs and to maintain them.

The management team effectively operated a system of spot checks, supervision, appraisal and monthly meetings which supported staff to deliver care based on best practice.

People were protected from the risks of malnutrition and supported to eat a healthy diet of their choice, by staff who had completed training in relation to food hygiene and safety.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly when required.

Whilst the service did not provide accommodation, the field care supervisor effectively supported people to ensure their individual needs were met by the adaptation, design and decoration of their homes.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The service was working within the principles of the Mental Capacity Act, 2005 and we found people's human rights were recognised and protected.

People experienced caring relationships with staff who knew about their individual needs and how to support them to meet the challenges they faced. Staff understood people's care plans and the life events that had informed them.

The provider was committed to ensuring people were involved as much as they were able to be in the planning of their own care. Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

People received person centred care that was flexible and responsive to their needs, which were assessed and regularly reviewed to ensure any changes were identified and addressed.

The management team sought feedback in quality assurance visits, satisfaction surveys and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives felt that staff listened to their concerns, which were quickly addressed.

The service provided good quality end of life care which ensured people experienced a comfortable, dignified and pain- free death. When people were nearing the end of their life they received kind and compassionate care.

The provider placed the needs of people firmly at the heart of the service by promoting their independence, choice and well-being at all times.

The registered manager and staff had achieved the provider's objectives to provide high quality,

compassionate homecare and provide a supportive environment for their care staff.

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

The registered manager effectively operated systems to assure the quality of the service and drive improvements. The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's weekly monitoring report, which detailed all significant events. People's and staff records were stored securely, protecting their confidential information from being viewed by unauthorised persons.

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.

Staff had developed positive and trusting relationships with people that helped to keep them safe.

Staff supported people to manage risks to their safety, whilst promoting their independence.

There were enough suitably skilled staff deployed to meet people's needs safely.

People's medicines were managed safely by staff who had their competence to do so regularly assessed.

Is the service effective?

Good

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

Is the service caring?

Good

The service was caring.

People were consistently treated with kindness, respect and compassion, and were given emotional support when needed.

Staff supported people to express their views and be actively involved in making decisions about their care

People were treated with dignity and respect at all times and without discrimination.

Is the service responsive?

Good

The service was responsive

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

The service provided kind and compassionate end of life care which ensured people experienced a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.

The registered manager operated effective quality assurance systems, which identified and managed risks safely.

The manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care.

Alina Homecare Basingstoke

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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, the Provider Information Return (PIR) and statutory notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. A notification is information about important events which providers are required to notify us by law.

The inspection took place between 9 and 16 May 2018. It was conducted by one adult social care inspector. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

In the course of our inspection we spoke with 14 staff, nine people who use the service and three relatives of people using the service who had limited verbal communication.

On 9 and 11 May 2017 we visited the provider's office and spoke with three people who had invited us to see them in their homes at the time of their care visits. During the office visits we spoke with the registered manager, the provider's operations manager, a field care supervisor and a quality assurance administrator, and two new staff. Between 14 May and 16 May 2018 we spoke with six other people who use the service and four health and social care professionals.

We reviewed eight people's care plans, including daily records and medicines administration records. We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the

provider's policies, procedures and records relating to the management of the service, including quality assurance audits and complaints. We considered how comments from people, staff and others, as well as quality assurance processes were used to drive improvements in the service.

This was the first inspection of this service.

Good

Is the service safe?

Our findings

People consistently told us they experienced good continuity of care, from regular staff who knew them well, which made them feel safe. One person told us, "My carers are wonderful. They are so caring that I know I am in safe hands. If I am poorly they realise before I do."

People and relatives told us the registered manager and office staff were always approachable and listened to any concerns they raised which they found reassuring. One relative told us, "Compared to other services we have used the office are always happy to talk to you and want to help. So yes, we feel the service is very safe."

A common theme during conversations with people and their relatives was the highly visible presence of the office staff including, the registered manager, care coordinator and field care supervisor. People told us that the quality of care and caring nature of the management team made them feel safe. One person told us, "[The coordinator] is wonderful and she still comes out to see me." Another person told us, "What can I say about [The field care supervisor]. I know she supports new carers now, but she is brilliant." A relative told us, [The registered manager] comes out sometimes and you couldn't get a better carer. It just makes you feel confident that all the staff are caring."

Staff had completed the provider's safeguarding training during their induction and updated this training annually. Staff had access to the provider's safeguarding policies and procedures, local authority guidance and government legislation. Staff were confident the management team would take the appropriate action to address their concerns if required and demonstrated clear understanding of the provider's whistleblowing policy and procedures. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.

Staff told us they felt valued by the registered manager and that whilst safety of people using the service was paramount, they also ensured staff safety and welfare. For example, the on-call duty manager assured people had received their night time visits and that staff had completed their visits safely.

Staff effectively operated an electronic monitoring system, which enabled the provider and people to be assured they received consistent care in accordance with their care plans. The registered manager promoted staff safety by effectively implementing the provider's lone worker policy, which staff confirmed.

The management team completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance about how to support people safely. For example; risk assessments were specific to the individual person and not generic relating to their diagnosis. People and their relatives told us the thoroughness of their assessments, together with the assured manner of the assessors had reassured them.

People's support plans and risk assessments identified how potential risks should be managed to reduce the likelihood of harm occurring to people. For example, risks to people in relation to their mobility had

been assessed. These assessments identified the number of staff required to support them to mobilise safely, together with any supportive equipment.

We observed staff supported people safely with their moving and positioning needs. Staff had received appropriate training to support people to move safely and had their competencies regularly assessed by the management team. Staff had been trained in the use of people's individual support equipment, for example; electronic hoists and stand aids. One person told us they had total faith in the care staff and said, "The carers know me so well they could do it with their eyes shut."

Staff were able to demonstrate that they knew the risks to people and explain how they followed guidance to protect them, for example; Skin assessments identified people who were at risk of developing pressure areas and provided clear guidance about how to reduce this risk.

When required the registered manager and staff made referrals to relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and palliative care specialists. This ensured that the person's changing support needs were urgently reviewed and plans could be put in place to provide the most appropriate care and treatment to keep them safe.

The provider had established systems and processes to keep people safe in an emergency. Records showed staff had been given training on how to deal with different types of emergency, for example; where people experienced health conditions which may require support in an emergency, this was clearly detailed within the person's care records.

Incidents and accidents were recorded appropriately and investigated where necessary. For example; staff identified one person was storing bleach unsafely. The staff completed an environmental risk assessment to ensure the bleach was stored safely to minimise further risks.

Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

The registered manager and care coordinator completed a daily staffing needs analysis, which ensured there were always sufficient staff available to meet people's needs. This was corroborated by the electronic monitoring system, which confirmed that people had not experienced any missed calls. The service did not use agency staff when there was unforeseen staff absence, for example; due to sickness. The management team provided cover by completing visits where required or colleagues volunteered to work overtime. This ensured there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs.

Staff underwent robust and relevant pre-employment checks before they were employed by the service. These included the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Selection interviews covered any gaps shown in staff employment histories and staff completed health questionnaires relevant to their role. People were protected from harm because the provider had assured that staff employed were of suitable character to support people safely.

The operations manager told us the registered manager was seeking to expand the service but resolutely refused to compromise people's safety. We reviewed documents which confirmed that the registered manager had declined to take on certain care packages, where they were not sure they could meet the

person's needs.

People's medicines were administered safely, by trained staff who had their competency to do so regularly assessed by managers and team leaders. Staff told us they felt confident managing medicines and that their training had prepared them to do this.

People told us that staff supported them where necessary with their prescribed medicines, in accordance with their support plan. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People were supported by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. Staff followed current national guidance to ensure people were protected from the risk of infections.

Good

Is the service effective?

Our findings

In August/September 2017 some people and staff experienced a process where their respective contracts, either for services delivered or terms and conditions of employment, were moved from another care provider to Alina Homecare. This is commonly referred to as a TUPE process (TUPE refers to the Transfer of Undertakings of Employment regulations 2006)

People, relatives and staff consistently provided feedback that this TUPE transfer had had a positive impact on the quality of care and support they received and had improved the service delivery.

People and relatives spoke positively about the quality of care provided by staff, who knew them well and how they wished to be supported. One person with complex needs said, "Let me tell you, I have had the lot, some good, some hopeless, but these [Alina staff] are excellent." A common theme reported by people and their relatives was the cheerful disposition and positive attitude of the staff, and the significant impact this had on their own mood and well-being. A relative told us, "The carers [staff] are lovely, the way they talk to [their loved one] and treat her means so much. It's not really what they do most of the time, but the way they do it."

People and relatives told us that the office staff were attentive and responded effectively to any concerns they had with positive action. People, relatives and health and social care professionals consistently made positive comments about the effectiveness of the service. One professional told us, "They [staff] are on the ball and make referrals as soon as they become aware of a problem." Professionals consistently made positive comments about how staff had provided care in accordance their instructions, which ensured people's healthcare needs were met.

We reviewed records which demonstrated that prompt interventions initiated by Alina staff had consistently resulted in positive outcomes for people, for example; referrals to district nurses, speech and language therapists, occupational therapists, specialist learning disability and mental health services. People told us they were grateful for staff persistence in persuading them to seek professional advice or allowing them to make a referral on their behalf, when they had been reticent to do so. Such persuasion had resulted in early referrals so relevant health professionals could begin to provide appropriate treatment, for example; in relation to pressure areas and infections.

People and their relatives, where appropriate, told us they experienced support from staff in accordance with their support plans, which we observed in practice. People consistently referred to staff as being 'well trained' which enabled them to provide good quality care to meet their individual needs.

Staff had the required skills and knowledge to provide the support people needed. New staff had completed the provider's induction programme. This prepared them to meet people's needs safely and gave them the necessary skills and confidence to carry out their role effectively.

Staff had successfully completed the care certificate which was confirmed by staff records and the provider's

training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The provider had a rolling training programme to ensure that staff were not only supported to maintain and develop the necessary skills to meet people's needs.

The provider had provided staff with the required training to enable them to carry out their roles competently. Where people required more complex care staff had specific training and had their competency assessed to meet people's individual needs, for example; supporting people to manage their urinary continence needs with catheter care.

The management team effectively operated a competency framework to assure that the training and support provided to staff was being delivered in practice. This included spot checks, one to one supervisions, appraisals and monthly meetings. Staff consistently told us they had received regular supervision, spot checks and appraisals, in accordance with the provider's policy, which records confirmed. Minutes of staff meetings detailed topics covered to enhance staff care practice. Staff consistently told us they felt well supported to deliver care based on current best practice.

People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Care plans detailed people's specific dietary requirements, preferences and any food allergies. Staff knew people's food and drink preferences and understood what action to take if they identified a person to be at risk of malnutrition. Where people had specific dietary requirements, staff were able to describe the support they provided, which was consistent with the information provided in their nutrition support plans. People were protected from the risks of dehydration by staff who encouraged them to drink and ensured drinks were readily available. People were supported to eat and drink sufficient amounts to maintain their health.

The Mental Capacity Act (MCA) 2005 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 in the least restrictive way possible. We confirmed that the service was working within the principles of the MCA. For example; conscientious action taken by the registered manager and staff ensured a best interests process had taken place in relation to one person. This process supported the person with decisions regarding their mental health needs, prescribed medicines and various monitoring processes.

Staff told us they had completed training in the MCA during their induction, which was confirmed by staff and records. Staff were able to explain how information should be communicated to individuals they supported and how to involve them in decisions. These explanations were consistent with the guidance contained within their communication support plans.

Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People told us staff always sought their consent before delivering any support. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Whilst the service did not provide accommodation, the field care supervisor effectively supported people to ensure their individual needs were met by the adaptation, design and decoration of their homes. For example; they supported one person to apply for adaptations to provide ramps and other solutions to make their home more wheelchair accessible. Other people had been supported to have specialist equipment installed which supported their ability to move and transfer and undertake their personal care.

Good

Is the service caring?

Our findings

Staff had developed caring relationships with people. They praised the attentive nature of the staff providing their care. One person told us, "The girls [staff] don't just help me with the things I can't do anymore, they take an interest in me and my life." Another person told us, "It is hard coming to terms with not being able to do some personal things for yourself but because they are so kind I don't worry anymore. It's just normal now but that's because of the way they [staff] treat me." People were consistently treated with kindness and compassion in their day to day care.

Staff were caring and treated people with respect at all times. People and relatives said staff were warm and friendly and spent time building meaningful relationships with them, People consistently told us this went a long way to gaining their trust and made them feel 'special'.

People and relatives told us the staff were calm and unhurried whilst delivering their care, which inspired confidence and reassured them. People and their families consistently told us that regular staff always found time to have a chat with them and were never rushing to get to their next visit, which made them feel valued. Staff engaged people in two-way conversations about things that were important to them, such as their families, and did not just focus on their support needs. Staff spoke with fondness and affection about people, their life stories, their likes and dislikes, as well as their care and support needs.

Some people who had been transferred to Alina Homecare from another provider had been worried about losing their regular care staff, with whom they had developed a special bond. People and staff praised the registered manager and coordinator, for maintaining these relationships since the transfer. The coordinator ensured people experienced good consistency and continuity of care through effective rostering of staff, which reassured people. Relatives of older people told us it was very important for their loved ones' peace of mind to know who was coming to support them to stop them feeling anxious. One relative said, "It is very reassuring and comforting to know the regular carers [staff] are coming.

The management team were committed to providing care to people from staff they knew. On the days of our inspection the management team covered unexpected staff absence rather than use agency staff. The registered manager told us this was to ensure people received their care from staff who knew them well.

Relatives made positive comments in relation to the way staff also supported people's extended family during visits. One relative told us, "We have had a tough few years but things have been much better since Alina took over. [Named registered manager] is excellent with [their loved one] and the girls [staff] are so patient. I don't know where we'd be without them."

Staff told us it was important to enable people to remain independent and clearly understood people's individual needs around privacy and dignity, which we observed in practice. People and relatives, where appropriate, were actively involved in making decisions and planning their own care and support.

People were able to make choices about their day to day lives and staff respected those choices. The

registered manager told us staff involved in care planning focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them.

Where people had limited verbal communication staff ensured they were provided with explanations and information in accordance with their support plans. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Relatives described how staff often used gentle touch where required to enable people to focus on what was being discussed.

Records confirmed that people were involved in reviews of their care and any changes they wished to make to their care and support. People's care plans reflected how they wanted their care to be provided.

People said their privacy and dignity was respected and promoted by staff who treated them as individuals. Staff were sensitive to people's cultural needs and took care to respect their home values, for example; removing their shoes when they arrived.

Relatives consistently told us that staff were polite and respectful when providing personal care. Staff explained how they supported people in a dignified way with their personal care, by ensuring doors were closed and curtains were drawn. People were able to choose their preferred gender of staff allocated to support them, which rotas confirmed. Where people did not feel comfortable with a particular staff member, the coordinator ensured they were deployed elsewhere.

Care records were stored securely. Information was kept confidential and this was supported by policies and procedures which were readily accessible to people and staff. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Staff told us it had been impressed upon them by the management team not to discuss people's care in front of others. Personal information about people was respected by staff and treated confidentially, in accordance with the provider's policy.

Good

Is the service responsive?

Our findings

People experienced person-centred care that was flexible and responsive to their needs, which was focussed on them rather than the requirements of the service. One person told us, "The girls make me feel that looking after me is a pleasure and that they look forward to seeing me."

The registered manager and field care supervisor leader had involved people's nominated representatives to support them with important decisions, which records confirmed. One person told us, "I can make decisions for myself but because I am a bit forgetful I like my [family member] to be there and help me when I struggle to remember things." People contributed to the assessment and planning of their care as much as they were able to.

The provider had sought feedback from people and staff which had been analysed and highly visible posters had been created to show the results under the title 'What Good looks like at Alina'.

During staff meetings the registered manager encouraged staff to reflect about what person-centred care meant to them and what was important to people. All of their reflections were clearly displayed on notice boards in the office and training room. For example, one read, "What is important to people? Patience, being talked to not at, being spoken to and heard". Another read, "What person-centred care means to me – To give care to clients as they wish and to respect their beliefs. Let them maintain as much independence and dignity as possible. Allow people to determine the care they receive." Staff told us they were proud of their comments and those of their colleagues and aspired to deliver care in line with these reflections. At team meetings the registered manager emphasised staff reflections together with the provider's values and how these linked to delivering person- centred care.

People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis. Support plans and risk assessments were reviewed every three months or more frequently when required. Records confirmed that all reviews had been completed or were scheduled for completion in May 2018. Relatives consistently told us they were pleased with the way they were involved in their family member's care planning and how they had been kept informed of any changes by the service. A social worker was impressed with the needs and risk assessment process carried out by the field care supervisor, which identified more support was required to meet a person's needs.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The field care supervisor told us they completed an initial needs and risk assessment with the person and their family, where appropriate. The person was then revisited after a few days, to gather feedback, make amendments and to add additional information which had been obtained from the first few days of the person's care. Staff told us they were encouraged to actively develop people's care plans if their needs changed or new information came to light about their life or preferences. People also received a quarterly quality assurance visit as part of the provider's staff supervision process.

People and relatives who had experienced alternate care services consistently reported that the

communication from the coordinator and office staff was the best they had experienced. A relative told us, "They [Alina Homecare] are much better than previous agencies we've had because whoever is in the office always listens and then does something about it."

People experienced care and support that reflected their wishes and promoted their individuality. Staff got to know people and the support they provided was developed around their needs. Care plans were detailed and personalised to support the person's care and treatment. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. People and their relatives consistently told us staff ensured that support was provided and tailored to meet their loved ones' individual needs.

People and their relatives told us staff responded to their needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. Staff responded immediately where required, before people became distressed, for example; we observed staff supporting a person by responding promptly to their need to be repositioned to drink safely.

People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person was provided with more support from preferred staff, including the registered manager, when they experienced low moods. The registered manager ensured this person experienced consistent care from designated staff who knew and understood the triggers for their low moods and the measures to implement to support and reassure them. This person's family told us the support their loved one received had a significant impact on their mental health and wellbeing.

Staff understood how to support people to promote their independence and maximise the opportunity to do things of their choice, for example; supporting people to try knew experiences and allowing people to do everything they were capable or had the potential to do. One person told us, "The girls know what I can do but are very patient. They never rush me or do things for me just to get it done quicker."

The registered manager and management team sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions and was shared with people by staff and newsletters.

People had a copy of the provider's complaints procedure in a format which met their needs, which we observed in people's care records during home visits. The management team had explained the complaints procedure to people and their families, where appropriate. Staff understood the complaints procedure but endeavoured to deal with concerns before they escalated. For example, if people did not like particular staff members the coordinator would investigate the reasons and where necessary ensure the rota system prevented the identified staff being scheduled to support that person. Where the coordinator identified a training requirement for staff this was arranged immediately.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives consistently felt that staff listened to their ideas and concerns, which were quickly addressed.

Since the service began there had been two formal complaints which had been managed effectively, in accordance with the provider's complaints policy. The registered manager had a system in place to analyse the learning from complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

The service provided good quality end of life care which ensured people experienced a comfortable, dignified and pain- free death. When people were nearing the end of their life they received kind and compassionate care. We spoke with one person who had received end of life care and had made a remarkable recovery. They told us the loving care provided by staff was a major factor in their recovery.

Good

Is the service well-led?

Our findings

People and their families consistently praised the quality of the support they received and told us that the service was well-led. One person told us, "The manager, the office and the carers [staff] are all lovely and feel like they are all working together." A family member told us, "The manager is a very good carer, so kind and patient, and sets a great example for her carers [staff]."

The provider placed the needs of people firmly at the heart of the service by promoting their independence, choice and well-being at all times. When the provider established their service, they had two objectives. Firstly, to provide high quality, compassionate homecare and secondly to provide a stable and supportive environment for their care staff. People, their relatives and staff consistently told us the provider was achieving these objectives.

The provider's mission, published on their website was, "Whatever the need, to make people's life easier" by providing "care that adds value and dignity to everyone we support." The provider referred to this as "The Alina Difference" which people confirmed they had experienced.

The provider and registered manager demonstrated their commitment to their own objectives during the TUPE transfer process, where people and staff confirmed they had been treated with compassion and honesty, throughout this emotionally distressing process. One staff member told us, "We only found out what was going on when the new manager and company became involved." A relative told us, "We were really worried and didn't know what was happening until Alina told us."

People and relatives told us that staff consistently demonstrated their understanding and application of the provider's values in their day to day care, which we observed in practice.

Staff told us the coordinator was experienced at delivering care which meant she understood how to schedule visits effectively and support staff, for example; the coordinator ensured staff had time to provide people's care in the way they preferred by effectively scheduling travelling time between visits. Staff consistently told us they had enough time to deliver people's care safely and have a cup of tea and a chat.

People, staff and health and social care professionals told us the service was well-led by the registered manager who was effectively supported by their office management team. People, relatives and staff told us all of the management team were approachable, willing to listen and readily available. People and staff who had experienced the TUPE transfer process particularly praised the registered manager for being a good listener who took action to address their concerns.
One person told us, "She does what she says she she'll do", which clearly fulfils one of the provider's promises to people they support.

The registered manager invested time in the recruitment process to ensure they attracted and kept conscientious, dedicated staff, which provided continuity in the delivery of people's care. Staff consistently told us one of the strengths of Alina Homecare Basingstoke was their ability to retain staff once recruited.

This was demonstrated by the high level of staff retained during the TUPE transfer process. Staff told us the registered manager had created a strong team spirit and those with previous experience of alternate providers told us the management of this service was the better than others.

Staff frequently referred to the registered manager's team ethic which they strengthened through team building events, for example the staff party. Staff consistently told us the provider and registered manager made them feel their work and opinions were valued and respected.

The provider was focused on the development of staff, who were supported to achieve accredited qualifications to continually improve the service people received. Staff had completed or were in the process of completing external qualifications relevant to their role. Staff consistently told us the registered manager and management team were readily approachable and spent time with them individually to discuss areas of development and the individual support they required. For example; three staff members had been supported with their personal development by becoming Alina Ambassadors. These were staff identified to have potential for development who received additional training with a view to providing peer support and guidance to colleagues.

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the management team ensured this was passed on to relevant staff in supervisions and staff meetings.

Newsletters, memos and minutes of staff meetings highlighted and praised staff hard work. Staff told us the management team readily praised them when they had performed well and exceptional work was recognised. For example; thanking a family member of care staff who ensured their attendance at care calls in isolated areas during severely adverse weather conditions by providing appropriate transport. The registered manager promoted the link between people's positive experiences of their care and recognition of staff good practice.

The registered manager demonstrated good management, for example; staff told us the registered manager had an 'open door policy' and encouraged staff to discuss any concerns with them. Two members of staff told us how the registered manager and management team had sensitively supported them through a difficult time.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. Staff had the opportunity to discuss concerns or ideas they had about the service or their own development during supervisions or informal meetings, which then formed the basis of action plans.

The provider afforded staff the opportunity to raise issues anonymously through regular staff surveys and a suggestions box. The registered manager had developed an open and blame free culture amongst the staff group, which encouraged learning from mistakes. Staff consistently told us that when they had made mistakes they had received constructive feedback and training to improve their performance from the registered manager and field care supervisor. When mistakes had occurred there was honesty and transparency from all levels of staff and management.

Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive continuous improvement. The service had a structured approach to obtaining feedback from people using the service, including satisfaction surveys and quality assurance visits.

The registered manager and office team carried out a programme of daily, weekly and monthly audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. The management team ensured people's welfare, safety and quality of life were looked at through regular checks of how their support was provided, recorded and updated.

The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's monitoring reports, which detailed all significant events. Staff told us the provider's operations director visited the office regularly and was very approachable. The provider held six monthly staff forums, where members of the board came and met members of staff to seek their feedback and provide organisational updates. Staff told us this made them feel their point of view was valued and taken into consideration in the development of the service.

The provider's quality assurance system produced weekly reports across the care group which demonstrated how services were performing in relation to their other branches. This system showed this service consistently performed well compared to like services within the care group. Where areas had been identified to require improvement, these were subject to an action plan which had been completed. The provider was aware of potential risks which may compromise the quality of the service and took action where required to reduce these.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the close liaison with respective health care specialists and different community learning disability teams to support individuals' complex care needs.