

Alina Homecare Services Limited

Alina Homecare - Hereford

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

About the service

Alina Homecare - Hereford is a domiciliary care agency providing personal care and support to people living in their own homes. The service provides support to people with learning disabilities or autistic spectrum disorder, older people, younger adults and people with physical disabilities. At the time of the inspection 10 people received the regulated activity of personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have the maximum possible choice, independence and control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff assisted people to play an active role in maintaining their own health and wellbeing. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were able to communicate with staff and understand information given to them because staff supported them consistently and understood people's individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 17 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alina Homecare - Hereford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

We spoke with 4 people's relatives about their experience of the care and support provided. We looked at care records for 4 people and risk assessments, 3 staff files including recruitment and supervision, quality assurance processes, training records and other documentation that supported the running of the service. Following our inspection we contacted 3 members of staff and asked for additional evidence from the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I suspected any sort of abuse, I would document all factual information of why I'm suspecting abuse, I would then contact my line manager and follow her advice. However, if I personally witnessed any sort of physical abuse, I would contact 999 emergency services straight away and then inform my line manager. If I felt someone was being abused after contacting my line manager and nothing was followed up, I would contact CQC to raise a safeguard."
- People's relatives told us they felt safe with staff visiting their homes and providing care to people. One person's relative told us, "He is safe, they really help me out." Another person's relative told us, "I would say that she is absolutely safe".

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were appropriate risk assessments in place relating to medication support, diabetes, use of support stockings, moving and handling, personal care and environment.
- The service proactively engaged with people and other organisations to assess and minimise risks to the environment, premises and people's health. There were appropriate arrangements in place for people and staff whilst the registered manager was seeking support from other agencies.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service helped keep people safe through formal and informal sharing of information about risks. We saw evidence that staff were able to discuss risks relating to people's care during team meetings and informal conversation with the registered manager.

Staffing and recruitment

- Safe recruitment practices were in place and records showed appropriate checks were undertaken to help ensure only suitable staff were employed to keep people safe.
- Most of people's relatives commented there were enough staff to provide high quality of care. One person's relative told us, "There are enough people on the job and they always turn up promptly. I find them to be so helpful". Another person's relative commented, "There seems to be enough staff and have never been any missed calls ever." All members of staff interviewed confirmed there was enough staff to support people effectively. A member of staff told us, "We are not a massive care base at Hereford but what we do is

astonishing and we always make sure we can cater to the individual clients' needs. Our management team in the office makes sure we have enough staff and if and when we take on more clients, I know that we will get more staff because we would never put the person centred care of a client at risk of being jeopardised by undermining."

- We saw there was an incident where a member of staff failed to check their mobile application to see changes in their rota which resulted in 3 missed calls. Although this had no negative impact on people, the incident revealed flaws in the electronic application used by the service. The registered manager contacted their IT department to resolve the issue and introduced additional measures such as a text alert as well as an email alert.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing, and provided advice to people and carers about the medicines.
- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors. Staff had received training and competency checks before they were able to administer people's medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely. All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service's contingency plans including risk of COVID-19 outbreak was up-to-date.

Learning lessons when things go wrong

- When things went wrong, staff apologised and gave people honest information and suitable support. We saw the service provider contacted all people and their relatives and apologised after the incident that resulted in missed calls.
- Staff raised concerns and recorded incidents and near-misses and this helped keep people safe.
- There were systems in place to ensure that issues were consistently reported, investigated and followed up to ensure there were no ongoing concerns

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication, support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including their medical, psychological, functional, communication needs, preferences and skills
- People's needs were assessed, and a care plan drawn up before people received a service.

Staff support: induction, training, skills and experience

- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- New staff completed an induction and shadowed existing staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff encouraged a healthy balanced diet and were aware of the dietary requirements of people. For example, one person had been diagnosed with specific health condition. The person expressed their concern about trying new foods and recipes and ate the same things they knew were safe for them. The person asked staff to help them prepare new meals and help give them confidence when shopping and cooking to try these recipes. This changed the way the person cooked and the person grew in confidence since staff had started helping them prepare meals. As a result, the person felt more confident to go out in the community and they were going to join social groups to meet new friends with staff's assistance.
- People's care plans contained information about their dietary needs. For example, records stated a person had specific health condition and there was relevant advice regarding this.
- People's relatives said staff knew what food and drinks they liked and disliked. They confirmed staff offered choice and always left some food or drink at hand, as required by the person, before leaving. One person's relative told us, ""They (staff) prepare a lot of ready meals for dad or the odd bacon sandwich and dad loves that."

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

- People were referred to health care professionals to support their wellbeing and help them live healthy

lives.

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- Various professionals were involved in assessing, planning and evaluating people's care and treatment. This included GPs, occupational therapists and NHS trust professionals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- People's relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. A member of staff told us, "Everybody has the right to make decisions, even if it is an unwise one. As a support worker, we give advice and guidance using the least restrictive practice and document everything, also inform any professional on a need-to-know basis. We have a duty of care for the clients' best interest."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives consistently told us the care and support people received exceeded their expectations. They told us they were surprised and delighted at the high level of kindness, thoughtfulness and compassion always shown by staff. Staff were very caring and they had formed close relationships with them. People's relatives told us that by developing lasting and meaningful relationships, this had made a positive difference in people's lives. For example, staff developed a truly person-centred approach with a person. They assisted the person to identify and achieve short term achievable goals. This supported their motivation and encouraged them to develop their skills and independence further. This resulted in a significant reduction in anxiety and greater access to their immediate community where their life experiences increased along with their self-esteem and personal image. We saw that during the review a relative of the person commented, "[Person's] quality life is noted by her neighbours and myself. She is now more visible outside, acknowledging passing pedestrian traffic. [Person] looks forward to the contact she receives with Alina on a daily basis." We interviewed the relative of the person who added, "[Person] enjoys their visits very much, the carers that come to her are kind and brilliant. They have assisted in getting her health back on track. We are all so grateful that they have come on board. [Person] was agoraphobic before and wouldn't go beyond her gate. She has become more outgoing".
- People truly benefited from the consistency of staff who got to know them exceptionally well as individuals. This helped to identify motivating factors in people's lives and these were used to overcome people's individual obstacles in life. This led to greater exposure to experiences and activities which reduced the risks of social isolation along with significant reduction in anxiety and distress.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. The service provider matched interests and personalities of people with the staff who provided their care. For example, a person chose their main carer as they both loved gardening and cleaning. This allowed the staff member to build a great relationship with the person. Another person was matched with a staff member who also loved cooking and they helped the person to try new recipes.

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

- People were supported to express themselves and process information so their responses reflected how they felt and what they thought.
- People, and those important to them, took part in making decisions and planning of people's care and risk assessments
- People were enabled to make choices for themselves and staff ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person started using the service after a long stay in hospital and then a nursing home. Although keen to get back home, the person was apprehensive about being alone at home again. We saw that the service provided support according to the person's condition, reducing the support as the person became more independent. As a result, the person felt they received appropriate level of support for them. During a care review the person's relative commented, "Alina started caring for my dad in late March. From the start, nothing was too much trouble. Two carers made me feel at ease. All the carers dad has seen have been brilliant with him, he enjoys their visits and spending time with them." We interviewed the person's relative who added, "They are all kind and caring. The carers have built up a nice rapport with dad. They are patient and seem to love dad a lot."
- Staff routinely sought paid or voluntary work, leisure activities and opportunities of widening social circles for people. During our inspection we saw that arrangements were made for social activities and work for people to live a full life. The service has gone extra mile to find out what 1 person enjoyed, what they have done in the past and made that happen again. The service took a key role in the local community and was actively involved in building further links. We saw that during the person's care review their relative commented, "Alina Homecare are a godsend they have only just started supporting my daughter but what a difference it makes for her and myself. They are brilliant at what they do. They advise her on things and it's all for the better."
- Staff knew when people needed their space and privacy and respected this. One person's relative told us, "Mum's privacy is always maintained. The door is closed when they tend to her. She is treated with dignity, they will talk with her. I know that she feels safer because they engage with her. I have also noticed that they will make an absolute point of asking for consent. It is truly wonderful to see how well they treat her because in her lucid moments, I know that she would feel like this is the worst thing in the world."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. One person's relative told us, "[Person] is getting better and better and more confident. The staff have helped her to become more comfortable. I believe that they have been getting her to understand her vulnerability. Initially she was reluctant to make any changes, but their positive words have made significant changes."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication when people were trying to tell them something.
- People's communication needs were recognized. Care plans identified, recorded and flagged any communication needs such as poor eyesight or hearing loss as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person's relative told us, "There has only been one complaint, she didn't like how they parked outside her house and when we fed it back to the agency they were completely fine and changed that."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of the inspection the service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes. For example, people had Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. ReSPECT form contains personalised recommendations for a person's clinical care in emergency situations where they are not able to make decisions or express their wishes.
- Staff told us people's advanced wishes would be respected.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One person's relative told us, "The manager always listens to me, I can email [registered manager] and she will always respond quickly. She has even come out to tend to mum when they have been short-staffed." Another person's relative told us, "I can always call to discuss good or poor practise."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A member of staff told us, "The support I receive from my registered manager is utterly amazing. [Senior staff] is very approachable, and I feel she supports me amazingly should I want and need it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role, and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. One person's relative told us, "Yes, I have given feedback. I filled out a questionnaire and have only ever said good things. They asked me to write them a review." Another person's relative told us, "They have called to ask for feedback."

- People, and those important to them, worked with the registered manager and staff to develop and improve the service
- The registered manager of the service organised a meeting with the registered managers of two local nursing homes to exchange information on the services they offered, to ensure people had all the information they required to make informed choices and help make transitions between settings seamlessly.

Working in partnership with others; Continuous learning and improving care

- The registered manager proactively engaged with other organisations to assess and minimise risk to environments and premises. For example, the registered manager submitted referrals to the local fire service due to their concerns around the lack of fire safety in one person's property. They regularly liaised with the fire service regarding fire risk assessment referrals and also liaised with them and environmental health services regarding chemicals held in one person's property.
- The service worked well in partnership with other health and social care organisations, which helped people to improve their wellbeing.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.