

Alina Homecare Ltd

# Alina Homecare Bromley

## 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 Bromley is a domiciliary care agency. It provides care and support for people living in their own homes and to people living in a purpose-built extra care housing community. Not everyone using Alina Homecare Bromley receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our inspection the service was providing support to 10 people receiving the regulated activity with a range of health and social care needs.

### People's experience of using this service

People and their relatives spoke positively about staff and told us they were happy with the service they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people were assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

Assessments of people's care and support needs were carried out before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training and support relevant to people's needs.

People were treated in a kind, caring and respectful manner and were consulted about their care and support needs and choices. People knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

There were robust effective systems in place to regularly assess and monitor the quality of service that people received. The provider took people, their relatives and staff's views into account and feedback was used to improve the service. Staff said they received good support from the registered manager and provider. The provider worked well with the local community and health and social care professionals to plan and deliver an effective service.

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

### Rating at last inspection

This was the first inspection of the service since the provider registered with the CQC.

### Why we inspected

This was a planned inspection based on our inspection programme.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

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 Bromley

## Detailed findings

### Background to this inspection

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

#### Inspection team

A single inspector carried out this inspection.

#### Service and service type

Alina Homecare Bromley is a domiciliary care agency. It provides personal care to people with varying needs living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. The inspection site visit activity started and ended on 27 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We met and spoke with the registered manager, the provider's quality assurance manager, care coordinator and three care staff. Following the office visit we spoke with three people and or their relatives by telephone to seek their feedback on the service they received. We reviewed a range of records including four people's

care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

# 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 for 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

- There were systems in place to protect people from the risk of abuse or harm.
- People and their relatives told us they felt safe with the staff and support provided. One person commented, "Yes I feel very safe. They [staff] are really kind and caring."
- Policies and procedures were robust and staff we spoke with knew how to identify safeguarding concerns and how to act on them appropriately. We observed that staff wore ID lanyards which had prompts for them on how to raise any concerns. Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- The registered manager was knowledgeable on how to report concerns of abuse to the local authority and the CQC where required. We saw there had been no safeguarding concerns since the service registered with the CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and documented to ensure their needs were safely met.
- Detailed risk assessments provided staff with up to date information about how individual identified risks should be managed to keep people safe. For example, where people had been identified as being at risk of falls, assessments detailed the use of equipment required to ensure safe mobility. Assessments also included detailed information for staff on actions to be taken in a medical emergency. For example, actions for staff to take if someone experienced a seizure.
- Staff we spoke with understood people's needs and the level of support they required to reduce the risk of avoidable harm. One member of staff said, "We receive lots of good training and recently had falls and manual handling training including how to use hoists safely. People who are at risk due to poor or no mobility are always supported appropriately to keep them safe, all the information is recorded in their care plans."
- Risk assessments were completed relating to health and safety and people's home environments. For example, ensuring smoke alarms in place were working correctly. People were provided with information on how to contact the service out of office hours should they require support outside office opening times.

Staffing and recruitment

- The provider used a computer system to allocate staff duties and to monitor care calls provided. The system was monitored daily by the registered manager and office staff to ensure people received their support on time and when required.
- The system alerted office staff if there were late or missed calls allowing for issues to be remedied promptly. We noted that staff had a good percentage rate of logging care calls with a 99 percent compliance

rate which meant staff visited people as planned.

- Feedback from people and their relatives was positive stating there were enough staff and their care was provided when requested. One person commented, "There are enough [staff], they [staff] always come on time and sometimes even come early. They [staff] always come when I need them."
- There were arrangements in place to deal with emergencies and an out of hours on call system that ensured management support and advice was available to staff when they needed it.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

#### Preventing and controlling infection

- The provider had an infection control policy and systems in place to minimise the risk of infections.
- Personal protective equipment (PPE) such as aprons and gloves were always made available for staff and staff confirmed this. Training records confirmed that staff had completed training on infection control and food hygiene.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with laundry and domestic tasks.

#### Using medicines safely

- People were supported where required to safely manage and administer their medicines.
- Care plans detailed people's prescribed medicines, any known risks and allergies. Staff completed medicines administration records (MARs) which we saw were accurate and were regularly monitored and audited by office staff to ensure safe practice.
- Training records confirmed that staff had received training and competency assessments in administering medicines to ensure continued safe practice.

#### Learning lessons when things go wrong

- Staff were proactive in identifying risk to ensure people were safe and understood the importance of reporting and recording accidents and incidents.
- Records demonstrated staff had identified accidents and incidents and had taken appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Accidents and incidents were monitored and reviewed on a regular basis by the registered manager and provider to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staff team through staff meetings and supervisions to ensure any improvements required could be implemented.



# 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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People's consent had been sought in line with the relevant legislation.
- People told us staff were respectful and always sought their consent before offering support. One person commented, "They [staff] are very polite and always ask me first. Such kind and respectful people."
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, when choosing what food they would like to eat.
- Care plans documented people's capacity to consent to decisions made. Where people were unable to consent or their capacity fluctuated, relevant individuals and professionals were involved to ensure any action taken was in the person's best interests.

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

- People's needs were holistically assessed. One person commented, "They [staff] tailor everything to me. They [staff] go above and beyond with the support they give me."
- Before people started using the service, experienced staff met with them to assess their needs and wishes. This ensured that the support provided met people's individual needs and wishes.
- People, their relatives where appropriate and health and social care professionals contributed to the assessment process to ensure all individual needs were considered and planned for.
- People's needs continued to be assessed and reviewed to ensure the care they received met their needs and helped them to achieve desired outcomes and goals.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was

part of their plan of care.

- Care plans documented people's nutritional needs, support required with meal preparation, eating and drinking and any known allergies.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services to maintain good health.
- The registered manager told us the service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's, district nurses and social workers.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing. Staff reported any concerns about individual's wellbeing promptly so that people received appropriate support when required.

Staff support: induction, training, skills and experience

- Staff had appropriate knowledge and skills to meet people's needs and were supported through an induction programme, supervisions and on-going training.
- People and their relatives told us they felt staff were knowledgeable and skilled. One person said, "They [staff] provide such positive support, they know what they are doing and know me very well."
- Staff completed an induction programme in line with the Care Certificate, this is a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. For example, training in areas such as assisting and moving, safeguarding, first aid and dementia awareness amongst others.
- Staff told us and records confirmed they received regular supervision and support. One member of staff commented, "I had an intensive induction which included practical training and shadowing staff. We have a very good training room here at the office. I have regular supervision and support from everyone when I need it. I really couldn't be any happier in my job and with the organisation."

# 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 were treated equally and their human rights and diverse needs were respected. People and their relatives told us staff were caring and treated them respectfully. One person said, "I'm really lucky, the carers are so caring and give me such kind good emotional support when I need it."
- Staff had built respectful relationships with people and their relatives and people's diverse and cultural needs were respected and documented as part of their plan of care. One member of staff commented, "We work so diversely to meet people's individual needs, everyone is so different. I ensure people I work with who are living with dementia are consulted and offered choice and work with people to enable them to practice their faith."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices in line with the Equality Act 2010.

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

- People and their relatives where appropriate, were involved in decisions about their care and support.
- People's views and choices were sought prior to using the service and evaluated on a regular basis through spot checks, surveys and reviews of their care and support. This meant people continued to be involved and supported to express their views about how their care and support needs should be met. For example, the service worked with one person who wished to return to their home following a period of residential respite. The service worked with the local authority to ensure the appropriate level of care could be achieved and so the person's wish to return to their home was respected and met.
- The service produced a newsletter which provided people with information on the service and topics of relevance for example, carer of the month award, a rock n roll reminiscence event, a local dementia hub, finding financial support and benefits.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy and independence was respected.
- People were cared for by staff that were respectful of their wishes. For example, one person's preference was that staff supporting them did not wear a uniform. A member of staff told us, "We try to accommodate everyone's wishes and respect their privacy. I change my uniform when I visit one person."
- Staff were proud of their working relationships and approach towards people and meeting their needs. Staff provided various examples where people's dignity and independence had been promoted. For example, one person was supported by staff to visit and use a local swimming pool. This enabled them to regain some physical strength after suffering ill health.
- Information about people was kept securely in the office and staff knew the importance of keeping

information about people confidential.

# 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; end of life care and support

- People were involved in planning for their care and their choices were used to inform how support should be provided. One person commented, "I am very pleased with the service I receive. They [staff] are all very good at ensuring I get the care I want and need."
- Care plans documented people's physical, emotional and mental health needs, life style choices and history and the things that were important to them. Records were maintained by staff on a daily basis and indicated that people received support as agreed and planned for.
- People's social, cultural and religious preferences were promoted and supported by staff. For example, staff supported people to attend events and or to visit places of worship. Staff were actively aware of individuals diverse needs and understood people's differing needs, views and beliefs.
- People and their relatives where appropriate, were involved in reviews of the care and support provided to them. This ensured people were provided with choice and control.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes where they had chosen to share this and where people had a 'do not resuscitate' directive, this was recorded in the care plan for staff reference.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where requested to meet their social interests and needs and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans reflected people's social needs and interests and documented any support required from staff to meet those needs.
- Staff knew people well and had a good understanding of their family history, interests and preferences. This enabled them to engage effectively and provide person centred care. We saw staff had identified that one person was spending their birthday alone and so visited them on the day bearing gifts from staff. The person said, "I was so surprised, what a lovely gesture from the girls [staff]. I felt very special and touched that they all went to the effort."

Meeting people's communication needs

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

- People's communication needs were identified and documented in their plan of care to ensure staff had

relevant information on how best to support them.

- Staff understood the AIS and the importance of effective communication when supporting people.
- The service had produced information in different formats that met people's needs, for example, easy to read and large print versions of the service user guide and the complaints policy and procedure.

Improving care quality in response to complaints or concerns.

- There were arrangements in place to deal with people's complaints if they were unhappy with the support and service provided.
- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. One person said, "I have no issues at all. The staff are very good and I know how to contact them if I need to. I am very happy with the service."
- People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the service.
- Systems were in place to log and investigate any formal complaints made and records showed that where complaints had been made the service responded to them appropriately.

# 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.

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

- People received personalised care from staff who had the knowledge, skills and experience to perform their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency. The Duty of Candour is a regulation that all providers must adhere to.
- It was evident when speaking to staff that the provider's values were reflected in the practice of staff. One member of staff told us, "The support we get is constant, we get lots of information about people before we support them so we are able to do the very best we can for them. Nothing is spared here, its people first all the time."
- The registered manager and staff focussed on further developing the culture within the service which promoted and enhanced person-centred care. They told us their aim was to provide a high standard of care and support to people and to support staff within their roles at all levels. This included introducing new roles within the service such as an ambassador scheme in which staff are given more responsibilities.
- People and their relatives spoke positively about the service and the care and support they received. One person said, "All the staff go above and beyond, they really do care." Another person commented, "I am very pleased with the service. The manager is very good at her job, they are all such kind and caring people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- People benefitted from a service that was well-organised and had a clear staffing structure. Staff told us they felt supported and had great confidence in the management team and provider.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely and robustly monitored. Checks and audit systems in place covers areas such as, medicines management, care plans and records, staff spot checks and practice observations, staff recruitment and records, staff training and accidents and incidents amongst others. Checks and regular monitoring by the provider was also conducted to offer a good overview of how the service was run and any learning from identified issues ensured changes and improvements to the service were made.
- Staff understood their roles and contributions to the service and during our inspection we observed effective communication between staff. The staff team were caring and dedicated in meeting the needs of

people using the service, promptly responding to contact and requests. Staff told us they enjoyed their jobs and knew what was expected of them. The registered manager and provider recognised the contribution staff made to the quality of care people received and these achievements were displayed within the office. For example, compliments from people to individual staff and pictures of people attending events and doing activities of their choosing with staff.

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

- The registered manager and provider had a strong focus of involving people, staff and the local community in the service to help drive development and improvement.
- The registered manager showed us how they promoted and encouraged the service and staff to engage with other professionals and the local community. For example, arranging funding raising events and supporting local services and charities, collecting items for local food banks and animal shelters and hosting staff evenings to encourage staff working in the field to develop their support network among colleagues helping them to feel included.
- There were systems in place to ensure the service sought the views of people through reviews of their care, on site spot checks, newsletters and surveys.
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service they received. For example, we saw the results of the customer survey conducted in July 2019 and results from people and their relatives were positive. One hundred per cent of respondents said they were happy with their care; 100% were happy with their care workers and 100% were happy with the reliability of the service.
- The service also used social media as a platform for people to give their feedback on the service. We noted many positive compliments made on related websites. Comments included, "Kindness above anything else", "Very friendly and professional staff", and, "Really well managed service. All members of management excellent."
- The provider valued and listened to the views of staff. We saw and staff told us they had regular opportunities to share ideas and suggestions at regular team meetings, regular supervision meetings and team gatherings with co-workers, such as evening events. We saw that staff also talked about learning and development and reflected on their practice and how this could be improved. The registered manager told us they had an employee of the month award to recognise and reward the achievements of staff who had performed well.

Working in partnership with others

- The registered manager worked effectively with other organisations and professionals to ensure staff followed best practice and provided a good standard of care. Records demonstrated staff had regular contact with health and social care professionals including district nurses, social workers and GPs amongst others and welcomed their views on service delivery.