Alina Homecare Ltd

# Alina Homecare (Rustington)

## 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 (Rustington) is a domiciliary care agency that provides personal care to people in their own homes. The geographical area covered by this service extends from Rustington towards Worthing in the east and Bognor Regis towards the west of the county. At the time of our inspection, there were 60 people who used the service, with various health needs, including dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People felt safe receiving support from the care staff. A relative said, "Staff are very good and almost spot on time all the time. We've had no missed visits". Risks to people, including their environment, had been identified and assessed and were managed well. Care plans provided detailed information and guidance for staff on people's assessed needs. One person said, "Staff know me inside out. They know how I like things". People were supported to receive their medicines, where required, from trained staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person said, "Staff don't take over. They will listen to what I want and do what I ask. No carer comes in and says, 'We are doing it this way'. They respect my wishes and they are a very good bunch of carers. I have never really had a problem with them".

People were supported by kind and caring staff who knew them well. A relative said, "Staff communicate well, they give her attention and they cheer her up. They can sometimes bring a smile out and her face will light up". People were treated with dignity and respect.

People's care plans provided detailed information and guidance about their wishes and preferences. Care was personalised and appropriate and people's cultural needs were acknowledged. Complaints were dealt with in line with the provider's policy.

People were encouraged to be involved in all aspects of the service. They were asked for feedback about the care they received. Feedback from a relative stated, 'Carers come once a week to shower my father. They are all kind, respectful, professional and punctual. We couldn't ask for more; excellent and caring'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service at the previous premises was good (report published 2 March 2019).

Why we inspected
The service was inspected because there was a change of registration when the provider moved premises.

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 (Rustington)

**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
The inspection was undertaken by two inspectors and an 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because 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 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 also reviewed information we had received about the service, including notifications from the provider, since a change in registration in May 2019.

We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service and three relatives to ask for their feedback. We spoke with the registered manager, the provider's quality manager and operations manager, the field care supervisor and two care staff.

We reviewed a range of records including six care plans. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. A relative said, "I have confidence in the staff. He only has two different staff members. They have a good understanding of him and are reassuring. When he wasn't letting the carer into the house, he got quite agitated; he doesn't like change. He's much more receptive to the carer who comes most of the time".
- Staff completed training in safeguarding as part of their induction, and this was refreshed in line with the provider's policy. One staff member told us, "I would report a safeguarding to the office immediately or on call out of hours. I would report domestic issues, bruising, a person acting differently, or neglect. I feel confident that I know what to report and office staff are so supportive when you have any concerns".
- The registered manager explained, "If there is a safeguarding issue, it comes to the office. We take any immediate action, go to the safeguarding authority, notify CQC, any medical attention if people are at risk, then complete paperwork. Families are heavily involved and we might need to go to the family as well".

Assessing risk, safety monitoring and management

- Risks to people, including their home environment, were identified, assessed and managed safely.
- Risk assessments for people clearly recorded any hazards, the identified risk, control measures and were scored. Al risks had control measures and were reflected within people's care plans. For example, one person's moving and positioning risk assessment provided very clear guidance for staff on how to hoist the person from their bed to their commode or wheelchair. The risk assessment showed how the risk was reduced by using equipment and the training staff had received. Staff were guided on the position to be adopted by the person when using the hoist
- We reviewed a range of risk assessments including falls, choking and risks associated with specific health conditions such as diabetes. All assessments were very comprehensive and detailed and included any environmental factors, medicines and equipment that might be needed.
- People had regular carers who supported them, so knew of any risks, and the registered manager explained how any specialist advice, such as from an occupational therapist, was incorporated into any risk assessments.

Staffing and recruitment

- There were sufficient trained staff to meet people's care and support needs.
- We received mixed feedback from people about the promptness and time staff spent supporting people. One person said, "I book them for the hour and the one that came yesterday left before the hour was up, but I still have to pay for the hour". Another person told us, "Yes, they come on time. Only a couple of times they have been 15 minutes late. It's rare they are late".

● The registered manager explained how all calls were monitored remotely and sent us evidence that between 94% and 96% of calls were completed punctually over the last six months.
● New staff were recruited safely. There was a central recruitment team who worked hand-in-hand with the local team. The central team spoke with potential new staff before they attended for interview. The local office would then undertake the interviews, and recruitment checks were completed such as with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records showed application forms were completed and references obtained, and potential new staff had their employment histories verified.
● A member of the management team said, "Some staff have zero hour contracts and some have fixed contracts. The staff are amazing at picking up extra hours if needed. All office staff are trained in personal care". This enabled staff to work flexibly and for calls to be covered if staff were absent due to sickness for example.

Using medicines safely
● Medicines were managed safely. Staff were trained to administer medicines as required. Some people just needed to be prompted to take their medicines.
● A relative said, "One is a shake, the other two are pills and they put them in little pots and hand it to her. They make sure she has taken it. Normally they give her water and she has a protein shake and a cup of tea or coffee, whatever she wants".
● Staff had their competency to administer medicines checked by a senior member of staff. Medication competency assessments were recorded for each staff member. Medication administration records were kept electronically and carers recorded when they had given people their medicines. If a medicine had not been administered, an alert would flash up on the provider's system. The registered manager explained, "In response to alerts we have to put on the system what we have done in response, the actions taken".

Preventing and controlling infection
● People were protected from the risk of infection. A relative said, "Staff always wear masks, gloves and aprons". Staff had access to personal protective equipment which they used when providing personal care to people in their homes.
● Staff completed training in infection prevention and control.
● All care staff undertook regular lateral flow device tests to check for COVID-19 and then confirmed the results electronically on the provider's system.

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● The registered manager provided an example of when a carer administered the wrong dose of a medicine to a person; the person did not come to harm. The carer involved was required to repeat their medicines training and their competency to administer medicines was reviewed.

Good

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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
- People's needs were assessed before they started to receive a service.
- A senior member of staff would visit people in their home and talk with them and their families. Information gathered at this visit formed the basis of people's care plans.
- Any additional training staff might require to meet a person's needs was organised.

Staff support: induction, training, skills and experience
- New staff completed an induction programme that included mandatory training such as safeguarding, moving and handling, health and safety and medicines training.
- A planner recorded the training staff had completed and when this needed to be refreshed. The registered manager explained, "Staff do induction and then we get changes in colour on the planner when training is running out. If something happens and it runs out, then the system shows red. Ninety-nine per cent of staff have completed training and we've just added dementia and mental capacity training, as well as fire awareness. These additions are covered in the induction, but we have also moved them to 'stand-alone' training for all staff".
- Any specialised training to meet people's specific needs was delivered. An occupational therapist might complete a risk assessment and show the field supervisor how to use equipment, then the field supervisor would cascade what they had learned to the staff delivering the person's care. For example, the field supervisor had learned how to deliver 'single carer hoisting' and then shown staff how to do this safely in the person's home.
- Some staff could not recall when they had received their last formal supervision and records were unclear as to whether some staff completed supervision meetings in line with the provider's policy. Nevertheless, staff told us they felt supported in their roles. One staff member said, "I've learned a lot through shadowing and it was very good. Competencies are checked regularly to make sure we know what we are doing". Another staff member told us, "I have had a couple of calls over the phone to see how I was. I am sure I could ask if I wanted a face-to-face meeting. If there are any issues, I can talk to people in the office".
- After the inspection, the registered manager assured us they had booked in regular supervision meetings with staff, and stated, 'To ensure supervisions have not been missed, we have reviewed all the physical files to ensure everyone has had their supervisions as required'.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough to maintain a balanced diet. One person said, "Staff help with preparing my food and they encourage me to drink more. I am not a good drinker". Another person told us, "I will put food in the oven and staff will take it out. I have already chosen what I want to eat. At

breakfast, I tell staff what I want. Before staff leave in the morning they always make sure I have a drink of squash and also in the evening". The registered manager reminded staff of the importance of making sure people had drinks to hand during the hot weather.

● Records provided information for staff on people's dietary needs. For example, if people required their food to be cut up into bite-sized pieces to address any swallowing issues or risk of choking. One person's risk assessment of choking advised staff to hold food in the person's mouth, enabling them to bite a small amount. The person was able to chew food and was given a drink of water between mouthfuls. The risk management plan included foods to be avoided such as dry, crunchy, crispy, gummy textures or seeds.

● Some people had their meals delivered by an outside agency and this ensured the meal was prepared to the right consistency.

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

● People were supported to access healthcare services and support if this was required.

● One person said, "I haven't up to now because my Mum normally helps me with that".

● Links to healthcare professionals had been developed. If staff noticed a person's needs had changed, then referrals to specialist advisors could be made. If a person was at increased risk of falls, then a referral would be made to the falls team, and the occupational therapist if equipment was required.

● One person's needs had changed significantly and they could no longer live safely in their own home. Their needs were discussed with their relatives and a joint decision was made with staff and professionals for the person to move into residential care.

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. No-one receiving support was under the Court of Protection at the time of the inspection.

● People's consent to receive support was gained lawfully and in line with government guidance. One person said, "You can't fault them on that", and another person told us, "They always ask before anything, like putting on creams, and personal care".

● People's capacity to make specific decisions was recorded within their care plans. There were very clear records of the questions asked of people and their response. The same question was asked in different ways if it was felt a person was unsure or did not understand the concept. We read, 'If the person is not able to understand the information that you have provided to them as part of this assessment, what have you done to help them understand?'

Good

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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 looked after by kind and caring staff who knew them well; their diverse needs were acknowledged and catered for.
- One person told us, "Staff are lovely. They talk to me. It's like having lots of daughters. They sit and listen to me, and if I want anything in particular, they make sure it's done". A relative said, "[Named carer] comes here a lot; she's absolutely brilliant. The others that come, they are good, they are all good. They are there, they talk about things, that's quite nice".
- A care plan for another person acknowledged their religious preferences and their preference not to be supported by male carers. During religious festivals, they required staff to vary their call times, to allow the person to fast.

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

- People were supported to be involved in all aspects of their care.
- One person said, "I get up and go to bed when I want. When I felt rushed, I did raise it with the carers and they did listen". A relative told us, "We think it's best she has home care and she can choose what she wants. If she doesn't want to get out of bed, staff let her stay there. They don't force her to do anything. She can get up by herself".
- A staff member explained how they supported one person living with dementia and their reluctance to receive care. They told us, "I tried different things and found that playing Elvis on my phone really helped to calm him. I spoke to the family for ideas and we were able to put this into his care plan. I shared this with other team members, and it worked".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted.
- One person said, "I have never been embarrassed. Staff get the hot water and sponge. I get on the bed and they put a towel down. They close curtains and doors". Another person told us, "They always knock on the bathroom door before coming in and always ask permission to do things".
- Care plans documented what people could do for themselves and when support might be needed. For example, for a person who had visual and hearing impairments, their care plan noted under optical and hearing care what the person could do independently and when staff might need to intervene. In another care plan for a young adult, it reflected the importance of promoting their independence, and of the need for staff to let this person lead their mealtime experience. The care plan reminded staff to give the person choices and time for them to respond back.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- People received personalised care in line with their needs and preferences.
- One person said, "One carer always presents the food beautifully and others do things without you having to ask. They are lovely and they just get on with it". Another person told us, "Staff make me feel at ease. I can have a laugh and a joke with them".
- A staff member told us they had requested dementia training and explained, "They provided this, it was very good, and I learned so much which has helped the way I support people. This is mainly in understanding how dementia impacts people and how to respond".
- Care plans were detailed and provided information about people, their wishes and preferences. People were asked if they preferred to be supported by male or female staff and their preferences were acknowledged and respected.
- The registered manager said, "I think within our care plans we always try and find out a bit of background about people, so we can pass this on to staff. With someone new coming into your own home, it starts it off on the right foot, so staff get to know the likes and dislikes of customers. Continuity really helps. People value nice long chats".

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.

- People's preferred methods of communication were met and recorded within their care plans.
- For example, we read in one person's care plan that a whiteboard was used to aid communication as the person had difficulties in communicating verbally.
- The registered manager said, "People with dementia who might get confused, and you're trying to give them a choice of something, like what they would like to wear today. Staff will try and minimise choices, rather than offer a lot, which might get them in a muddle".

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

- Staff supported people with their wellbeing needs.
- Care plans recorded how staff should monitor people's wellbeing by recording at each visit if the person was, 'Happy, okay or sad'. This information was held electronically. If a person appeared sad, then carers

would record the reason why, if known. This information was harvested by a central monitoring system and the local branch would be alerted if a pattern was emerging or if a person had appeared down for a couple of days. Staff were alerted to pay extra attention to the person's wellbeing and spend time talking with them. They were asked to report any concerns to families or other healthcare professionals.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy.

● People knew how to make a complaint if they had any concerns. One person said, "I would phone the office. I made a complaint recently about a change of carer and I got an apology". Another person said, "I would talk to the manager. When I did make a complaint a while back, I was satisfied with the outcome. It was asking for a carer to be taken off the rota and that was respected".

● We reviewed the complaints log for the past 12 months. Each complaint was recorded and addressed appropriately. For example, one person was inadvertently charged for a longer call and had been given a refund.

End of life care and support

● People's end of life care wishes were identified and recorded.

● If people had a 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) form, this was put in a place where it could easily be found by relatives or carers in the event of an emergency. DNACPR identifies when a person should not be resuscitated if they were to go into cardiac arrest.

● In one care plan it recorded the anticipatory medicines that were available as the person reached the end of their life. The person had expressed their wish that they did not want to be informed about when their end of life was predicted.

Good

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- People received personalised care that achieved good outcomes and promoted their independence.
- A relative said, "Staff are very good with him. I have met a few and they all seem very nice and they let us know what is going on. They settle him down and he never says anything bad about them. They all seem very pleasant; they do a nice job and sort him out".
- One care plan we reviewed for a young adult was written in a way that positively reflected their age and lifestyle. In addition to providing detailed information about the person's medical condition, associated risks and support that was needed, the care plan identified what was important to the person, how to promote their independence and included information that provided a comprehensive pen-picture for staff to follow.
- The registered manager explained personalised care as, "To provide everyone with quality care regardless of their age, religion, etc. We don't discriminate and we always try out best for everyone. We always say to the staff, you must always treat a customer as you would wish to be treated yourself or how you would like a member of your family to be treated".

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

- Incidents and accidents were recorded and responded to as required.
- The registered manager explained that all incidents and accidents were recorded, tracked and the information was shared across the organisation. They added, "If there is an issue, we pick up the phone and discuss the nature of the incident. We have it drilled into us that everything has to be open and honest, but it's not a blame culture. We learn from it".

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

- The registered manager demonstrated a good understanding of the regulatory requirements and compliance with these. They told us, "We work closely with senior management and we get updates from CQC and other professional bodies. Anything from the quality team gets fed down to managers and we have meetings to discuss changes. If something needs changing, we can cascade it down".

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

● People, their families and staff were involved in the service.
● One person said, "They seem to be caring. If I ask for something, they do it willingly and look after me. I can speak directly to the office". Another person told us, "If I have an appointment, or I'm going out, they are very flexible with changing the times of calls". A relative said, "They are prompt answering the phone and I've never had to leave a message. I haven't had any problems contacting them".
● People were asked to complete a questionnaire to provide feedback about the service. One person said, "Last month, and I filled it in. It was all good feedback on the form".
● Staff felt supported in their roles. One carer said, "I've no issues with the company and I'm happy with my job; I should have done it years ago. [Named registered manager] is a good manager and very supportive; all the office staff are really, it's a nice team".
● People had access to an electronic system for details of staff who would be supporting them and relatives could see when staff had delivered care calls to their loved ones. The registered manager told us that one person who was deaf had their rota emailed to them, and if there were any changes, these would be communicated via text messaging.

Continuous learning and improving care
● Audits to monitor and measure the care people received and the service overall had been implemented.
● At the time of the inspection, a rostering system supported by an external contractor had been hacked. The owners of the system decided to take it offline to protect its integrity. In the interim, the provider and registered manager, with external IT support, had devised a system to ensure people's calls were met by staff. People were used to receiving weekly rotas to inform them which carers would be providing their support. We were informed that one person could become agitated and anxious if they did not know which staff would be attending, so they would be receiving a separate email.
● Accidents and incidents were recorded and reported, and the health and safety team of the provider could analyse any themes or emerging trends. Monthly quality assurance meetings were held with quality managers and directors of the organisation. They had oversight of information and any actions required were sent to the registered manager, with any follow-up needed and outcomes.
● We reviewed compliments that people and their families had shared about the service. A relative had written, 'The standard and quality of care is overall very good and our main carer is exceptional. She has an amazing understanding of my wife's needs and deliver's a first class level of care on every call. Communication with the office has improved significantly over the last year and I must particularly thank [named staff member] for her help with meeting my wife's care needs".

Working in partnership with others
● The service worked in partnership with a variety of health and social care professionals, and with commissioning bodies.
● We sought feedback from three professionals who were involved with the service, but did not receive any response.
● Referrals for people to receive support were received from a variety of sources such as social services, district nurses, paramedics, families and friends. People might start to receive support when they were discharged from hospital, possibly for four weeks until they had been reassessed.
● The provider organised weekly meetings for their registered managers, visits to other offices and annual conferences.