

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 situated in Rustington, West Sussex. The provider, Alina Homecare, own services within the South of England. They provide disability support, live-in care and domiciliary care. Alina Homecare – Rustington provides support for 100 people, 98 of whom received the regulated activity of personal care. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience of using this service:

- People and their relatives consistently told us that the service had impacted their lives in a positive way.
- People spoke fondly of the staff and told us that they were kind, caring and compassionate.
- People were supported to remain safe.
- Staff maintained infection prevention and control.
- Sufficient staff ensured that people received their care visits.
- Staff had the right skills and experiences to meet people's needs.
- People and their relatives told us that they felt safe and reassured by the support that was provided.
- People were involved in their care. Their wishes and preferences identified and respected.
- Staff were responsive to people's needs and care was adapted to ensure people were at the centre of any decisions made.
- A person-centred culture was created by the provider and shared by all staff.
- 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 supported this practice.
- Robust quality assurance processes helped ensure the service was effective and met people's needs.
- More information can be found within the full report.

### Rating at last inspection:

- At the last inspection the service was rated as Good. (Published on 23 September 2016). At this inspection on 4 February 2019, the overall rating for the service has remained Good.

### Why we inspected:

- This was a planned, announced comprehensive inspection to confirm that the service remained Good.

### Follow up:

- We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as Good.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service remained Good

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained Good

Details are in our Effective findings below

**Good** ●

### **Is the service caring?**

The service remained Good

Details are in our Caring findings below

**Good** ●

### **Is the service responsive?**

The service remained Good

Details are in our Responsive findings below

**Good** ●

### **Is the service well-led?**

The service remained Good

Details are in our Well-Led findings below.

**Good** ●

# 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. 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:

- The inspection was undertaken by one inspector, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. In this case the expert by experience had experience of domiciliary services.

Service and service type:

- Alina Homecare – Rustington is a domiciliary care agency. It provides personal care to people living in their own houses or flats. It provides a service to younger and older adults, those living with a learning or physical disability, mental ill-health and dementia. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 100 people using the service, 98 of whom received the regulated activity of personal care.
- The service had a manager who was registered with the Care Quality Commission. A registered manager 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. The management team consisted of the registered manager, a care manager and supervisors. A regional manager and representatives from the provider's quality team regularly visited and supported the management team.

Notice of inspection:

- The inspection was announced. We gave the provider 48 hours' notice as we wanted to ensure that people using the service were expecting our calls and were available to speak with us.

What we did:

- Before the inspection we used information, the provider sent us in the Provider Information Return (PIR).

Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

- We looked at information we held about the service including notifications they had made to us about important events.
- We reviewed information sent to us from other stakeholders such as the local authority and members of the public.

During the inspection:

- We spoke with 16 people, 16 relatives, 10 members of staff and the registered manager.
- We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for ten people, four staff records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met. Comments from people included, "The carers are very good at keeping me safe. I don't like to complain but they can read between the lines and tell if something is the matter or if I'm really not doing so well" and "One way they keep me safe is that they always turn up on time, which is very good because if I've fallen or not woken up, they would soon find out and be able to help or do something about it".

Staffing and recruitment:

- Staff had been recruited safely to help ensure they were suitable to work with people.
- There were sufficient staff to ensure people received their visits and their needs were met.
- Rotas had been designed to ensure that people received visits in accordance with their needs and preferences. For example, for people that required support by a certain time due to their medication or health needs.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager had reported potential abuse to safeguarding when it had been identified.
- People were provided with opportunities to raise concerns. Regular telephone and face-to-face reviews enabled people to discuss their care and talk about any concerns.

Learning lessons when things go wrong:

- The registered manager had learned from an incident in relation to a person's medicines. Changes had been made to the systems and processes used to document staff's actions.
- Accidents and incidents that had occurred had been recorded and monitored to identify patterns and trends. Relevant action had been taken to reduce the risk of the accident occurring again.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should.
- The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicine administration records (MAR) were collected and audited on a regular basis to help the registered manager assure themselves that people were supported appropriately with their prescribed medicines.
- There were clear guidelines for staff to follow, as well as information that could be passed to other healthcare professionals, such as when a person had to go to hospital.
- One person told us, "The staff talk to my GP and the pharmacy for me, to get repeat prescriptions and make sure I'm taking the right things".

Assessing risk, safety monitoring and management:

- Assessments of risk helped ensure that any potential risks were identified and lessened.

- A relative told us, "The worry about what my relative will get up to next just goes away because we know the carers see them three times a day and the head office is always there to respond to emergencies, especially the wandering out of the home".
- Staff were provided with clear and detailed information about how to support people safely.
- An electronic call monitoring system was used to help ensure people's and staff's safety. Staff were required to log in and out of the system when arriving and leaving people's homes. This enabled the management team to confirm that people had received a call from staff. They were also able to have an oversight of staff's whereabouts to assure their safety.

#### Preventing and controlling infection:

- Staff had undertaken training in infection prevention and control. They were provided with appropriate personal protective equipment to minimise the spread of infection.
- Unannounced observations of staff's practice, as well as feedback gained from people as part of their reviews, helped confirm that there were safe infection control measures.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "Without my care package I would be in a care home by now, which I do not want to happen. I like my independence and living alone isn't a problem because the carers come every day".

Staff support: induction, training, skills and experience:

- People and relatives told us that staff had the appropriate skills and experience to meet people's needs.
- The provider placed an emphasis on providing quality care and recognised the value in investing in staff's learning and development. The Alina Academy provided bespoke training for staff based on people's needs and health conditions. The registered manager discussed changes in one person's health needs with the training manager from the Academy with a view to providing specialised learning and development for staff.
- Training was delivered face-to-face to help encourage engagement and stimulate discussions and shared learning between staff.
- Staff had access to supervisions and appraisals. These provided staff with feedback about their practice so that learning and development opportunities could be recognised.

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

- People were involved in discussions about their care. People's needs and preferences were assessed and staff were provided with specific guidance on how to support people according to their wishes and health needs.
- On-going reviews helped ensure the guidance about people's care was current and continued to meet their assessed needs.
- Staff worked in accordance with the guidelines within people's care plans. These aligned with best practice guidance and the law.

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

- People's healthcare needs were assessed and met. There was a coordinated approach to people's care. Staff liaised with people, their relatives and healthcare professionals when there were changes in people's needs or concerns about their care.
- People told us that they felt assured by staff visiting them and that they were confident that if they were not well that staff would recognise this and take appropriate action.
- One person told us, "The carers kept asking me to get my injury seen by a GP and eventually they persuaded me, and I'm glad they did because it was much worse than I thought, but now it is responding to treatment".
- Timely referrals had been made to external healthcare professionals to ensure people received appropriate care and treatment.

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

- Some people required assistance with shopping for or preparing food and drink. They told us they were provided with choice.
- Staff had been provided with guidance when people required encouragement to eat and drink. They were reminded to leave people drinks and snacks so that they had access to these in-between care visits. When necessary, food and fluid charts were completed and analysed to help ensure people were receiving enough food and drink to meet their needs.

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. Some people had a health condition that had the potential to affect their decision-making abilities. MCA assessments had been undertaken to help confirm if people had capacity to make their own decisions or if they required additional support. No applications had needed to be made to the Court of Protection.
- People and their relatives were involved in the decision-making process. One person told us, "I find the staff to be open and genuine people who have my best interests at heart, so if we need to discuss my care that's fine with me and fine with them".
- People told us that staff always asked their permission before supporting them. They told us that they were provided with choice and supported to make decisions about their care.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. One person told us, "The carers are extremely kind; very much so. None kinder in my opinion".

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

- Staff worked in partnership with people to ensure that their needs and preferences were central to their care.
- Regular reviews ensured that people continued to contribute to their care.
- Annual surveys had been sent to people to enable them to provide feedback about the service they received.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with respect. They told us that their privacy and dignity was maintained.
- People told us that staff were kind and caring and that they were supported in way that they preferred.
- People's independence was promoted. The aim of the service was to support people to stay within their own homes. There was an emphasis on what the person could do for themselves to help them retain their skills.
- One person had been provided with an alarmed medicine box which reminded them when to take their medicines. This meant that the person could remain independent and did not need assistance with their medicines.
- People told us that staff supported them in a way that promoted their independence, however, they took comfort in knowing that staff were available to assist them when necessary.
- People were treated in a dignified way. One person, who was living with dementia, would regularly telephone the service when they were anxious or distressed. Staff told us that they were happy for the person to do this as the person was less likely to contact their relative and cause them to worry. Staff were observed speaking over the telephone to the person and offering them reassurance. Staff were friendly and understanding.

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

- People were treated as individuals and support was adapted to accommodate people's diversity.
- Staff were respectful of people's cultural and spiritual needs. Information about people's life style preferences as well as their religion had been gathered and was respected.
- People told us that staff supported them in a way that met their needs and preferences.
- People and their relatives praised staff's caring and compassionate approach. A relative told us, "I know that care agency staff might not always be given enough time to sit with people, but that's not a problem we've encountered with Alina. My relative gets along with them almost like they are friends. We chat with them whilst they carry out their tasks".
- One person told us, "The staff are just lovely, I really feel blessed to have them come to support me".

# Is the service responsive?

## Our findings

Responsive – this means that the service met people's needs.

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships:

- People's care was tailored to meet their individual needs.
- People told us that they were involved in their care and provided with choice. Their preferences were respected.
- People's life histories, interests and preferences provided staff with information about the person's life before they started to use the service. This encouraged conversation and helped develop relationships.
- The registered manager identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for people. The provider worked with an external organisation to adapt people's care plans to enable them to access and understand them.
- Staff knew people's needs and preferences well. When possible, efforts were made to ensure people received consistent support from staff who were familiar to them.
- The registered manager and staff recognised people's social and emotional needs. A minibus had been hired and people had met one another at a tea party where they had enjoyed tea, cakes and taking part in a raffle.
- People were supported to access the community and had enjoyed visits to local shops and places of interest.
- People and their relatives spoke about the difference the service had made to their personal relationships. A relative told us, "Without the support we get in the home we would have to be separated. I've found it too difficult. But now the staff can do all the heavy work and we can continue to enjoy living together".

Improving care quality in response to complaints and concerns:

- People and their relatives were aware of how to raise concerns and complaints.
- Regular contact with the management team provided the opportunity to have discussions about the care people received.
- Concerns and complaints that had been raised had been dealt with appropriately and according to the provider's policy.
- One person told us, "I completed a service questionnaire in the last couple of months, but to be honest there was nothing adverse for them to respond to because everything is sorted out at the time the problem occurs".

End of life care and support:

- People could discuss and make appropriate plans for care at the end of their lives.
- Staff had respected people's preferences when people had chosen not to discuss their end of life care.

# Is the service well-led?

## Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. One person told us, "I feel it is well-led yes. I have wonderful regular staff and it works well for me and I find the management very helpful if I need anything". Another person told us, "Wonderful service, fabulous staff and management".

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

- There was a registered manager in post.
- The provider created a culture where quality and people's experiences were at the heart of the service.
- The provider and other members of the leadership team were visible and attended regular meetings and training with staff. This helped ensure that there was a shared enthusiasm about embedding 'the Alina difference' in practice.
- Comments from people and their relatives demonstrated that the service had made a difference to their lives.
- One person told us, "I would not have coped or been allowed to live alone again without the office making sure the right carers came to help me when I got home from hospital".
- Rigorous quality assurance processes and staff's integrity ensured that risks were managed and people received high-quality care.
- There was good oversight and shared learning from the provider's other services. Changes had been implemented and embedded in practice.

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

- People were at the centre of their care. Staff ensured that people's needs and preferences were respected and met.
- There was an open and transparent culture.
- People and their relatives were informed and involved in changes that affected their care.
- The registered manager had complied with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure appropriate actions had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People and staff were treated as individuals and their diversity was respected.
- Staff, at all levels, told us that they felt valued and appreciated.
- Staff were provided with support and feedback. Their good practice was recognised and celebrated through monthly care awards.

- Staff were involved in the running of the service. Regular meetings enabled staff to share their suggestions. They told us that these were respected and listened to.
- People and their relatives had opportunities to comment on the care and the service they received.
- They told us that when they made comments staff listened and were responsive.
- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.