

Alina Homecare Ltd

# Alina Homecare

## 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** 

### Overall summary

We inspected Alina Homecare on the 9 March 2015 and it was an announced inspection. Alina Homecare is a new organisation that has only been running just over a year. Within the past year, other branches of Alina Homecare have opened in the South East.

Alina Homecare (Brighton) is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability, substance misuse and people with mental health needs. At the time of our inspection, the service was supporting up to 70 people and employed 30 members of staff.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff spoke highly of the service. One person told us, "They are part of the family now." Another person told us, "I have nothing but good words." A relative told us, "I would recommend them to anyone."

People told us they received their care calls consistently and always received the care they needed. Risks to

# Summary of findings

people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable. People received the support they required with their medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff commented they felt valued and enjoyed working for Alina Homecare. The provider recognised staff's on-going commitment and hard work.

The service was responsive to people's individual needs. Staff were able to accommodate last minute changes to care calls or requests for urgent care calls. Staff regularly fed-back concerns to the registered manager and office staff. Where people's health needs had deteriorated, the provider was able to increase people's packages of care in a timely manner.

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately.

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care. People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

The ethos, values and visions of Alina Homecare was embedded into everyday care practice. The organisation had a strong vision on providing care calls which promoted people's emotional needs and ensuring people received companionship throughout the day.

The provider was innovative and creative in how they enabled people to feel part of the organisation. Parties were held for people, their relatives and staff to attend. These enabled people to meet all members of staff, other people receiving care and to also promote socialisation and feel involved in the running of the organisation.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Alina Homecare was safe. People told us they felt safe receiving care in their own home. Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support.

Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Staff demonstrated they could apply the training they received in how to recognise and report abuse.

Good



### Is the service effective?

Alina Homecare was effective. Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from the social services and other health care professionals. This ensured that the person's changing needs could be met.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Good



### Is the service caring?

Alina Homecare was caring. Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People and their relatives were consulted about their assessments and involved in developing their care plans.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to and they mattered.

Good



### Is the service responsive?

Alina Homecare was responsive. People received the amount of support that they had been assessed as needing, and were confident that if their needs changed the service would respond.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, the manager had completed a detailed investigation, and action had been taken to reduce the risk of the issue happening again.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

Good



### Is the service well-led?

Alina Homecare was well-led. People, staff and relatives spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care.

Good



# Summary of findings

The ethos, valued and vision of the organisation were embedded into practice. Care calls were seen as a time to provide people with companionship, and staff consistently made time to sit and talk with people at each care call.

The provider held parties in the community for people to attend along with their relatives. These enabled people to meet the staff and other people receiving care. These also empowered people to feel part of the organisation and involved in the running of the service.

# Alina Homecare

## Detailed findings

### Background to this inspection

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

The inspection began with a visit to the services office which took place on 9 March 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted people, relatives and staff by telephone on the 10 and 11 March 2015, to obtain their views and feedback.

The inspection team comprised of one inspector 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 service. The expert by experience helped us with the telephone calls to get feedback from people and their relatives.

We spoke with 23 people and relatives by telephone along with 10 staff members. On the day of the office inspection, we spoke with the registered manager and one care supervisor. Over the course of the day we spent time reviewing the records of the service. We looked at five staff files, complaints recording, accident/incident and safeguarding recording, staff rotas and records of audit, quality control and feedback from people and staff. We also reviewed seven care plans and other relevant documentation to support our findings.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared from the local authority, and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People told us they felt safe with the staff coming into their home and providing care. They explained staff were easily recognisable due to the uniform and identification badge they wore. One relative told us, “We always feel safe with them in the house; they are like part of the family now.”

The provider and registered manager were committed to ensuring people received care from a regular team of staff and that staff arrived on time. One person told us, “I get the same girls and I love them, if they are running late then let me know, but it’s not very often.” Another person told us, “When my main girl goes off, she always tells me. I don’t mind though as the others are always lovely.”

There were sufficient numbers of staff available to keep people safe. People, relatives and staff told us there were enough staff available to cover the agreed care calls. Staffing levels were determined on a monthly basis using the ‘resource planner’. This was an on-line tool which considered the number of care calls per week, number of hours per staff member and number of staff members. This helped calculate how many staff were required to safely meet the needs of people. The registered manager told us, “The care needs of people are also used in determining we have enough staff and we are continually recruiting. Our current staffing levels allow us to pick up emergency packages of care and add additional care calls when needed.” We were informed packages of care would not be taken on if they felt they didn’t have the sufficient staffing numbers to cover all calls and provide emergency cover. People told us staff always remained their allocated time, never made them feel rushed and always had time to sit down and talk with them. One staff member told us, “We always make sure we have time to sit and have a natter.”

Staff told us their rotas allowed for realistic travel time, which meant they could arrive at people’s homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement staff member if necessary.

Mechanisms were place to ensure care calls were not missed and people received a reliable service. The provider used a system of real time telephone monitoring. This system required staff to log in and out of their visits via the person’s telephone when they arrived and left. The

telephone monitoring system alerted office staff when staff had not dialled in, when staff were late to the call or if the call had been missed. People we spoke with commented they felt they service was reliable and in their experience had not had a missed call. Within the past year, Alina Homecare had missed three care calls. Investigations into each missed call were undertaken and the provider was open and transparent as to the reasons why. People and their relatives were sent a letter of apology and reflective practice took place following each incident.

Risks to people were assessed and risk assessment developed. These included information about the action to be taken to minimise the chance of harm occurring to people and staff. Risk assessments included the environment, skin integrity and fire prevention. Where people had restricted mobility, a handling risk assessment and handling plan was in place. This provided staff with guidance on how to safely move and transfer the person within their own home. Where mobility aids were required, such as hoists, staff confirmed they had received training, and were always given clear guidance on how to support each individual person when using any equipment. People who required staff to use equipment told us they were aware of the risk assessments and had agreed to them.

Staff recognised the importance of leaving people’s property secure at the end of a care call. One staff member told us, “I always ensure the keys are back in the key safe, the curtains are closed, windows shut and any appliances are turned off.” People expressed confidence in staff always leaving their property safe and secure. Measures were also in place to ensure staff safety when working alone. The provider gave all staff members torches if there was no external lighting to people’s homes when staff carried out visits when it was dark. On-call support was always available and the registered manager advocated for staff to always phone if they felt uncomfortable or unsafe.

Staff were able to tell us how they would put their training on safeguarding adults into action, and raise any concerns with the registered manager or the local authority. They also understood that they were protected by the provider’s whistle blowing policy. One staff member told us, “I would not hesitate in raising a safeguarding alert if I felt someone was at risk.” Safeguarding policies and procedures were in place and were up to date and appropriate for this type of service. For example, the safeguarding policy corresponded

## Is the service safe?

with the Local Authority and national guidance. Information was readily available to remind staff of their duty and responsibilities under adult safeguarding and the mechanisms to keep people safe within their own homes.

People confirmed staff supported them to take their medicine, apply cream or any pain patches. One person told us, "The girls are very good, they know my medicines inside out and even contact the pharmacy for me."

People had an individual medicine assessment which considered the level of support required from staff. Information was readily available on the medicines prescribed, dosage, what the medicine was for and where medicines were stored within the home. Further information was also recorded on the risk associated if the person didn't receive support with medicine administration. For example, one person would be at risk of hospital admission if they did not receive regular support to manage their medicines. Some people felt confident in administering their own medicines with staff providing a prompt.

Staff demonstrated competence in administering medicines and training schedules confirmed all staff had received medicine administration training. The registered manager and office staff regularly carried out medicine competency checks in the field to ensure people continued to receive their medicine in a safe manner.

The recruitment and selection of staff assessed their character, skills and qualifications and whether they were suitable to support people. A full employment history was obtained and the reason they left former employment was detailed. A Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. There was proof the identity of new staff had been checked. A checklist was kept recording when information was received. This confirmed new staff did not start work before all the appropriate checks had been completed.

# Is the service effective?

## Our findings

People and relatives told us they felt confident in the skills of the staff. One person told us, “They are ever so professional.” A relative told us, “I know that my loved one is in good hands when they are here, they have a very good understanding of Alzheimer’s and what it means.”

Staff told us they felt supported and received an effective induction which enabled them to provide safe and effective care to people. The provider operated an effective induction programme. Potential staff were asked to complete an application form and attend a face to face interview. Following successful interviews and appropriate checks, new staff attended an Induction course. This was based on the common induction standards as identified by Skills for Care, an organisation that works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. The induction was tailored to the individual staff member and was classroom based covering essential topics. Once they completed this, staff worked alongside experienced staff to observe them working with people. This also gave people the chance to get to know new staff visiting them before they worked on their own. One staff member told us, “The shadowing definitively provided me with much more confidence and experience.”

There was a comprehensive training programme available for staff. This included essential training such as dementia and mental capacity. In addition staff were being supported to obtain National Vocational Qualification (NVQ). One staff member told us, “They are ever so supportive and encourage us to progress.” The registered manager told us, “It’s important for us that training is embedded into practice.” Staff received regular unannounced spot checks and competency checks while in people’s own homes. This was to ensure staff were delivering care in line with the training provided and the quality of care was in line with best practice.

Staff received on-going support from the provider and registered manager. Supervisions were held every three months. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Staff members told us how they found the use of supervision helpful and provided them with the

opportunity to raise any worries. Records also confirmed that staff received a yearly appraisal. Staff also completed an individual staff development plan. This considered training completed, any further training needs and how they would like to progress. This empowered staff to feel valued and supported within their role.

Where required, staff supported people to eat and drink and maintain a healthy diet. One person told us, “They always ask me what I want to eat and drink.” One staff member told us, “I always make sure they have drinks to hand when I leave, so they don’t become dehydrated.”

Care plans provided information about people’s food and nutrition. Information was readily available on what the person could do independently and what support was required from staff. One person had meals on wheels delivered, but was at risk of not eating the meal. Staff were advised to check if the meals had been eaten and report any concerns to the office. Another person was at risk of dehydration and their care plan clearly recorded for drinks to be left at each care call. For people with specific dietary requirements such as diabetes, information was clearly available on how to ensure they received a diabetic diet. Staff confirmed they were informed by the office of any specific dietary requirement. Training schedules showed all staff had received training in food hygiene.

Training schedules confirmed staff had received training on the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. The registered manager and staff were aware that locking someone in their own home would be an unlawful Deprivation of Liberty.

Staff confirmed they had received training on MCA, but staff were unable to recall what the MCA meant and how it was applicable in practice. However, staff understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent

People also confirmed staff always obtained their consent before providing care. One staff member told us, “We have



## Is the service effective?

to gain their consent; we are going into their home, therefore it's paramount." Staff understood the importance of enabling people to make day to day decisions. Staff told us about one person who required their clothes to be laid out for them as this helped them make a decision on what to wear. Where people refused consent, staff documented this and fed back to the office.

People received support which effectively managed their healthcare needs. Care plans included detailed information on the persons healthcare needs and how best to provide support. One person told us, "They look after me well, if they think I don't look to good, they always call the Doctor for me." Information was readily available on the healthcare professionals involved with the person, along with their relevant contact details. Staff from Alina Homecare regularly attended multi-agency meetings and reviews to ensure the best delivery of care and work in partnership with other healthcare professionals. Staff told us how they

would notify the office if people's needs changed, and we noted examples of how additional support from healthcare professionals helped people maintain good health. For example, one person's skin was breaking down. The district nurses were called in to prevent the skin from breaking down further.

Staff provided care and support to people at heightened risk of skin breakdown (pressure ulcers) due to poor mobility, remaining in bed and health needs. Staff had a good understanding of the basic principles to prevent the development of pressure ulcers. One staff member told us, "We apply creams, ensure they are turned at every care call and encourage them to drink." Another staff member told us, "Any concerns, we always record and report to the office." The registered manager told us, "The girls are very good at reporting any concerns which enables us to take immediate action."

# Is the service caring?

## Our findings

People had high praise for the staff. One person told us, “They are wonderful.” Another person told us, “They always respect my dignity.” A relative told us, “I couldn’t be without them now.”

Staff spoke with compassion for the people they supported. One staff member told us, “I love my job and the people I go to every day.” Another staff member told us, “I look forward to seeing people and supporting them.”

People were matched with staff with whom they were compatible with. The registered manager told us, “During the initial assessment we always ask people what their likes, dislikes, hobbies and interest are. From this information, we try and tailor staff to people on interests and likes.” People confirmed if they didn’t get along with a staff member, they could always request someone else to visit. One person told us, “I had one girl, for some reason we didn’t get along and I asked her to leave. I phoned the office and within 10 minutes, I had another girl, we got on extremely well.”

People and relatives confirmed staff always made time to sit and chat. One person told us, “They never rush me; everything is always done at my pace.” Staff recognised that people had to be supported at a pace that suited them and confirmed they would often stay later if they needed to. One staff member told us, “People may experience bad days or off days, therefore, we may not be able to get everything done in the time, but we never rush the person.”

People told us their care and support was provided in the way they wanted it to be. One person told us, “The girls know how I want things done.” Another person told us, “They always ask me what I want and I have no problem telling them.” Everyone we spoke with felt care workers listened to them and explained things in a way they could understand. One person told us, “The carers do everything I ask and they keep me cheerful – a cup of tea awaits as I come down in my stair lift.”

Staff demonstrated kindness and empathy towards the people they supported. The registered manager told us, “I know that all our staff members would go the extra mile for people.” People commented that staff felt like part of family and always treated them in a kind and caring manner. One person told us, “My carer has a lovely sympathetic personality.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. One person told us, “They came to see me and asked me what I wanted, the girls write in my book every day when they go.” A relative told us, “We were involved in the care plan from the onset.” Care plans included a summary of what a typical day looked like for the person and what support was required at each care call.

The principles of privacy and dignity were understood by staff. One staff member told us, “Privacy and dignity is paramount.” Another staff member told us, “It’s about closing curtains, covering people and always explaining what’s happening.” A third staff member told us, “I also imagine how I would want to be treated?” People confirmed their privacy and dignity was always upheld by staff. One person told us, “They always close the curtains and cover me up.” Another person told us, “They always give me choice and explain everything.” We could see privacy and dignity was discussed during spot checks and reviews with people.

For older people, independence is about exercising choice and control. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us, “I’m still able to make my own choices and the girls help me.” Staff recognised that promoting people’s independence was an integral part of their role. One staff member told us, “I encourage people to do as much for themselves as possible. It’s important for them to retain their independence and for us not to just go in and do everything.” Another staff member told us, “I always encourage people to do things with me, such as putting the washing on.”

People’s confidentiality was respected. Staff understood not to talk about people outside of their own home. Staff rotas were hand delivered to staff or collected from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff and was also included in the staff employee handbook.

# Is the service responsive?

## Our findings

People received care that responded to their individual needs and wishes. People confirmed that if they needed extra support they would receive the help they needed. One relative told us, “They always do an extra call when we need one.” The registered manager told us, “We pride ourselves on being flexible and being able to provide urgent care calls or increase care calls in emergencies.”

The delivery of care was personal to each person and responsive to their changing needs. Staff recognised the importance of monitoring people’s health and wellbeing and reporting any concerns to the office. One staff member told us, “Any concerns with mobility, nutrition or skin integrity, we tell the office.” Another staff member told us, “I recently had concerns over someone’s mobility, I informed the office and now the person has a hoist in place and double up care calls. They were really responsive to my concerns.” Documentation confirmed concerns were also raised with relevant healthcare professionals such as Social Workers and Occupational Therapists.

On the day of the inspection, we heard care calls being organised as people wanted to go to the shops that day. The registered manager told us, “We try and meet people’s individual needs and ensure they receive the care they need and want.” Alongside providing personal care, Alina Homecare provided domestic care calls along with shopping calls. Staff commented that if providing a domestic care call, they always tried to involve the person (where possible) and do the tasks together. The registered manager told us, “Shopping calls, again we always ask staff to take the person, or sit and write the shopping list together.” People confirmed staff regularly involved them in how care was provided and that care was personal to their needs.

The provider had processes in place to fully assess people’s care needs before they started to receive care. Information was gathered from a variety of sources and most importantly, the person themselves, so that a care plan could be developed based on their needs and wishes. During the past year, Alina Homecare had trialled two formats of care plans. The registered manager told us, “We found the first format was not carer friendly. Therefore, a new format was required which we have now

implemented.” On the day of in the inspection, we found that not all care plans had been transferred to the new format. However, information was still readily available on the person and the level of support required.

Care plans contained information about all aspects of people’s daily care needs as well as any risks to their health or wellbeing. Care plans were detailed and people’s views and thoughts were clearly taken into consideration when devising the care plans. Information was readily available on people’s religious, cultural and spiritual needs. Where people received an earlier or later call on a Sunday to enable them to attend Church, this was clearly reflected in their care plan. People and staff felt care plans were personal and contained the level of detailed required to provide safe, effective and responsive care.

There were processes in place to review people’s care plans two weeks after they started to receive care. This was to help ensure the service was meeting the needs and expectations of the individual and discuss any changes that may be required. Following the initial review, further reviews took place on a periodic basis to help ensure the care plan continued to meet people’s needs.

People confirmed they felt able to express their views, opinions or raise any concerns. One person told us, “I wouldn’t hesitate in raising any concerns; I know it would be sorted immediately.” A relative told us, “I know I can phone the manager with any problems or queries.” Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, as a copy was available in their care plan. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

A complaints log gave a clear record of each complaint received. The provider had received four complaints in the past year. Information was available on when the complaint was received, how, by whom, acknowledgement of the complaint and the outcome of the investigation into the complaint. Each complaint had been thoroughly investigated and feedback provided to the complainant. Learning was derived from each complaint and the

## Is the service responsive?

registered manager and provider saw each complaint as a way to improve and develop practice. For example, one complaint resulted in further training being implemented and delivered to staff members.

All compliments were kept and made available for staff visiting the office to see. The provider had received numerous thank you cards, emails and letters praising the standards of care, staff and quality of care.

# Is the service well-led?

## Our findings

People and staff spoke highly of the registered manager. One staff member told us, “She’s the best manager I’ve ever had.” People and staff praised the provider for its efficiency and approach to community care. One relative told us, “Having Alina Homecare is like having an older and wiser sister.”

Alina Homecare was designed and implemented with a clear direction and vision for domiciliary care. The registered manager told us, “The chief executives and directors had experience of the care sector and had a vision that care calls are not just about personal care, they are about socialisation and providing company to people in the community. They set up Alina Homecare with clear values on personal care and socialisation.” The provider had a clear commitment to providing care to people that promoted their psychological and emotional well-being. Staff clearly understood that their role included socialisation, spending time with people and not just delivering care. One staff member told us, “No matter what, I make time to have a chat with the person, get to know them and find out about them.”

Placing people first were at the core of Alina homecare and the provider was creative in ensuring people remained at the heart of the service. At Christmas, the provider organised a Christmas party in the community whereby people were supported to come with assistance from staff, relatives also attended along with office staff and staff members. One person told us, “I had a lovely time and they really looked after me – it was good to chat with the other people who also have Alina homecare – I talked to more people than I have in a month.” Alina Homecare had also celebrated its one year anniversary by holding a birthday party. Again people were brought along by staff members and returned home later. Relatives also attended along with the chief executives’ and office staff. The registered manager told us, “It was a lovely day and another chance for people to get together, get to know one another and socialise.” This provided people a strong feeling of being important and very much part of the organisation.

Staff felt valued as employee’s and commented they felt able to approach the registered manager and office staff with any queries, questions or concerns. One staff member told us, “They always make time to listen to me and act on my concerns.” Another staff member told us, “I’ve worked in

care for over 10 years; this is the best care company I have worked for. The manager always listens, no matter what.” Staff forums were held throughout the year and often led by the chief executive of the organisation. The last staff forum was held in November 2014. The ethos of the organisation was discussed along with key matters raised by staff. Staff commented they found staff forum a useful opportunity to discuss concerns, talk about practice or key issues.

Staff’s commitment and dedication was noticed by the provider and people. People and staff had voted for the ‘Carer of the year’, ‘Most helpful’, ‘Carers care worker’ and ‘Newest care worker’. Staff were awarded their certificate along with their award by the chief executive at the one year anniversary party. Staff commented that the awards were extremely thoughtful and demonstrated that the provider recognised their hard work.

The provider had systems and mechanisms in place to drive continual improvement. The quality manager conducted internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. The audit covered specific areas and clear recommendations were made with an action plan for the registered manager to work towards.

The provider worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Advice was regularly sought from Occupational Therapists regarding the use of hoists, slings and specialist equipment. Feedback was regularly sought from healthcare professionals to drive improvement. The feedback from a local commissioning team was positive with a clear focus on the honesty and transparency of the organisation.

People’s voice, thoughts and opinions were valued and respected by staff and the provider. People were regularly given the opportunity to feedback regarding the service. Another branch of Alina Homecare conducted telephone interviews with people and their relatives to gain their feedback, views and opinions on the running of the service. A recent telephone survey had been conducted and the

## Is the service well-led?

registered manager was in the process of collating the feedback to analyse for any emerging themes or trends. The registered manager told us, "Gaining the feedback of people is so important; we need to know they are happy."

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager and office staff regularly went out and provided hands on care. The registered

manager told us, "We want to also be out and about, so people get to know us and so we can relate with staff." All staff confirmed they enjoyed working for Alina Homecare and felt the organisation was open, honest and transparent. One staff member told us, "We work as a team and always help one another out." Staff demonstrated enthusiasm and spoke with compassion for the people they supported.