

Alina Homecare Services Limited

# Alina Homecare - Trowbridge

## 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 Trowbridge is a domiciliary care service, providing personal care to people living in and around Trowbridge.

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. On the day of the site visit, nine people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person said, "I was most anxious about staying in my own home, but the carers give me the confidence to stay here knowing they will be coming in to see me and make sure I am ok. They make me feel safe knowing someone will be coming in to see me three times a day." There were enough staff available to meet people's needs. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. One person's relative said, "All of the carers are lovely with my relative. They are all kind and patient." Feedback received from another person's relative was, "We would not have got through the last year if it had not been for this company. The carers were an absolute lifeline when our mental health was really suffering. We could not have had any more support than what this company gave us."

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. One person's relative said, "What sold the company to us was their time slots. They were willing to work with my relatives and us whereas another company told us what time slots they had. We needed the carers to fit around our relatives not the other way around." People's feedback was sought. There was a complaints procedure in place and people knew how to complain if they needed to.

Systems were in place to monitor the quality of care provided and continuously improve the service. Staff

spoke highly of the registered manager and said the service was a good place to work. One staff member said, "[Registered manager] is really good. Any problems, I can go to her." Another member of staff said, "I think this is a good company to work for."

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

Rating at last inspection

This service was registered with us on 07/10/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

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

We always ask the following five questions of services.

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

The service was safe.

Details are in our safe findings below.

**Good** ●

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

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Alina Homecare - Trowbridge

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by 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 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.

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

#### Notice of inspection

We gave the service 24 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

The provider had been asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. The provider had not completed the PIR as the submission date had not been reached prior to the inspection. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with two people who used the service and relatives of four people who used the service. We spoke with five members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We corresponded with two professionals who have regular contact with the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "My job is to make sure I report any concerns to keep people safe."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I'd report it. We're here to help people, here to keep them safe. If I got no response from [registered manager], I'd go higher."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Care plans contained guidance for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Risks to people's safety were identified and managed well. The provider's auditing process included a system to ensure checks were completed and any safety issues had been identified.

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them. One member of staff said, "I did three shadow shifts, then had my competencies signed off, but I did do one more shadow shift just to get my confidence up. There was no problem asking for this."
- The service consisted of a small team of staff. The registered manager told us there was a recruitment plan in place in order to attract new staff. One person's relative said, "It does seem to be the same carers who come, and they do tend to come at the times expected."

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies regularly checked.
- One person said, "Due to my medical condition I was not able to remember to take my medication so getting the carers in helped to keep me well. They always remember to give me my tablets, they have never forgotten yet."
- Medicines administration records showed that people received their medicines as prescribed. The service

used an electronic system which meant the registered manager was able to check daily that all medicines had been given to people.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People and their relatives told us staff wore the correct PPE during visits. One person's relative said, "Throughout Covid-19 and since the restrictions have lifted all staff wear full PPE. We were encouraged to have a cleaning station near the door, and we provide bags for them to dispose of the PPE they've used in our home. They then take it to the bin with them on the way out. The first thing they do is go straight to the sink and wash their hands and dry them on the paper towels we provide which go straight into the bin."
- Staff confirmed they had access to enough PPE they required and had received infection control training. One staff member said, "I wear a mask, apron and gloves in all client's homes. I usually put it on just by the front door."
- Staff were part of a regular testing programme for Covid-19.
- The service had an up to date business continuity management plan which included the identification of risks associated with Covid-19.

#### Learning lessons when things go wrong

- Incidents and accidents were logged. The reporting system showed that these were fully investigated and resolved. There was senior management oversight of the reporting system.
- Lessons learned from incidents and accidents was shared with the team and internally within the organisation.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were fully assessed, and this then formed the basis for care plans. The registered manager said, "We go and do a review after two weeks to check everything's OK, and then at least every six months. I aim to have the same person who did the initial assessment doing the reviews. It helps with care plan development and makes everything more person centred."
- The registered manager said, "Well-being is so important. One of our clients really valued our staff encouraging [them] to do exercises and then small walks and then longer walks. We supported [them] to diet and to lose weight. This in turn lightened [their] mood and helped with wellbeing, self-esteem and confidence."
- Plans were reviewed regularly. When people's needs changed, plans were updated. One member of staff said, "It was a nice surprise when I started here to actually have 45 mins to provide personal care. I do a lot of the rostering, so I tell staff to tell me if they don't have enough time. I don't want staff to have to rush people."

Staff support: induction, training, skills and experience

- New staff completed an in-depth comprehensive induction. Care staff then shadowed experienced staff members to become familiar with the people they were supporting and learn about their role. Staff spoke highly of the induction. One staff member said, "This is my first job in care. The induction really set me up for the job and made me feel ready to take on the role."
- Records showed staff were provided with a wide range of training and had regular updates. Spot checks of their care practices were carried out.
- Staff had regular supervision sessions. All staff spoke highly of how supported they felt in their role. Comments included, "I know I can ask anything and personally I feel very well supported" and "I'm a lone worker, but I know I can call anyone anytime. I never feel alone."

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

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences.
- One person said, "The carers check that I am eating and drinking OK. I have a friend who gets my shopping so the carers can see what food I have in."
- Staff used different ways to prompt people to eat and drink if they initially refused. One staff member said, "I ask people if they have anything in mind that they fancy. If they don't, then I'll have a look and see what they've got and then ask them which one they want."
- Staff knew how to report any nutritional concerns. One staff member said, "If someone wasn't eating very

much, I would report it to the office straight away."

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

- People were supported to access services they needed.
- One person's relative said, "I will never forget the time that a carer found my relative sitting on the floor and straight away phoned the office to get them to cover their next shift so that they could wait with my relative until the ambulance came. I was incredibly grateful to them for doing that."
- One professional said, "The service was very quick to set the service up for my client. We communicated a lot in order to work on a plan. It's worked, because my client is definitely more content and feeling more secure with the new routine."

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's capacity to consent to their care and support had been assessed. When people did not have capacity to make a decision, best interest decisions had been made. These were clearly documented and showed how the decision had been reached.
- Staff were aware of the principles of MCA. One staff member said, "I always ask, is it ok for me to come in, and is it alright for me to give you a hand to have a wash."
- Another member of staff said, "I wouldn't just go and make someone a drink without asking if they want one or without asking what they want. And I always ask what they want to wear."

# Is the service caring?

## Our findings

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

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

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

- People using the service gave positive feedback about the staff who supported them. Comments included, "I feel that they very much do over and above what they are required to. I ran out of coffee once and one of the girls just went to the supermarket to get me some" and "I have nothing but positive experiences of the carers employed by this company."
- Another person said, "They are never rushing around. We get on like friends, we all have the same sense of humour and I have a good laugh with them. I realise that they are limited on time, but they will take time to help me. Like today, one of the carers suggested putting cream on my toes when I said they were a bit sore and the other carer changed my bedding today. I feel well cared for."
- Staff spoke highly of their roles. One staff member said, "I do anything I can to make people feel good. I feel so gratified to make people smile. I never want to leave this job." Another member of staff said, "I just love my job. If I can go in and make someone's day when they might not see anyone else all day, it's just wonderful."
- The registered manager said, "I believe the care is excellent. My staff go above and beyond. They do extra things, like spending 10 minutes styling someone's hair. They work together to make sure the care is of the highest standard possible."
- One professional said, "All the staff are very personable. They told me from the start; we want to get this right for our client."
- The service worked hard to promote equality and diversity. The care planning and documentation system used supported this by enabling people's pronouns (him, her, they) to be recorded.

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

- Records showed that people and their relatives were involved in care planning. For example, in one person's plan it was documented, "I would like staff to assist with changing my bedding on a Monday and with any laundry tasks. I may like staff to do the ironing. I like to iron but staff will need to make sure that the iron has been turned off."
- One person's relative said, "My relative is always involved with their day to day care and has their say about their wants or needs. My relative's personality is that they would not hold back if they had something to say."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this such as, "I always call out hello and let them know it's me when I arrive" and "If someone's having a bath, I will ask if they want help washing their back and then pull the door ajar, so that I can hear them and they can hear

me."

- Staff said they promoted people to be as independent as possible. One staff member said, "It's important not to just take over. Our goal is to improve and support independence."
- One person's relative said, "The carers take my relative out for little walks which they enjoy and last winter they did chair exercises with my relative. Hopefully these will start again as it definitely keeps my relative going mentally and physically."

# Is the service responsive?

## Our findings

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

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

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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported.
- Plans provided guidance for staff on how to meet people's health needs. For example, there was clear instructions for staff on what to do if someone had a seizure.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting. Staff recorded the care they provided onto the system which was reviewed daily by the registered manager.
- Relatives were given the option to securely access their relative's digital care records and notes which gave them up to date information on people's well-being. One person's relative said, "This company have an app that I love. I have found it very professional and when I have been able to go away it has been a lifeline as I can see how my relative has been when the carers have attended as they write everything down."
- Staff said scheduled visit lengths provided them with enough time to meet people's needs. One staff member said, "We get plenty of time, but if we think someone needs longer, we inform [registered manager] and the visit times go up. We also have loads of time to get to each visit. Alina is really good in that aspect."
- The registered manager said, "Our systems enable us and help us to provide person centred care. We monitor the times of calls. If the scheduled call is 30 minutes, we expect staff to stay for the full 30 minutes. A lot of care plans will say "if time allows" and this is to make sure staff do talk to clients or go for a walk with them."

Meeting people's communication needs

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

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information was available in a variety of formats, such as in an audio format or large print. They said, "Some of our clients prefer to communicate via text or email, rather than by phone, and that's OK too. We adapt to what they want."
- The registered manager said the provider was supporting one member of staff to learn Makaton. This is a unique language programme that uses symbols, signs and speech to enable people to communicate.

Improving care quality in response to complaints or concerns

- The service reported and responded to complaints in a timely manner.
- People and their relatives knew how to complain if they needed to.

End of life care and support

- End of life training was provided for staff.
- The service had supported one person at the end of their life. A card from one of this person's relatives said, "I want to convey my thanks for the wonderful care both you and [staff name] gave to my mum during her final week. I very much hope you will be able to pass on my heartfelt thanks to [staff name] for the compassionate care during mums last few days and particularly on the day mum passed away."

# Is the service well-led?

## Our findings

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

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

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

- Staff told us the registered manager was "Really good" and "Great." One staff member said, "[Registered manager] is just so good, the best manager I've ever had. [They] work so hard, which makes me want to work hard."
- Staff spoke of a positive culture of team working where all the staff supported each other. Comments included, "We're a friendly bunch and all get on really well together. Any problems, I can talk to anyone" and "We all bounce off each other and talk all the time."
- Staff said they felt valued. The registered manager officially recognised staff when they received positive feedback from people and their relatives. One staff member said, "We get a 'well done' card and we get flowers too. And there is carer of the month as well."
- The registered manager said, "[Provider] has a rewards-based system for staff. Staff were given a Christmas bonus/Covid-19 thank you and they were also given a summer bonus. [Provider] are very good at rewarding their staff."

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

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.
- There were comprehensive audits and spot checks of all aspects of the service. When issues were identified they were addressed promptly by the registered manager.
- The responsible individual and quality manager showed us how head office maintained an oversight of activity at the service. This included a range of quality assurance standards set internally.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

- Regular staff meetings took place and minutes were given to staff. All the staff said they felt able to speak up during these meetings.
- Annual surveys had been carried out. The latest survey results had just been analysed. An example of this

was "Are you happy with your overall care?" 100% of responses to this question were yes.

#### Continuous learning and improving care

- The registered manager said that continuity of care was an important aspect of the service and said, "I know from experience that people want to see the same staff." A member of staff confirmed this and said, "I have seen mainly the same people. It's really nice because I've been able to really get to know people. It's also really good for the clients, because they know who's coming to them."
- The registered manager said, "I still go and do visits; it enables clients to raise concerns with me directly, and it gives me a chance to review the care plan from another perspective to see if we could do anything better."
- One person's relative said, "I feel very confident with how [registered manager] works and runs this service and I feel that I can phone her whenever. The staff ask us if they are doing a good job and want our views, good or bad. We have absolutely no problems with [provider]."
- Another person's relative said, "I would absolutely, most definitely recommend this care company. I think they have the best staff employed, the manager answered my query promptly, they have an app which is brilliant and they have provided faultless care to my relative This would be the first company I would recommend."

#### Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, social workers and specialist nurses.
- The registered manager said, "One client finished with us, so we got the local care co-ordinator involved and sign posted [them] to other agencies. It's OK ringing the GP, but we like to go one step further."