

Alina Homecare Services Limited

# Alina Homecare - Hitchin & Letchworth

## 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 – Hitchin & Letchworth is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 14 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe receiving care from staff and raised no concerns. Staff understood the importance of safeguarding and knew how to escalate any concerns they may have.

Risks to people's health, safety and wellbeing were identified and assessed. Staff had guidance within care plans and risk assessments to support them in keeping people safe.

Staff recruitment processes were robust. Medicines were managed safely and staff were following infection prevention and control measures in place, including the use of personal protective equipment (PPE).

People were involved in all aspects of their care. This included initial assessments and reviews, where they were supported to make decisions and plan the care they wished to receive.

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 that staff were kind, caring and friendly. Positive comments were received regarding staff's attitudes and their compassion for people. Privacy and dignity was promoted at the service.

Staff were trained and told us they were provided with good support. This is included observations of their practice and opportunities to develop further in their roles.

Quality checks and audit were completed, with action taken in response where improvements were identified as required. People, relatives and staff all spoke positively about the registered manager and felt engaged and involved in the service.

The registered manager sought opportunities to ensure they were up to date with current guidance and best practice. They demonstrated a clear desire to ensure that all feedback received was used to drive the service and ensure that people received high quality 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)

#### Rating at last inspection

This service was registered with us on 29 May 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Alina Homecare - Hitchin & Letchworth

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of an 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September 2021 and ended on 20 October 2021. We visited the office location on 30 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registering. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care staff. 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 multiple medication records. We looked at two 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.

# 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

- People told us they felt safe receiving care and support. Comments from people included, "Yes, very safe with them" and "Very safe indeed."
- Staff were trained in safeguarding and had a clear understanding of what could constitute abuse and how to report any concerns. They were confident any concerns would be taken seriously and how to escalate them, external to the service, if necessary. One member of staff told us, "With training and regular contact and reminders from [registered manager] I know how to escalate any concerns."
- The provider had policies in place to keep people safe, such as safeguarding and whistleblowing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they were happy how staff supported them and felt that care staff acted appropriately in response to risk. One person told us, "Yes, as I am not good on my feet and get wobbly. They (staff) support me to [complete personal care]. I can't fall over; they are by my side all the time."
- Risks to people were assessed at the start of their care package with plans put into place to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- An environmental safety risk assessment was also completed to ensure staff safety in people's homes.
- Any accidents and incidents were recorded and had been reviewed by the registered manager. Actions taken in response included changes to people's support plans and referrals to external health and social care professionals where necessary.
- Lessons learned and changes or improvements needed to people's care were shared with staff via messages, care records and meetings

Staffing and recruitment

- People told us there was enough staff to support their needs and were mainly on time. One person told us, "They are good, on time, very regular and not missed coming." Another person told us, "They are mostly on time and call me if held up, but always get here and never leave before time is up."
- The service had a small team, but this was enough to meet people's needs and to manage changes to the services required. There were contingency plans in place which addressed potential shortages in staff.
- Recruitment procedures were robust with appropriate checks undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references were in place for all staff before they started working with people.

Using medicines safely

- People told us they were happy with the way staff supported them with their medicines. One person told

us, "They (staff) get my meds out for me and put them in front of me and make sure that I take them. Can't forget when they do this, so it is good."

- People were encouraged to manage their own medicines where possible however, where support was needed, the tasks to be completed by staff were recorded following a detailed assessment.
- Staff were trained, and checks were in place to ensure they administered people's medicines safely. This included observations of their practice during visits to people.
- MAR records were audited regularly. If any errors were identified, these were followed up with staff and records kept of action taken.

#### Preventing and controlling infection

- People and their relatives told us staff were wearing appropriate PPE when they visited and followed good hygiene practices.
- Staff received training in infection control and had access to PPE such as disposable face masks, gloves and aprons. One member of staff told us, "I'm supported to take a COVID test every week and can always call into the office to collect any PPE need that I need."
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 care needs, and preferences were assessed before they started to receive support. This was to ensure the service could meet people's needs and a care plan was created. People and their relatives, where appropriate, were involved in the assessment process. One person told us, "I had a full assessment before going with them, [member of staff] came out to see me and we went through everything." Another person told us, "Yes, I did a full assessment with them and had full input."
- People were encouraged to make their own choices about the care they received. Care plans included people's preferred routine and important details such as preferred skin care, nutritional likes and dislikes and emotional support needs.
- Staff were delivering care in line with current guidance and demonstrated a good understanding of people's needs and the support they needed.

Staff support: induction, training, skills and experience

- People told us that staff were trained and they were confident in their abilities. One person told us, "Yes, they are really good. My carers are very trained in my opinion." Another person told us, "Very skilled and trained well, they know their job."
- New staff completed an induction process that enabled them to gain the required skills and confidence to carry out their role. This was done via training and a period of shadowing more experienced members of the team. One member of staff told us, "Training felt like being back at school when I received the [programme] but [registered manager] has been really supportive in helping me get all the training that I need."
- Staff told us they felt supported, had regular supervision, observation in their visits and were provided with opportunities to develop. One member of staff told us, "I feel I am given lots of opportunities to develop and improve in my work. There are mini courses that we are able to do to support our learning."

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

- People were supported by staff to have enough food and drink where this was identified as a need. The exact level of support each person required was detailed in their care plan.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from health professionals.

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

- People were supported to access health services and attend appointments where needed. One person told us, "I can call on them (staff) if I need them and they have helped in the past for appointments, check-

ups and seeing the doctor."

- Care plans highlighted people's health history, conditions or past illnesses they had experienced which could affect their well-being.
- The service worked well with other organisations. Care plans and records showed effective liaison with health and social care professionals and other care services.

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 make decisions relevant to their care and support were assessed and documented.
- People consistently told us they had consented to the care and support detailed within their care plans and that staff sought their permission to support them during each visit. One person told us, "They always ask me first before doing anything. Very good they are." Another person told us, "They do indeed. They make me feel good and not so nervous before doing anything and then we proceed with what I want."
- Staff we spoke with understood their responsibilities regarding the MCA.

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

- People gave positive feedback about staff. They told us that staff were kind, polite and caring. One person told us, "All my carers are very friendly, and we have a bit of a laugh. Very caring and compassionate I find them to be." Another person told us, "I am very happy with all of them. Very caring, they make me feel good and not nervous when they're here, they have my trust. I would not want to be without them."
- People were involved in creating their own care plans and actively participated in the reviews. One person told us, "Staff listen to me. I tell them if want anything different doing, they listen and do it."
- People's diverse needs, including religion, culture and language, were assessed and included in their care plan appropriately. We saw that discussions were held with people when their wishes or needs changed.
- Senior members of staff completed observations of staff during their work and sought feedback from people, at regular intervals, to ensure staff delivered care in a kind and compassionate manner.
- The registered manager used satisfaction surveys, care reviews and regular contact with people to ensure that decisions about how the service was delivered was led by people and their views.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they had no concerns about staff. They were respectful and protected people's dignity and privacy. One person told us, "My privacy and dignity are fully respected. They close the door and make sure I have privacy." Another person told us, "Yes, this all is fine. (Staff) close curtains and things when having [personal care]."
- People's care plans promoted their independence and staff encouraged people. One member of staff told us, "It's about the clients still being able to do as much as they are able. It's me supporting them."

# 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

- People received a personalised service. Care plans recorded their decisions, the tasks they required support with and preferred daily routines. They also highlighted areas where staff could encourage people to be independent and specific tasks, such as pet care, that staff undertook on their behalf.
- People told us they were involved in creating their care plans and reviewing them. One person told us, "I have my care plan here and work with them if anything needs changing."
- Staff were able to detail what people liked and disliked, as well as their support needs, and the routines they should follow when they visited. One member of staff told us, "Although I visit the same people on a regular basis, I can always access all care plans and guidance on Birdie (computer-based care plan tool). We also receive emails to be kept up to date and notified of any changes."

Meeting people's communication needs

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

- People's communication needs were considered at the initial assessment stage.
- Any additional needs were recorded in people's care plans, along with any adaptations or equipment that they used.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments. One person told us, "It can be as simple as making sure someone has their glasses to hand or wearing their hearing aids."

Improving care quality in response to complaints or concerns

- People knew how to complain should they need to. One person told us, "Well, I've not had any concerns but feel sure they would listen and act if needed to." Another person told us, "100% sure they would, they are fully supportive."
- At the time of the inspection, no recent complaints had been made. However, the system in place ensured that all complaints would be recorded and responded to promptly.
- The registered manager was responsive to all forms of feedback and this was echoed in the comments we received from people, relatives and staff.

# 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were happy with the care and supported provided and felt involved in the service. One person told us, "Yes, it is very well managed and a very good service. As I said, I would not be without them." Another person told us, "They phone me regularly to check all is ok."
- Staff felt engaged in the service and told us they felt supported by the registered manager. One member of staff told us, "I honestly feel that Alina is a good company to work for. I feel totally supported and involved." Another member of staff told us, "Our support is really good. I have been able to complete my [personal studies] while also working. [Registered manager] is very supportive and helpful."
- The registered manager and senior staff communicated well with people, relatives and staff. Frequent communications such as emails and newsletters were issued to staff and people which provided information, feedback and guidance.
- The service had a strong culture of learning and improvement. People, relatives and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions. This included regular quality checks with people, satisfaction calls, audits of records and analysis of any feedback to identify any concerning trends.
- The registered manager supported the inspection fully and was keen to learn from the process.

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

- The registered manager was clear about their role and responsibilities. They routinely sought opportunities to ensure they kept updated on best practice and current guidance.
- A range of quality audits and checks were completed by the registered manager. They told us how this system of checks enabled them to monitor the quality of the service and helped ensure they had oversight of the service. Where audits identified issues, action was promptly taken.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership.
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission (CQC) and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

### Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff worked together to ensure that people received consistent, coordinated care and support. There were effective communication systems in place to ensure that information was passed promptly amongst the team.