

Alina Homecare Ltd

Alina Homecare

Inspection report

4 Warren Way
Brighton
East Sussex
BN2 6PJ

Tel: 01273390748

Website: www.alinahomecare.com

Date of inspection visit:
02 November 2017

Date of publication:
19 February 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Alina Homecare was registered with the Care Quality Commission (CQC) in February 2014 as a domiciliary care agency. It provides personal care to a range of older adults and younger adults living in their own houses and flats in the community. These included people living with dementia, a mental health illness, a physical disability, a learning disability, people with substance misuse, sensory impairment or an eating disorder. The service was also registered to provide care for children from 0-18 years; although at the time of inspection no children were receiving a service.

At the last inspection in March 2015, the service was rated as good in all five areas. The overall rating was good.

At this inspection, we found the service had improved and was now outstanding in two areas and good in three areas. The overall rating had improved to outstanding.

This comprehensive inspection took place on 2 November 2017 and was unannounced.

There were 130 people receiving a service from the agency. Although the majority of people using the agency received a regulated activity, some received support visits only. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The time of visits ranged from 15 minutes to one and quarter hours, with the frequency of visits from once a week to four times a day. There were 17 people who required two care workers at each visit to support them. There were 65 full and part-time staff employed.

There was registered manager in post. A registered manager is a person who has registered with the CQC 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.

The care people received was outstanding. Care workers treated people with respect, dignity and compassion. They were motivated, passionate and proud of their jobs. People said care workers went 'the extra mile' and the agency put people at the heart of their service. They went above and beyond what was expected of them when they needed to. There were many examples of when this happened and how the agency had dealt with emergency and unusual situations in a professional, exceptionally kind and responsive way.

People were at the heart of the service. Care workers knew what mattered to people the most. They recognised how important it was for families and friends to be involved in people's care, support and wellbeing. Two people commented, "All the staff are good ... I can't speak more highly of them ... they are very caring" and I have nothing but praise for them ... they are so kind and polite to me ... they are lovely

girls, nothing is too much trouble for them." Care workers recognised the importance of pets in people's lives and regularly cared and looked after them as part of the family.

People were encouraged to be as independent as possible by care workers they trusted and felt safe with. They were supported to lead as good a quality of life as possible. People were never rushed and care workers took the time to support them in the right way. People commented, "I never feel rushed ... they always make sure I've got everything I need before they go. They are more like friends, it's as if we've known each other for years ... they'd do anything for me" and "They're lovely girls ... I'm lucky to have them."

Care workers treated people equally, irrespective of their beliefs, opinions or preferences. Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home. Caring for people's wellbeing was an important part of the agencies philosophy. People had a regular team of care workers and felt they had become part of the extended family. A relative said, "... I've seen them (staff) with her and they hold her hand as they talk to her. It's like having extended family."

Regular social activities, events and networks were planned by the agency throughout the year. People who lived in isolation were encouraged to attend and the agency fostered strong links with the local community. The agency regularly supported charity events and raised money for these events.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care workers had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support.

People were cared for by care workers who were aware of their safeguarding responsibilities. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse. Care workers were safely recruited, trained and supervised in their work. They enjoyed their jobs, felt included and listened to in the running of the agency. Staff were recognised for achievements in their work and learning. Regular incentives were given to show staff they were valued and appreciated. Annual awards ceremonies were held where staff were presented with awards and certificates in recognition of their work.

Each person had risk assessments and a care plan in place. People and their families were involved in the planning of their care and these were regularly reviewed. When changes in care support were required, these were carried out in a timely way. Comments included, "They don't just say they will see what they can arrange, they get it sorted when I need extra support" and "We are kept updated and reviews are regular either all together or on the phone."

Care workers had been trained to give people their medicines safely and ensured medication administration records were kept up to date. Care workers supported people to eat a nutritious diet with food and drinks of their choice. In between care visits, care workers always made sure people had snacks and drinks available.

The leadership and management of the service was outstanding. People had confidence in the management of the service and the registered manager acted as a role model for the staff team. People and their relatives told us the service was very well led and that they were provided with a high level of service. People knew how to voice any concerns and had confidence they would be listened to and resolved. The registered manager and care workers delivered a service where the emphasis was placed on enhancing people's lives by providing outstanding care and support. They took into account people's individual

choices and preferences at all times. Comments included, "I think the office is excellent and the manager is very kind and organised", "The manager always has time to listen to you" and "The manager is organised and proactive and I find she is a good listener and gives accurate advice."

The provider was committed to continual improvement and governance was embedded in every part of the service. There were extremely comprehensive quality monitoring systems and processes in place which were robust and regularly carried out by a variety of senior staff. These drove continual improvement of the service.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People were cared for by staff who provided kind, compassionate and respectful care. They treated people as individuals and involved people and their families in their planned personalised care.

Staff also took into account people's wellbeing and what was important to them. They enhanced people's quality of life as much as possible.

Staff went the 'extra mile' to support people and showed an outstanding kind and caring approach to people.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The leadership and management of the service was outstanding. There was a well organised management team who had clear roles and responsibilities. The registered manager acted as a role model for staff.

Care workers were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service. Award ceremonies were held to recognise and celebrate good care from staff members.

The management team promoted strong values and a person

centred approach. There was an open culture where 'lessons learnt' were encouraged.

People, families and care workers suggestions and feedback were welcomed and taken into account to improve the service.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The service played an important part in the community and fostered links with other organisations to benefit people.

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 checked whether the provider is 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 inspection site visit took place on 2 November 2017 and was announced. We gave the agency 3 days' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office to see the manager and office staff; and to review care records and policies and procedures. Inspection site visit activity started on 27 October 2017 and ended on 8 November 2017.

This was a routine comprehensive inspection carried out by one adult social care inspector and two experts 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.

The inspection was informed by feedback from questionnaires completed by a number of people using the service. The Care Quality Commission sent surveys to: 50 people and their relatives; we received a response from 23 people and two relatives; 56 staff and received 17 responses, and 11 to community professionals and received five responses. The experts by experience spoke by telephone with 23 people and four relatives to gain their experiences of the agency, along with 12 staff members. We visited six people in their own homes and spoke with them and three relatives. We met and spoke with the registered manager, the supervisor, the administrator and two care-coordinators.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: six

people's care files and medicine records; three staff files which included recruitment records of the last three staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Is the service safe?

Our findings

People felt safe being cared for by staff of Alina Homecare. They knew care workers well. People said, "I feel very safe ... they've never missed a visit in all the time I've had them"; "I do feel safe because they know what they are doing"; "First class service ... my carers support me on a daily basis and I know I can talk to them and trust them with any concerns", and "Alina Brighton provide an excellent service."

People were protected from harm because the agency had ensured their staff were trained and understood their safeguarding responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff which contained all the information required. Care workers undertook safeguarding of vulnerable adult's training when they began work for the agency. Refresher training was then completed each year. Care workers knew how to recognise abuse, and who to report it to. Three care workers said, "I have done safeguarding training with the agency", "We all have the numbers in our paperwork from the office ... and the office have them for us too" and "The agency makes sure all our training is up to date. I know all about safeguarding and why it's there." The registered manager was aware of their role in the safeguarding process and knew who to contact if necessary. Statutory notifications showed there had been one recent safeguarding concern. This had been appropriately dealt with by the registered manager and the correct procedures followed. Staff were also aware of their roles with regard whistleblowing. Three commented, "I know how to whistleblow in secret to the Care Quality Commission (CQC) or government", "I know the whistleblowing line and the procedure"; "I know the numbers are all in the office and I have them in my notebook too", and "I would use the numbers we have in our paperwork for the safeguarding team and the CQC."

Risks to people's personal safety were assessed and plans were in place in care records to minimise those risks. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst allowing the person to remain independent. For example, those people who were at risk from moving and handling or from skin damage. Environmental risk assessments were also in place in people's homes to keep both people and staff as safe as possible. For example, security, furniture and equipment. Care workers said they read people's risk assessments in their care records and two said, "I read them all... I understand them ... the office encourage me to read each one and keep updated on any changes" and "Plans are kept up to date and we are all taught to use them effectively with each individual ... we must keep up to date with plans and assessments."

People needs were met by sufficient staff who had the right skills and knowledge. They received a rota of care visits for the following week so they knew which care workers to expect in their home. If there were any changes to the rota, the office contacted people to let them know. People and relatives said the service was very reliable and care workers stayed the right amount of time. If care workers were running late, people received a telephone call from the office to let them know. People said: "They come on time ... more or less to the minute or two ... they have never not come"; "Carers are excellent and professional and friendly"; "... if staff are going to be very late I always get a phone call to tell me", and "Alina are very good."

Whilst the majority of people said they had a regular care worker or a team of staff who supported them,

four people had commented there had been recent changes and staff shortages which had resulted in them having different care workers. Two people said, "There have been many changes lately and staff shortages" and "Continuity of care could be better". A relative said, "Alina are very good ... but occasionally they send different staff." The registered manager explained there had been a period of staff shortages at the beginning of the year due to on-going staff sickness. They said, "This had no knock on affect to people but it interfered with continuity." The organisation had addressed this issue which had now been improved and meant people now had regular care workers to support them again.

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit. For example, this may be because they had complex health needs, no relatives or were isolated. Several people had recently needed to be moved out of their homes due to an environmental incident. Management and care staff were aware of which people had required priority assistance.

The provider took the details and requests for care packages from the commissioning organisation. They assessed their staffing levels and took on new packages of care, where they were confident they had the staff available. All initial care assessments were carried out by a senior member of the team. People received their contracted care hours and these were adjusted where necessary, such as if people's conditions deteriorated. There was an agreement with the commissioners that the service had the discretion and judgement to put in extra resources for certain care packages for up to seven days. One example of when this happened was when one person needed extra support when their partner unexpectedly went into hospital.

People and relatives knew who to contact if they needed to get in touch with the service. The service used only the office telephone number and transferred calls to the on-call mobile out of hours. This meant people needed to use only one contact number at all times. The office team took it in turns to provide management cover out of hours. The registered manager said mobile phones were never switched off and a senior person was available at all times 24 hours a day.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking checks of identity, qualifications, gaps in employment, seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and administered safely. Care workers were trained to manage medicines and undertook training, competency and spot checks. Medication Administration Charts (MAR) were completed appropriately. Body maps showed where skin creams should be applied. The Provider Information Return (PIR) stated three medicine errors had been made in the last 12 months. These had been recorded and the appropriate action taken to prevent a reoccurrence, such as refresher medicine training. One person said, "Whoever is on always prompts me to take my tablets at the correct times ... I think they are very conscientious." Two care workers said, "I understand I must read the information on tablets, make sure they are in date and check the dosage and write down and sign that the person has taken them" and "I have had basic administering tablets training and how to record this ... we record everything and report it to the office."

Staff had completed infection control training, washed their hands regularly and used protective equipment

such as gloves and aprons to reduce cross infection risks. Care workers said they had plentiful supplies of gloves and aprons available. People said care workers always left their homes clean and tidy. One person said, "...they leave everything as it was when they walked in."

Is the service effective?

Our findings

People and their relatives spoke positively about care workers who had the knowledge and skills to meet their needs and had a positive impact on their lives. People said: "I think the company keeps them up to date pretty much ... I think they're qualified and good at what they do ... there is a training day for each new worker and they do shadowing. My care worker has done extra training on occasions"; "The girls are very well trained"; "My needs are always met well. I have some complex needs and the girls are well trained and I feel confident", and "The carers are passionate about the work."

Newly employed staff undertook a company induction when they first started work which was in line with the Care Certificate (a set of standards that social care and health workers adhere to in their daily working life). These were organised by the training department every two to four weeks dependant on the numbers of new staff starting work. Staff were supported by the internal training officers, the registered manager and other experienced staff. Before they completed the certificate, they undertook both theory and practice learning which included completing a workbook, undergoing training, achieve competencies, undertake supervision and complete three reflective practices. There were six people on this programme of learning.

New staff were mentored and supported in their hands-on care work by a 'care ambassador' (a senior experienced care worker who has undertaken training to support and guide new staff). They initially shadowed the care ambassador to learn how to support people properly and to the standard expected. Once they felt confident, the care ambassador then 'stepped back' and shadowed the new care worker. New staff were not permitted to work on their own until they were competent in their duties and had been assessed as such. Two care workers commented, "I did a few days shadowing a senior carer and was given lots of time to learn about care plans and risk assessments and reading them" and "I found it really good shadowing and the senior carers are so good at knowing what to do to suit the individual person."

Staff received regular training in a variety of subjects including: medicines; safeguarding; moving people safely; infection control; food hygiene; first aid, and health and safety. Other specialised training included dementia, end of life care and minimising restrictive practices. The training plan showed care workers were up to date with their training and their names were flagged up when training was next due.

Staff received regular supervision and an annual appraisal. These took place in one to one meetings, 'spot checks', competency checks and staff meetings. This gave an opportunity to discuss further learning needs and gave feedback on their work performance. All supervisions were recorded electronically and on care workers' files. Two care workers said, "... we receive excellent training, regular spot checks and supervisions" and "I am very happy to work with Alina Homecare ... the team I work with is a very professional one ... great experience ... I have all the help I need to provide the best care service for the service user."

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. We checked whether the service was working within the principles of the MCA and found they were. Care workers had received training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. People had signed consent forms to record and confirm their agreement to this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People were supported to have access to healthcare services. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals. One person had regular visits from a community nurse for a medical condition; the agency liaised closely with them to report any changes. Health and social care professionals commented that Alina Homecare was a popular care provider for the area and that management and staff worked hard to keep people at home for as long as possible.

Care workers supported and encouraged people to have a meal of their choice and type. Where people required assistance to eat or drink they were happy with their support. Meals were prepared, cooked and served as they should be. Two people said, "Staff cook from recipes so I get home cooked food of my choice and they are very good at cooking" and "My carer prepares breakfast for me and an evening meal. They cook what I want in the way I want it and chat to me as they go along." Care staff left snacks and drinks between care calls so people did not become hungry or dehydrated. Three people said, "...when they leave, they check whether there's anything else I need", "... they always leave me a drink" and "They never leave without checking whether there's anything else I need." Three care workers said, "I record all food and fluid intake so we all know what has been had whilst we are there", "I make sure I know about their dietary requirements and their likes and dislikes" and "I make sure fluids are easily available at all times and in reach."

Is the service caring?

Our findings

At the last inspection this question was rated good. At this inspection it was rated outstanding.

People unanimously told us they were treated with kindness and respect when receiving care and support. Comments included: "All the staff are good ... I can't speak more highly of them ... they are very caring"; "I have nothing but praise for them ... they are so kind and polite to me ... they are lovely girls, nothing is too much trouble for them"; "They are all very caring and so patient"; "They are all so nice", and "They always treat me with respect ... my carer is very trustworthy ... I know she wouldn't discuss me or my business with anybody." Two other people commented, "Everything is respected in our home as are we" and "They never give my care in front of my wife ... I like this as it is private for me."

People were respected in the way they wished to live in their own homes and how they chose to live their lives. Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. One person who chose to live in a non-conventional way said, "They are good ... they are polite and do everything you need ... they are fabulous and just nice." Their relative commented, "Everyone who comes here is lovely ... they are fantastic ... give me peace of mind and I would score them at 100 per cent or more."

People and relatives said care workers supported the well-being of both them and their families in their care. They spoke of how close they were to care workers and how they had built up positive and meaningful relationships together. People said, "They chat to me about what I've been doing" and "... the manner of the carers and the attitude is always very cheerful which is lovely for me." Three relatives commented, "They have helped (family member's) quality of life ... and she enjoys their company", "... they are very attentive to his wellbeing" and "When they come they always involve (family member) in everything and I'm really happy with them ... they are so good with her ... I can hear them chatting while I'm busy and there's always lots of laughing." Two other relatives said, "I am very happy with how they deal with (family member) ... they treat him with kindness and dignity at all times" and "... I've seen them (staff) with her and they hold her hand as they talk to her. It's like having extended family."

People said care workers were never rushed and always had time to support them in the right way. Two people said, "I never feel rushed ... they always make sure I've got everything I need before they go. They are more like friends, it's as if we've known each other for years ... they'd do anything for me" and "They're lovely girls ... I'm lucky to have them."

People's privacy, dignity and independence were respected by staff who were caring and compassionate. One person commented, "The carers knock at my sitting room door and call 'hello' after they have let themselves in so they don't startle me" and another said, "(Care worker) respects me and I get privacy when I don't feel like talking or socialising." Other people said: "I have no concerns over privacy and dignity because they respect me"; "Staff are polite, treat me with respect and privacy and keep me covered ... I am quite happy"; "They (staff) help me stay independent by encouraging me to do household chores and they talk with me about current news topics"; "Carers are excellent and professional and friendly", and "They sit

down and chat to me which I like."

People and relatives were involved in making decisions about their care and support; staff respected people's choices and preferences. For example, one person had requested different visit times and another had requested certain staff only. Both requests had been dealt with by the management team. Each person had a care plan in place which had been developed and reviewed regularly. One person said, "The plans are very good as we know what is to be done that day and who and how will be helping."

Examples of care given by the agency showed a strong person centred culture and that management and care workers were exceptionally compassionate and kind in their roles. A social care professional commented, "I am emailing to say a big thank you ... the carers will go above and beyond to ensure the patient is safe and well, recognising risks and responding accordingly to ensure the patients' needs are met."

The registered manager promoted a service which maintained open and honest relationships with people, families and friends. They ensured staff were sensitive and 'stepped up' when they needed to. For example, the registered manager was contacted out of hours on a Sunday by a relative who was on holiday in France. They were concerned they could not get in touch with their parents and that they had told them they had no heating or hot water in their home. The registered manager herself checked on the couple immediately and ensured they had a hot meal. They then assisted them to pack a bag to go to a hotel to stay in 20 miles away while a new boiler was installed. The agency agreed to provide the care and support whilst at the hotel. Over a period of two days, records showed the extensive communication between the family and the agency and how the agency dealt with the situation in a caring, compassionate, timely and helpful way. The agency ensured good communication and dealt with lost door keys, wrong hotels, 'lost' parents and sending out a 'search party' to find the couple at one point. The work of the agency ensured these people were looked after, cared for and had no disruption in their care service due to the caring nature of the staff involved.

Care workers were trained to deal with unusual situations. Recently, a care co-ordinator carried out a routine 15 minute support visit for a couple. Unexpectedly, they found themselves giving emergency help to one of the people, whilst arranging for them to be taken to hospital. The care co-ordinator spent almost an hour at this visit whilst the ambulance arrived. After the person was admitted to hospital, the care co-ordinator went out later that evening to make an unscheduled extra care visit to ensure the person at home was safe, had something to eat and was generally comfortable.

On another occasion, a suspected bomb was found near to some people's homes. This resulted in people needing to be evacuated from their homes overnight, five of which were people who were supported by the agency. Five care workers assisted the police to move people to a place of safety. One care worker took one person to their daughter's house in their own car. The care worker knew their relative did not have a downstairs toilet for the person to use, so they transported the person's commode too so they had access to a toilet. Two other care workers took one person to a nursing home overnight as they had a dementia illness. They had recognised this person would become distressed and anxious at leaving their home during the night and worked with the local authority to ensure they would be supported in the best environment. Both of these trips resulted in round trips of over 40 miles. Two care workers did not finish work until 2am in the morning. The care workers supported all the other people in the buildings who needed help and assisted in moving them to a local centre where people were offered hot drinks and blankets. The event was reported upon in the local press. One relative commented "Thank you so much for your prompt action ... it was a really caring action to think of the elderly people who may have been confused and frightened. I can't thank you enough for transporting (family member) over to us in Brighton."

On a routine early morning visit to a person, one care worker found a very large pane of glass from the person's front picture window laid on the grass. The person was still in bed. The care worker contacted the appropriate services and stayed with the person until the emergency glazier attended. This was particularly important as the person was hard of hearing and the care worker supported them in telling the glazier what had happened. The person commented, "They couldn't be more obliging ... they are marvellous and I'm not just saying that because you are here ... they know their jobs, are polite, keep their word and keep my dignity at all times which matters a lot when you are old."

Care staff regularly went 'the extra mile' and took into account people's wellbeing. One care worker said, "It's not unusual to go above and beyond ... it's just normal ... we do it all the time." Another care worker had recently been nominated and won the regional 'Home Care Worker Award' at the National Care Homes Awards 2017. They had been nominated for their commitment to supporting people to remain independent at home; they had organised a pet befriending dog service for people who were no longer able to have a dog of their own. They registered manager said, "I'm so proud!" Positive feedback had also been received from a member of the public about the same care worker. The member of public had been impressed with the care worker and their attitude with a person they were supporting to shop. They said they "had followed him around the supermarket, listening to how he encouraged the client to make healthy food choices."

Care workers cared for people's pets as part of the family. One person was unable to leave their home and lived in isolation. They had a dog (Cilla) for company who was part of their family. The care worker bought the dog a special dog advent calendar for Christmas and took photos of them each day as they opened their treats which made the person very happy.

Care workers had identified one person, who had a dementia illness, was wandering outside of their home to feed cats. Care staff worked with social workers and made best interest decisions to support the person to adopt a cat, who they called 'Jessie'. Staff paid for the veterinary bills, such as flea treatment and vaccinations and the person's house to be cleaned after an infestation of fleas. After the cat went to live with the person, they no longer wandered outside of their home. When the person went into hospital, care staff took the cat to the local cattery and paid for it to be looked after. When the person was no longer able to live in their home, they took Jessie to live with them at a nursing home.

Is the service responsive?

Our findings

People and their families were involved in developing their care and support plans. They were personalised, detailed and reflected people's needs and choices. For example, how they liked to be supported with their personal care. People's comments included, "We have all talked together about the care I received. Everyone knows what is going on and in my plan. They talk with me and my family and I'm updated regularly" and "Everyone knows what we need and it's well organised."

Care plans were regularly reviewed to ensure people received the most appropriate care. People were very complimentary of the way the agency responded to any changes in their care or support needs. People said, "They are very flexible and sort it out straight away if I need extra help. They don't just say they will see what they can arrange, they get it sorted when I need extra support", "We are kept updated and reviews are regular either all together or on the phone" and "They asked me a lot of questions about what I wanted when they did my care plan so it really was what I wanted". Two relatives said, "As (family member) needs have changed they have adapted and changed the care plan accordingly. They came out a few weeks ago to go through it with us and they always make sure they include both when sorting it out" and "The agency are great at providing exactly what she needs and I've been involved in the planning of the care from day one. We have a well-managed plan and everyone is kept informed and knows what is going on. An alien could go in and manage as the plan and risk assessment are well written and reviewed with us all every month or so."

Staff ensured they were able to communicate with people if there were any barriers. For example, staff supported one person who was hard of hearing. An initial assessment and care plan had been developed which gave clear guidance to care workers on how to communicate correctly with the person. Care workers ensured the person had their hearing aids in correctly, were working properly and switched to the right volume. We saw they also spoke to the person a little louder than normal as this was the person's preference.

People and relatives were very happy with the service and had no complaints. However, they knew how to complain if they needed to and were aware of the complaints process. They felt listened to and able to raise any concerns. There was an up to date policy and procedure in place to follow. Two relatives said, "I would definitely complain if I needed to the managers. I feel they would deal with things effectively with a quick response" and "I feel I can always comment and give feedback and they listen."

The agency had received many compliments about their service. These included, "We were very impressed by the care and professionalism of all your team members. We can't recommend them highly enough for their support and care shown", "...how wonderfully you cared for Dad in such a caring, understanding way. I just wanted to let you know how much this meant to me and what wonderful people you are" and " My husband and I feel that all the carers have shown outstanding patience and often have to put up with being shouted at and doing their job in a difficult situation."

The agency supported people at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they

worked closely with the community nursing team, GP's and family to ensure people's needs were met in a timely way.

Is the service well-led?

Our findings

At the last inspection this question was rated good. At this inspection it was rated outstanding.

People and their relatives told us the service was well led and they were provided with a high level of service. They commented, "I would have no problems in recommending this service to others" and "I wouldn't hesitate to recommend them." They spoke positively about the registered manager, the office staff and the service they received. There was good communication and confidence in the agency. They knew the registered manager's name and felt confident any issues would be dealt with appropriately. Comments included, "I think the office is excellent and the manager is very kind and organised"; "The office are very helpful and I've spoken to a couple of them. They always find out what you need help with ... the manager is very chatty and always has time for you"; "The manager always has time to listen to you", and "The manager is organised and proactive and I find she is a good listener and gives accurate advice."

The registered manager was experienced, organised and knowledgeable about the people who received support and acted as a role model for staff. They ensured care workers had the resources to do their jobs properly and that the service had a positive and inclusive culture. There was a clear staff structure in place and staff were aware of their responsibilities. The registered manager welcomed feedback, led by example and was accessible to both people and staff. Care workers were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service. They felt supported, valued and were encouraged to develop their skills. There was a reflective practice culture where staff were encouraged to develop and learn from any mistakes.

Regular meetings took place within the organisation which helped to keep people up to date with any changes, monitored the quality of the service and gave a forum to discuss any ideas or innovations. These included regular care worker meetings where staff were encouraged to contribute. They commented: "The manager is great and very good at training and encouraging"; "Everyone is treated the same and she listens to everyone and solves problems"; "We do have a chance to talk about our concerns and positive suggestions and they are sorted out quickly", and "We have good meetings and we can say what we think and we decide how to solve issues or requests ... it works well." Care workers received any pertinent information weekly with their rotas and the provider issued a newsletter quarterly.

Other meetings included office meetings, registered manager meetings and quality meetings. Competency, spot checks and observations took place regularly. The registered manager had access to senior staff and weekly telephone meetings to discuss any issues.

The provider also held a 'Forum' meeting every six months where members of the executive board visited the branch. This included the chairman, chief executive officer, director of operations as well as other senior members of staff. This meeting formed part of the oversight in place to monitor the operation of the service. One of these meetings had resulted in care workers being issued with a fleecy jacket for outdoor use as a result of a suggestion from a care worker.

The provider valued the contributions and commitment made by care workers. Staff were recognised and received congratulations when they deserved it. Annual award events were held and staff presented with certificates. The provider had negotiated discount cards for staff and introduced a bonus scheme if staff worked extra shifts. There was also an incentive bonus if care workers recommended a future employee of the agency.

The provider was committed to improvement and ensured governance systems were fully embedded in the running of the service. The agency had rigorous quality monitoring systems in place at various levels to provide an oversight as to the quality of care delivered. The registered manager carried out monthly audits of the service and head office staff visited the branch monthly to offer guidance, support and advice. They also checked a sample of records to ensure these were fully completed and the necessary information recorded.

The quality team carried out six monthly audits on the performance of the branch and an external organisation sent out surveys to people. These had last been sent out in October 2017 and the results were not yet collated. People's opinions were continually sought and they were asked for their experiences at every opportunity, such as through telephone calls with the office. These comments were recorded and any action taken to manage any issues brought up. Staff had access to the chief executive officer via email to put forward ideas, suggestions for change, concerns or complaints directly and confidentially.

The registered manager said one of the areas which had been identified as requiring improvement had been staff attendance. As a result, the provider had introduced a new system of sickness monitoring and management in April 2017; this had reduced the number of staff absences, improved overall staff attendance and ensured continuity of care workers for people.

As part of the continuous development, care staff were encouraged to reflect on 'What does good care look like'. Training was delivered and posters displayed in key areas to remind staff. For example, customer service and customer and care worker compliance. This was also developed into the agency's audit systems. The provider operated a 'lessons learned' culture where staff were provided with feedback with clear evidence of improvement. One example identified the need for an improved branch manager's audit tool, which had been recently introduced. Another example was the employment of one care worker from overseas whose first language was not English. The registered manager had employed the person, even though their language skills were poor, as they felt the person had the right personal skills to make a good care worker. An interpreter was initially provided and the care worker only supported people with a low level of need. Since employment, the registered manager had encouraged further development for this staff member and arranged attendance on a language skills course.

The registered manager was aware of their duty of candour and how this was addressed in the agency's practice. There were comprehensive policies and procedures in place to support investigations into staff concerns, accidents and incidents. Records showed each incident was thoroughly investigated and seen as an opportunity to improve practice. These were shared with the central quality team who had an overview of each service and monitored the incidents. Care staff felt able to bring any concerns of poor practice to the registered manager and that these would be investigated. Where people had accidents or incidents these were recorded, reported and analysed by the registered manager who identified any trends. For example, if there was a missed visit, plans would be put in place to ensure it did not happen again. Each branch sent copies of incidents to head office so they could monitor any trends or patterns, along with other branches. All incidents were investigated and an action plan developed and monitored where necessary. The registered manager ensured the Care Quality Commission (CQC) received the appropriate statutory notifications required to be sent by law. The provider ensured people, professionals and relatives could see

the current CQC rating of the service by displaying this on both their website and in the branch office.

The agency has a track record of being an excellent role model for other services. It worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one agency was involved in a person's care package. The manager liaised with the necessary professionals, shared information and involved them when needed, such as the local safeguarding team. Any changes they suggested to practice were put in place. One social care professional commented in the provider's newsletter about the branch, "You are a prime example of what a homecare provider should strive to be." Two other care professionals said, "I have worked with Alina Homecare and have found them to be very professional and supportive to their clients" and "They persevered despite adverse circumstances with a previous client of mine and worked collaboratively to try to save the support but it was not sustainable in the end."

The registered manager and care staff understood how important it was for people to develop community links in the area. People were encouraged to take part and socialise with each other. The agency organised and facilitated various events and activities throughout the year and used a designated financial budget to support this. For example, the agency had organised an old fashioned tea party. They hired a minibus to pick people up and take them to a local village hall, which they had also hired. Staff had borrowed vintage china crockery and supplied food for the event. They enjoyed the 'get together' and photographs showed people chatting, socialising and dancing. Two people, who had never met before the event, had particularly enjoyed it and communicated with each other in their mutual understanding of the French language.

The registered manager said Christmas plans for this year also included a "meet and greet" event. A minibus had been organised to take people and relatives to a nearby junior school where children were putting on a performance of 'Advent Reflection' - the story of Christmas in song. People were looking forward to this event and spending time with the children.

The service understood the isolation of people on their own and people were encouraged to befriend each other and become involved in activities. For example, care workers had felt two people in particular would get on together so they arranged to take both people for a coffee. Relationships developed and these people had now become friends and regularly kept in touch.

A recent competition had been organised which people took part in. One care worker supplied sunflower seeds and a plant pot to each person who wanted to take part. Regular photographs were taken showing people's participation and there was a level of excitement as to whose plant was growing the biggest. The person whose sunflower had grown the tallest won the competition and gained a prize.

The service also took part in charity events for the community and regularly fundraised for organisations which needed it. For example, in Christmas 2016, people and care workers enjoyed taking part in an event in order to raise money for one charity. This year the agency intended to raise money for another charity which provides hot Christmas dinners to people who otherwise would not receive one.

Another event saw care workers dressed in Christmas jumpers and some people themselves took part of the event and bought their own jumpers. One care worker assisted a person to buy their own Christmas jumper, just so they could specifically take part. The person told us they bought themselves "a pair of glittery jeans to go with the jumper".