

Alina Homecare Ltd

# Alina Homecare Live In Care

## 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 - Guildford is a domiciliary care agency providing live in personal care to people who live in their own homes. The service supported five people who were all receiving personal care at the time of our inspection.

People's experience of using this service:

People consistently experienced good care because the service was well-led and organised. The provider's values were shared and practiced by staff who people often referred to as being like family members.

People were supported by staff who promoted their independence as much as possible, and who were creative in their ways of achieving better outcomes for people. People and relatives told us carers were motivated to make a difference and that they made them feel inspired and gave them confidence to make the required changes.

People were provided with a variety of opportunities to go out into the community. This included trips to do shopping, coffee shops or for a walk. The provider had also recently held a party to celebrate it's third anniversary and had invited people both past and present to attend.

People and relatives told us they felt safe because of the quality of care they experienced. The provider took great care when recruiting new staff to ensure they met the values of the service. Staff understood and practised their responsibilities to keep people safe from harm.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. 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.

Relatives consistently told us that staff were kind and caring. Staff respected people, treated them with dignity and involved them in decisions about their care. People experienced continuity of care because they were supported by a core team of staff who understood their needs. This meant people experienced care and support that was responsive to their needs. People and relatives reported that they were very satisfied with the quality of care and support they experienced.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control. Staff

supported people to maintain good health and worked effectively with any professionals involved in their 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 and update:

This is the first inspection for this newly registered service. This service has been rated Good.

Why we inspected:

This was a planned inspection based on our inspection process.

Follow up:

We will continue to monitor intelligence 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 Live In Care

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

Two inspectors carried out the inspection and an expert by experience assisted with phone calls to relatives and people. 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:

Alina Homecare - Guildford is registered as a domiciliary care agency. However, they provide live in carers to the five people who use the service and live in their own homes

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:

This inspection was announced.

#### What we did before the inspection:

We used the information the registered manager sent us in the provider information return (PIR). 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 reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection:

Due to the complexity of communication we were able to speak with one person who used the service and three relatives who acted on behalf of people using the service. We spoke with four staff including the registered manager, quality manager, recruitment manager and a staff trainer. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at three staff files and records of team meetings. We also looked at medicines' management, accident and incident records, quality monitoring checks and audits.

After the inspection:

The registered manager sent us further information, including the home's continuity plan, staff training, quality audits and examples of good care. We also sent out questions to eight staff members and had responses from three.

# 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 were safe from harm. Relatives told us they felt their relative was safe because they had confidence in the carers who supported them. A relative told us, "I feel [my relative] is safe with the carers as they know [my relative] so well, they are always looking out for them and doing what is best. I have no concerns over their safety."
- Staff had training in the provider's safeguarding procedures and they knew how to report concerns.
- Staff had completed internal reports regarding any safeguarding allegations and the registered manager reported these to the local authority for investigation. For example, a staff member had concerns over a person who was at risk of potential abuse. The staff member reported their concerns to the registered manager who referred it to the local authority safeguarding team.

Assessing risk, safety monitoring and management:

- People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care. For example, a person who experienced seizures, had a risk of choking and staff were aware this person was not to have any food or drink during these seizures, as described in the care plan.
- Risk assessments provided enough details so staff could support people safely. Staff identified risks in relation to continence needs, pressure ulcer development, falling from bed and transfers from bed. The risk plan clearly defined each risk and the staff support to reduce these. For example, one person required assistance with transferring to and from bed. The risk assessment identified that two staff were required for the transfer and detailed how staff should act if the person did not engage with the transfer.

Staffing and recruitment:

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People consistently experienced support from carers who they knew. A relative told us, "It's nice to see the same carer looking after [my relative]. I understand that with holidays and sickness things can change but for the majority it is always the same one or two carers which really allows them to get to know [my relative], after all they are living with them."
- The provider took exceptional care to ensure as far as possible that only staff who met the organisation's values about providing high quality care and support were employed. Potential staff were assessed during an interview where the providers ethics were used along with the providers knowledge of the people they supported. This looked at people's interests, personalities and family life to guide the interview process to identify staff that could be matched to people.
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered

employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.

Using medicines safely:

- People had support with taking their medicines when this was required.
- Medicine administration was managed by staff that were assessed as safe and competent to support people with taking their medicines. We saw in staff files that they had their competency checks completed.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. Each MAR was returned to the service for review. We found the MARs we looked had no unexplained gaps in them.

Preventing and controlling infection:

- Staff had received infection control training and staff told us personal protective equipment (PPE) was readily available as required.
- Competency assessments to observe staff and check they followed infection control practices were in place.

Learning lessons when things go wrong:

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. The registered manager told us they have moved over to an electronic recording system for incidents and accidents. This allows the provider's senior leadership team to view and ensure appropriate action has been taken. For example, due to an incident around one person's mobility, staff organised for an OT assessment. As a result an item of equipment was obtained to enable the person to mobilise more safely.



# 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:

- The provider supported only people whose needs it could meet. People and relatives told us they had received a visit from the registered manager and/or a senior member of staff to assess people's needs before they began to use the service. A relative told us, 'They spent a long time doing assessments with [my relative] at the house and they also checked the environment that their carer would be working in.'
- The assessment detailed what people could do independently, what they required support with. When risks were identified, measures were documented. Every area of need was considered from personal care and medicines support to nutrition and end of life care. Equipment was also identified where required. People expressed what tasks they wanted support with and when they wanted it provided.

Staff support: induction, training, skills and experience:

- Staff received training that supported them to carry out their roles safely and effectively. Relatives consistently told us they felt staff were well trained. A relative told us, "They are well trained and all the staff always know what they are doing."
- Staff had completed training in areas relevant to people's individual needs such as dementia, safeguarding adults and mental capacity to provide the care they required safely. We saw from records that all staff training was up to date.
- New staff received induction training through the service's inhouse training. Once staff had completed induction training they were then provided with additional training specific to live in care. This focussed on what was expected of staff, how people should be treated and gave staff an insight into what live in care is like.
- Staff received their induction training from a dedicated trainer. A staff member told us, "I had a five-day introduction course that not only prepared me for my role but got me an insight into what caring is about. Our teacher was incredible, patient, got her message across very well, answered all our questions and provided extra material for those who wanted an in-depth, thorough research on the topic. It also gave me the encouragement and moral support I needed to start."
- The management team conducted regular spot checks to ensure staff maintained a consistent level of care. The recruitment manager told us that when a new member of staff starts they have a spot check within the first week. A member of staff told us, "The first day I arrived I was supervised by my manager during the handling and moving, and did get feedback about my practice. This is definitely very helpful."

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

- Relatives told us that they were happy with the level of support given to encourage eating and drinking. A relative told us, "The carer needs to feed [my relative] and she does that well – working at her pace and

encourages her."

- Staff were trained in food preparation. They made people's favourite meals for them or supported relatives in preparing meals for people.

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

- Care workers supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. We saw in people's care plans that people were referred to occupational therapists, GP's, physiotherapists and had input from district nurses.
- Further specialist advice was also sought when the service recognised the need. The service had sought advice from a clinical psychologist with regards to a person's anxiety in order to provide the care and support this person required.
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews and hospital staff to know about.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. No people were being deprived of their liberty.

- People's capacity was assessed around specific decisions and people's best interests had been considered with regards to people's needs and on-going care. We saw evidence in people's care plans that the service had conducted capacity assessments to determine if the person had capacity in areas such as medicines, personal care and food preparations. For example, one person had a capacity assessment in place for the use of bed rails. It was deemed this person had capacity to make their own decision and had consented to the use of bed rails.
- Staff completed training in the MCA. Staff we spoke with understood the principles of the act and how they used these to support people with making their own choices, and decisions. One staff member said, "It's to try and still give people their independence and choice with a little helping hand, you shouldn't take away peoples' choices."
- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.

# 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 and relatives said staff were caring and kind to them. Comments received included "I like my carers, we got on really well and they are always kind and caring." and "They do a great job. It's a relief for me to have them here. I am not sure what I would do without them."
- Relatives gave positive feedback about the staff. A relative said, "The carer has done so much to improve the quality of [person's] life and hopefully improve things. We have been impressed and think she works miracles."
- Staff were attentive to people's needs and sought advice from relatives. A relative told us, "The carer asked if they could read to [my relative] and I thought that was a lovely idea and [my relative] seems to really relax and enjoy it."
- Staff knew people extremely well. They cared for the same people and had been given the time needed to build positive relationships with people and their families. A staff member told us, "I feel I have built a good relationship with [person]. I like that we get to stay with the same person. It helps to build a bond and with the family members too."
- Feedback from a health care professional informed us the service always put people's needs first and described staff as caring, considerate and helpful.
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care.
- Care records contained information about people's cultural heritage and religious needs. However, people were managing these needs independently.

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

- People were involved in day to day decisions around their care. People had choice in when they got up and what they wanted to do during the day. A staff member told us, "It is nice as a live in carer as I can take time with the person to really understand what they want and how they like things. I listen to them and their choices, this is their home so I try to offer care in a way that they have chosen."
- The provider actively sought and acted on people's views about their experience of the service. A relative told us, "They phone and ask how things are going." The service made weekly telephone calls to people, visited them to involve them and their relatives in reviews of their care plan. People's views were also sought through an annual satisfaction survey.

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

- Staff treated people with dignity and respect. In doing so they followed and practised the provider's values and aims for the service. A staff member told us, "I always follow the core values of Alina Homecare which

are quality, respect, integrity, engage and the most important of all, care."

- Relatives told us they felt staff put people at ease and made it comfortable when delivering personal care. A relative said, "They treat [my relative] with great respect and dignity using towels to keep them covered." Another relative told us, "They are very respectful, this is my home and I am never made to feel otherwise."
- Staff encouraged people to do as much as possible for themselves to support people to maintain independence. A relative gave an example saying, "The care staff try to encourage [person] to do things for themselves. They encourage [my relative] to get dressed. This is so good as they try to give them independence." Other relatives told us sometimes their relative chose to wash and dress themselves but knew they could ask their carer for assistance if they needed to.
- The service had achieved good outcomes for people in promoting their independence. The registered manager told us they supported a person who was unable to look after themselves at home and had been neglecting their self-care. This person had requested a carer with similar interests and through careful selection a carer was placed with the person. Gradually after time and providing reassurance the person was able to fully gain back their independence and no longer needed a carer.

# 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- People were involved in planning their own care as much as possible. The quality manager told us that people have their care package reviewed after two weeks to see how things have settled down and if there are any changes that need to be made. They are then reviewed again at three, six, nine and 12 months. People and their families were fully involved in the reviews. A relative told us, "I have been involved in [my relatives] reviews. I have been able to meet with them to talk about how things have been and if there was anything that could be improved or changed."
- People were provided with the ability to view staff profiles and then decide who they wanted to deliver their care. The service sent out profiles of staff to people so that they could decide who they would like to have care for them. This enabled people to see if potential carers shared similar interests or had the experience that the person wanted. A relative told us, "They sent profiles of carers that we could choose. We didn't like the first three. They obviously listened as the next two profiles were better and we were able to show [my relative] who chose the carer and they have been marvellous."
- The registered manager told us they have also introduced a WhatsApp video call between carers, people and their families. This meant that people and their families could have a discussion with their carer prior to them attending the address. The video calls were organised and conducted with the management team who ensured the process would run efficiently.
- People were supported with specific personalised care needs. For example, one person who prior to receiving care from Alina Homecare had not been coping with their mental health and with household tasks such as cleaning. When the carer started with this person they spent time getting to know them and understanding what had been going on. They also worked closely with other healthcare professionals and the result was this person gained confidence, was no longer depressed and attended slimming world to maintain their personal health.
- People were supported to engage and maintain relationships with family and friends. People were supported by live in carers who knew how much family and friends meant to people and they actively supported people to maintain these bonds. A person told us, "The carer helps me to play with my grandchildren when they come over, she is brilliant with the baby." A staff member told us, "[person] is very family orientated so we organise family days at the pool or lunch. It really does make [person] happy having a house full of laughter and chat."
- Staff ensured that people were supported to take part in activities or access the community when they wanted to. A relative told us, "There are walks indoors without any aids and that's what [my relative prefers]." Another relative told us, "They do go out to the coffee shop and they both go to the medical centre and the carer helps with [my relatives] exercises."

#### 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.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate such as verbal or nonverbal.
- Staff had developed an understanding of people and how they communicated. For example, one person who had previously had a stroke and was unable to communicate verbally was able to do so through body movements and gestures. Staff had spent time getting to know what these movements meant and were then able to understand what this person wanted to communicate.

#### Improving care quality in response to complaints or concerns:

- People were provided with information about how they could raise concerns or make a complaint. Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion.
- When people had raised concerns the provider acted quickly to alleviate people's worries. For example, after a person reported they were not happy with the carer that had been provided the registered manager ensured the person was listened to and they were then matched with another carer who was able to build a relationship with the person.

#### End of life care and support:

- At the time of this inspection no one was receiving end of life care. People's care plans did have an end of life section around their wishes, what would be important to them and family they would want to be told. The registered manager told us that this would be revisited with people with a view to completing new end of life plans for every person.

# 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:

- Management and staff at Alina Homecare shared a combined ethos with regards to their core values of respect, caring, integrity, engage and quality. The registered manager carefully matched staff with people to ensure people were supported by staff they felt comfortable and compatible with.
- People and staff developed caring relationships which people and relatives told us was important. This started at the interview stage for staff with people being considered for their values and how they would match the people in the service.
- Staff were highly motivated and enthusiastic about their work. Staff had consistently supported people and they had developed caring relationships. A staff member told us, "I love my job. I have been made to feel supported by the management team. I can go to them with anything and I feel supported to be able to do my job."
- People we spoke with told us they had no hesitation in recommending the service to other people. A relative told us, "I am very happy with the level of care provided by Alina Homecare. They have continued to excel in what they do and the way they support [my relative] and I would definitely recommend them to anyone."
- The registered manager said that the office holds a conference call every three months which care staff are encouraged to dial into. The aim of this is to enable staff to speak up about any issues that are concerning them. The registered manager said, "We don't want them to ever feel isolated."
- The registered manager told us that they have recently introduced a carer of the month award. This is to show recognition to staff and maintain morale.

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 provider promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. People, relatives and staff told us the registered manager was approachable and supportive.
- The registered manager had an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

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

- The provider completed audits on the quality of care records, staff records, safeguarding, incidents and

accidents and medicines management records. The outcome of the audits identified whether further action was required to improve the service. Where actions were found these were provided to the registered manager in an action plan.

- The registered manager had overall responsibility for ensuring any actions identified were resolved. From records we could see that the actions were completed in a timely manner. For example, a review of care plans identified that more detail was required around people's diagnosis and conditions. This was completed and then reviewed again to ensure the actions had been done.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.

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

- The provider invited people and relatives to share their views about the service through telephone discussions and review meetings. Some of the feedback recorded from people when asked about the care they receive included, "I'm very happy with my two regular care workers, they are brilliant."
- The provider had also sought views through satisfaction surveys sent to people and their families annually. The first satisfaction survey for Alina Homecare – Guildford had recently been sent to people. Results have begun to come back but had not yet been collated.
- Regular team meetings were held for staff to share their views about the service. We saw that in these meetings staff were able to discuss people's ongoing care needs, service changes, policy updates and offer up any suggestions on improving people's care.
- The registered manager said that to celebrate the third anniversary of the branch opening they had a party. People who use the service and people who have previously used the service were invited along with family, friends and representatives from the local authority.
- The provider gives a high priority to communication and keeping people informed. The provider distributes a newsletter to people and staff four times a year with news about developments within the organisation and within each branch.

Continuous learning and improving care; Working in partnership with others:

- The registered manager, along with the management team, actively sought to seek personal and team development to ensure continuous learning. The registered manager attended managers' meetings with managers of the other branches run by the provider. The registered manager said the group discussed, "what works well" and the quality manager said they go to, "share ideas"
- The service had benefited from shared ideas. The recruitment manager said there was an idea from another branch manager which had worked well called 'phone around Fridays'. This involved people and staff being called for a chat and catch up to ensure they felt supported and had the opportunity to raise any issues.