

Alina Homecare Specialist Care Limited

Alina Homecare Specialist Care - Surrey

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

Alina Homecare Specialist Care - Surrey is registered for 'personal care'. This service provides personal care to people living in their own houses and flats, including 'supported living' scheme so that people can live in their own home as independently as possible. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

Alina Homecare Specialist Care – Surrey currently provides a service to young adults some of whom have complex health needs, autism and learning disabilities. At the time of inspection five people were receiving support with personal care from this service.

This inspection took place on 5 December 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the management team would be available on the day of inspection.

This service has not previously been inspected.

The service was in the process of recruiting a new manager who would be registering with the Care Quality Commission (CQC). 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.

Staff were aware of potential risks to people and followed guidance to ensure safe care delivery for people. Policies and procedures were in place to protect people from risk of abuse and incidents and accident taking place. The service followed appropriate staff recruitment processes to employ suitable staff to take care of people. People received their medicines as prescribed and staff followed the providers procedures to administer 'when required' medicines safely. There were sufficient numbers of staff to meet people's care and support needs.

People's care needs were appropriately identified and supported making sure they received person-centred care. People had access to healthcare professionals when they needed it. Staff supported people to have their meals according to their dietary requirements. The staff team applied the Mental Capacity Act 2005 (MCA) principles in practice to support people to make choices and decisions. Staff had support to update their knowledge and skills to ensure they carried out their duties in line with their role expectations.

People's relatives described staff as kind, friendly and caring. People were encouraged to make choices about their daily routines and the activities that they wanted to take part in. The service took actions to protect people's rights and provided easy to read information to support people to understand the decisions they were making. People were encouraged to access the community independently to increase their social inclusion. Confidentiality principles were followed to protect important information about

people.

Care records held information on the support people required to go out in the community and meet their complex health needs. People were provided with opportunities to give feedback about the services they received. Information was available about people's communication needs and the support they required to engage in conversations with staff.

There was a good leadership at the service where the staff team felt well supported in their job. Quality assurance processes were followed to check if people's care records were up-to-date and reflected their care needs. The staff team worked together to support people during the transition period.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risk management plans were in place and included information on the potential risks to people.

Policies and procedures were followed by staff for reporting any potential abuse to people and incidents and accidents occurring. Staff undertook pre-employment checks to determine their suitability for the role.

People had support to take their medicines safely.

Good 

Is the service effective?

The service was effective. Staffs knowledge and skills were monitored to ensure their fitness for the role.

People's meal choices were adhered to and they had access to healthcare services when they needed it.

The staff team followed the Mental Capacity Act (2005) principles as required by law.

Good 

Is the service caring?

The service was caring. Staff respected people's interests and helped them to choose the activities that they wanted to get involved in. People chose how they wanted to be cared for.

Information was provided to people in the way they could understand it. Staff followed the confidentiality principles to share and keep important information about people safely.

Staff helped people to carry out activities independently if they wanted to.

Good 

Is the service responsive?

The service was responsive. People's care needs were assessed to determine the assistance people required to meet their health conditions.

Good 

Staff supported people to use their preferred methods of communication.

People and their relatives were provided with opportunities to raise their concerns should they need to.

Is the service well-led?

Good ●

The service was well-led. The management team was visible and approachable should people and their relatives needed advice and support.

Systems were in place to assess, monitor and improve the quality and safety of the services provided for people.

There was good communication between the staff team to ensure effective care provision.

Alina Homecare Specialist Care - Surrey

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 was a comprehensive inspection of the service and took place on 5 December 2018. The inspection was carried out by one inspector. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them because it is a small service and the management team is often out of the office. We needed to be sure that they would be in.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection, we spoke with one person who used the supported living service and three relatives. We talked to the responsible individual, interim manager, field supervisor and one staff member working for this service. We looked at care plans for three people and checked records related to the staff training, recruitment, health and safety and the management of the service including quality assurance audits.

Before the inspection, we contacted healthcare professionals asking for their feedback about the service, but they did not respond.

Is the service safe?

Our findings

Systems were in place to protect people from potential risk to harm and abuse. Staff were aware of the safeguarding procedure and told us how they would follow the provider's procedure to report any concerns regarding people's safety to the management team. The service used an electronic system for recording any relevant information about the reported safeguarding, including relevant dates and action taken to protect people. This ensured that all the necessary information was appropriately recorded and passed on to the relevant agencies, including a local authority and the Care Quality Commission. There had been no safeguarding concerns received since the service was registered.

People's risk management plans were comprehensive and provided details on the support people required to ensure their safety. Records showed that all the relevant risks to people were identified and staff were provided with guidance on how to support people to mitigate the potential risks in relation to moving and handling, nutrition and social inclusion.

Staff had to carry out all the necessary pre-employment checks before they started working with people. Staff were required to fill-in a job application form, attend an interview, provide two references and to carry out a criminal record check to prove their suitability for the role. The management team told us they also assessed staff's competences during the probation period to ensure they had the right values to take care of people.

Family members told us that staff were available to support their relatives when they needed it. The management team said they used internal staff to provide cover if a staff member cancelled their shift at short notice. This meant that people were always supported by staff who knew their care needs well.

People's care plans included a great level of information on the support people required to take their medicines safely. Staff were trained in medicines management and the management team had to attend a more comprehensive medicines training which reduced the risk of medicine errors occurring. Staff signed the medicines administration record (MAR) sheets to confirm that people had taken their medicines. Guidance was provided for staff on how to support people with as and when needed medicines and staff had to approach the management team for advice before giving these medicines to people.

Policies and procedures were in place for staff to follow to ensure they provided hygienic care for people. Staff told us they used protective equipment to avoid cross contamination, including disposable gloves and aprons. Records showed that staff completed training in infection control to protect people from risk of infection.

Staff were aware of the incident and accident reporting procedures as necessary. Staff were required to complete a form if an incident or accident took place which was then sent to the management team to check that the required action was taken to support people as necessary. There were no incidents or accidents reported since the service was registered.

Is the service effective?

Our findings

Family members told us that the services provided for their relatives were effective. Their comments included, "We have been impressed with the staff for Alina Homecare who are professional and they are eager for us, as the family, to contribute ideas and information regarding [our relative's] care" and "I cannot find any fault with [the service]. [Staff] are doing what they can for [my relative]."

People were encouraged to use different means of communication, including technology, to increase their independence. The management team told us they soon planned to start running a computer system, called 'My diary', so people could themselves record their daily activities. The system was adapted to meet people's different care needs. For example, people were given an option to log-in into the system using a finger print. Staff were provided with mobile phones should they need to call for assistance when they were out and about in the community with people.

Staff received support required for their role through appropriate induction, on-going training and regular supervision meetings. Records showed that staff were up-to-date with the training courses the provider considered mandatory, including health and safety, Mental Capacity Act (2005), safeguarding and medicines administration, as well as other training to meet people's specific needs, such as how to use a percutaneous endoscopic gastrostomy (PEG) tube. A family member told us, "I do know that all the staff that are working with [my relative] have had specific training for the Peg feeding and epilepsy." Another family member said, "Staff are trained as much as they need to be."

Staff had one-to-one meetings with their line manager which they used to discuss issues relating to the people they supported and their training and development needs as staff. A staff member said, "We have variety of training courses offered and I can do any training I ask for." Records showed that all staff had a date planned for their annual appraisal meeting which will be their first one since they started working for the service less than a year ago.

Systems were in place to assess people's individual care needs before they started using the service. The management team told us they carried out a comprehensive assessment for every person, prior to setting up a support package, to determine the suitability of the placement and to find out if they would fit in with other people living in the supported living service. A staff member told us, "[People] living at the supported living service developing relationships and friendships which is important for them. Everyone is getting along well."

People's care plans included a good level of information on people's nutritional needs. Staff were provided with guidance on the support people required to eat and drink safely, including positioning of a person when eating to minimise the risk of choking. People were encouraged to cook meals for themselves and had staff to assist them with their meal preparation as necessary.

Staff supported people to attend to their health needs when they needed assistance. People had their attended health appointments appropriately recorded which helped staff to monitor when people were due

for their next visit. Risk assessments were carried out in collaboration with the healthcare professionals to meet people's complex health needs.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the management team knowledgeable and skilled in applying the MCA principles in practice. They worked in partnership with the local authority to assess people's mental capacity and to make best interest decisions where it was noticed that a person required assistance in the decision-making process. This included a person being supported to choose the least possible restrictions to ensure their safety. The staff team were provided with a flow-chart, based on the MCA principles, on how to support people to make everyday choices.

Is the service caring?

Our findings

People and their relatives told us that staff attended to their relatives' care with kindness. One person said, "[Staff] are nice, they are friendly and helping me." Family members' comments included, "Staff are friendly, approachable and pleasant to talk to" and "The ones I have now are friendly, caring and supportive."

People were provided with a person-centred care which was based on their preferences. Staff told us they helped people to make everyday choices. A staff member said, "People can make decisions, we only need to give them opportunities to do so." Another staff member told us, "I help people to choose by showing the things, for example I show two T-shirts so [the person] can choose what to wear." People were encouraged to attend activities that met their interests. Staff told us, "It is important to find out what people's interests are. [A person] liked exercising and we arranged cycling classes for him" and "I am going to take [the person] to the cinema as [the person] hasn't been in the cinema for a long time."

People were supported to understand their rights which helped them to get involved in making decisions about their care. People were provided with an easy to read copy of their tenancy agreement so they could understand their legal entitlement and responsibilities. People had access to an easy to read guidelines to citizenship which explained their status and rights to be free from discrimination. The management team told us they provided a person with information for advocacy services as they required support to protect their rights.

People's diversity was recognised and met to ensure their social inclusion. Family members felt that staff were caring and that they respected their relatives' dignity. One family member said, "We have been very impressed by the attitude of the staff, and [our relative] seems to be thriving in this new environment." Staff told us that some people originated from different countries but currently there was no one who required on-going monitoring and support with their cultural and religious needs. Care records included information regarding people's sexual orientation and if they required support to develop relationships.

Staff told us they encouraged people to learn new skills which helped them to increase their independence. They supported a person to learn a new route and understand the traffic lights so the person could be more independent when they were out and about in the community.

Good practice was followed by the staff team to protect confidential information about people. Staff were aware of the confidentiality principles to share and store people's personal information safely. One staff member said, "We only share information when it is needed." People's care records were kept in a lockable cabinet and only authorised staff had access to it. Staff only had access to care records for those people that they supported.

Is the service responsive?

Our findings

People told us they had the necessary support to carry out activities of their choice, with one person saying, "[Staff] help me to do what I want, they make a plan and we do it."

Family members told us their relatives received the care they currently needed. One family member said, "[My relative] has only been [at the service] for one month during which time the staff have had to learn about her very complex needs and vulnerabilities." The management team told us they used the allocated hours for people flexibly making sure that people had the necessary support to carry activities of their choice when they wanted to, such as visiting the Chessington World of Adventures Resort.

People's care records were well organised and easy to understand which made it easy to find data quickly when required. Care plans included personal information about people related to their life history, hobbies and interests. Staff were provided with information on how people wanted to be supported, including the assistance they required with dressing, washing and going out in the community. People had their health needs identified and guidance for staff was available on the assistance people required to meet their complex health conditions. Information was highlighted in red if staff had to pay more attention to tasks to ensure they supported people safely, for example with their nutritional needs.

Staff were aware of people's communication needs and used different communication methods to encourage people to get involved in conversations. Staff's comments included, "Although some people are not using verbal language, we help them to communicate via books and pictures", "We help [a person] to choose a TV channel, we go through the channels and [the person] makes a noise when he wants us to stop" and "People tell us 'yes' or 'no' using their body language, for example [the person] is moving his head to tell us this."

Family members told us they were asked to give feedback about the quality of the care provided to their relatives. One family member said, "I already have been asked [for feedback] on many occasions, despite [my relative] only being a resident [at the supported living service] for four weeks." Residents meetings and one-to-one sessions with a key worker were used to gather people's views about the care delivery. A key worker is a named member of staff who has a central role in respect of a particular person. People were provided with opportunities to discuss the changes they wanted to make, for example, how and when they wanted to do food shopping.

Records showed that complaints received were recorded and investigated appropriately which meant that lessons were learnt to prevent the repeated incidents taking place in the future.

The service planned to have discussions with people about their spiritual and psychological needs relating to their end of life care. An easy to read template- 'My end of life plan' was available to be used when people were ready to talk about their last days of life and funeral arrangements. The management team told us they planned to have a consultation with the family members for making a decision when was the best time to have such discussions with people.

Is the service well-led?

Our findings

Family members told us the management team was approachable and available for support when needed. Their comments included, "We have been very impressed by the service management and the care and consideration that has been given to us" and "I do know I can voice any concerns though at any time."

There was a good leadership at the service with shared responsibilities to ensure effective care delivery for people. An interim manager was responsible for monitoring and guiding the staff team in their role. Two field supervisors provided support to the interim manager in carrying out regular observations of staff's performance on the job. The management team was aware of the different forms of statutory notifications they had to submit to CQC as required by law.

The organisation's vision and values were clearly set out and imbedded which provided a good working environment for the staff team. There was a culture of supportive and enabling practice at all levels within the organisation which encouraged staff's commitment to their job. The interim manager said, "I am well supported. I can always pick up the phone and ask for support." A field supervisor told us, "We have a good management team who is very involved. They are quick to answer and give information when we need it. We get weekly updates and we know what is happening." A staff member said, "I really enjoy working for the company. I get a lot of support from the team and the managers."

Systems were in place to support staff's development in their job which showed provider's commitment to its employees. Team meetings were facilitated to involve staff in the decision-making process which included preparations for the transition period when people were moving into the supported living service. A 'Competency framework' tool was used to monitor staff's progress in the job and where a staff member was doing well, encourage them to go for a promotion.

An electronic system was used by the management team to monitor the quality of the services provided for people. Data about people and the staff team was kept in one place which helped the management team to access this information quickly and review on regular basis as necessary. A monthly report was run to identify any short falls and to agree on an action plan to improve where necessary, for example in relation to staff training. Regular checks were carried out by the field supervisors to review people's care records, finances, health and safety and management of the medicines.

The management team told us they worked in partnership with external agencies to support care provision. They developed good communication with the local authority and healthcare professionals which helped them to deliver joined-up care for people. The management team used resources available on the CQC, Skills for Care and Department of Health and Social Care websites to ensure they were up-to-date with the changes taking place in social care sector.