Alina Homecare Ltd

Alina Homecare Guildford

Inspection report

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Date of inspection visit:
06 July 2018

Date of publication:
24 July 2018

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

This comprehensive inspection took place on 6 July 2018 and was announced.

The service had not previously been inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection there were 76 people using the service, 66 of whom received the regulated activity personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At this inspection we found that medicine recording charts were not always completed correctly with action taken not always documented. People's wishes in relation to end of life care were not always recorded. We raised our concerns with the registered manager and action was taken to address our findings immediately.

People were protected against the risk of harm and abuse as the provider ensured staff received training in safeguarding. Staff had a clear understanding of the provider's safeguarding policy and the action to take to report, escalate and record their concerns. Risk management plans in place gave staff clear guidance on how to mitigate identified risks.

People received support from suitable numbers of staff that had undergone a robust pre-employment screening process. Agreed visit times were adhered to and people received the care they wanted, when they wanted.

Staff were provided with personal protective equipment to carry out their roles safely and in line with the provider's policy. Staff were aware of the importance of infection control to minimise the risk of cross contamination.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. Staff were aware of the importance of seeking consent prior to delivering care.

People received care and support from staff that reflected on their working practice through regular one to one supervisions. Staff received training to enhance their skills and knowledge and deliver effective care.

Where agreed in people's care package, staff supported people to prepare meals that met their dietary needs and preferences. People's health was monitored and support given to access healthcare professional

services as and when necessary.

People were treated respectfully and had their cultural and religious needs met. Staff spoke about people they supported with compassion and kindness and knew them well. People's personal information was stored securely and only authorised personnel had access to confidential records.

Changes to people's dependency needs were documented and support adjusted accordingly. Care plans were person centred and reviewed regularly to reflect people's changing needs. Where possible, people and their relatives were encouraged to develop their care plans to ensure they were responsive to their needs and wishes.

Where agreed in people's care package, people were supported to participate in activities that met their social needs. People were aware of how to raise their concerns or complaints. People were confident their concerns would be dealt with in a timely manner and fully investigated to reach a positive resolution.

People, their relatives and staff spoke positively about the management at Alina Homecare. Staff felt supported in their roles and the registered manager was an active presence within the service. People's views about the care they received were sought and documented. Regular audits of the service ensured issues identified were addressed in a timely manner.

The registered manager maintained positive partnership working with other healthcare professionals to drive improvements.

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. People received support from staff that could identify, report and escalate suspected abuse and had received safeguarding training. People were protected against the risk of avoidable harm as the provider had developed robust risk management plans which staff were familiar with.

People received care and support from suitable numbers of vetted staff to keep them safe.

People received their medicines as intended by the prescribing pharmacist. However, records did not always clearly indicate when medicines were not administered and the reasons why. The provider remedied this with immediate effect.

The provider had systems and processes in place to safely manage cross contamination through infection control practices.

Is the service effective?

Good

The service was effective. People received care and support from staff that underwent regular training to effectively meet people's needs. Staff also reflected on their working practices through supervisions and annual appraisals.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered.

Where agreed in people's care plans, people were supported to prepare meals that met their dietary requirements and preferences.

Is the service caring?

Good

The service was caring. Staff were compassionate, kind and caring in delivering care to people using the service.

People had their dignity promoted and were treated with respect.

People's independence levels were monitored and care provided adjusted accordingly.

People were treated equally and had their diversity celebrated and respected.

Staff were aware of the importance of maintaining people's confidentiality. Only staff with authorisation had access to confidential records, which were kept securely.

Is the service responsive?

Good

The service was responsive. People received care that was person centred and responsive to their needs.

Where agreed in people's care packages, people were supported to participate in activities of choice.

People were aware of how to raise their concerns or complaints. Systems in place ensured complaints were fully investigated seeking a positive resolution.

Although staff had received end of life training, people's needs and wishes in relation to their end of life care were not clearly documented.

Is the service well-led?

Good

The service was well-led. People received care and support from a service that had robust systems and processes in place to manage and oversee the service. Audits were comprehensive and carried out regularly.

People's views of the service were sought through regular quality monitoring visits, calls and questionnaires. Analysis of findings were then undertaken to drive improvement.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager actively encouraged partnership working with other healthcare professionals to improve the service provision.

Alina Homecare Guildford

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 was planned to check 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 took place on 6 July 2018 was announced. We made phone calls to people and their relatives on 5 July 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by two inspectors and a third inspector made telephone calls to people, their relatives and healthcare professionals to gather their views.

We reviewed the information we held about the service prior to the inspection, this included for example, information shared with us from members of the public, health care professionals and statutory notifications. Notifications are records sent to us by the provider of any incidents and accidents that had taken place.

During the inspection we made telephone contact with 16 people receiving a home care service from Alina and two of their relatives. We have also made email contact with five community health and social care professionals including, four social workers and an occupational therapist. We also spoke with five care staff, the registered manager and the compliance manager. We looked at six care plans, five staff files, policies and procedures, audits and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe using the service. People were protected from abuse as the staff were aware of the different types of abuse, and knew the steps they would take to help keep people safe. One staff member said, "I would talk to my supervisor, it's always the first call. They generally ask us to write an in-depth report." Staff knew they that could raise their concerns with the local authority or police should they need to and received safeguarding training. Safeguarding records confirmed the provider had alerted the local authority safeguarding when appropriate and action had been taken to mitigate further incidents.

The service had risk management plans in place that assessed identified risks and gave staff clear and current guidance on how to mitigate the risks. Risks to people covered areas such as skin integrity, moving and handling, nutrition and hydration and bed rails safety assessments. Where people required support with moving and handling, risk assessments clearly detailed the equipment people needed to support them safely. The front of people's care files also highlighted key risks to people so that staff were clear on people's individual risk factors.

Appropriate recruitment checks were in place to ensure people were supported by people that were deemed safe to care for them. Staff were subject to disclosure and barring (DBS) checks prior to the commencement of employment. Staff files showed that they provided a full employment history, proof of identity and satisfactory references.

There were sufficient numbers of staff to meet the needs of people using the service. The provider used an electronic system to ensure staff were allocated to meet people's needs in a timely manner, and to allow staff to get to each of their calls. People and their relatives told us staff were usually on time and could not recall staff missing any scheduled visits. Typical comments we received about staff time keeping included, "My carers are never late", "Staff come on time" and "They [staff] are normally on time and they will let us know if they're running late." A staff member said, "We phone into the office if we are late for a call, usually a member of the office staff calls the person and gives them an estimated time of arrival." The provider had a robust procedure to monitor staff attendance at calls and deal with any lateness in a prompt manner.

In addition, people and their relatives said staff always stayed for the duration of their scheduled visit and completed all the tasks they had agreed to do. One person remarked, "They [staff] stay the length of time they're meant too and do all the jobs we agreed they should", while another person told us, "My carers do a thorough job and sometimes do a bit extra if I ask them."

People received their medicines as intended by the prescribing pharmacist. We reviewed the medicine administration records (MAR) and found these detailed the medicine, dose, and frequency to be administered. However, during the inspection we identified the MAR for two people had gaps and no clear explanation as to why medicines had not been administered. Medicine audits had identified these gaps, however there was no indication any further action had been taken to address the omissions. We raised our concerns with the registered manager who told us they would speak with the senior staff who carried out the audits. By the end of the inspection the registered manager had developed documentation that clearly

identified the reasons as to why people had not received their medicines and any subsequent action taken. We were satisfied with the registered managers response.

The provider had systems and processes in place to minimise the risk of cross contamination and ensure the control of infection. Staff used appropriate personal protective equipment to help prevent and control the spread of infection. A staff member said, "I check the tools I need for the day, enough gloves and aprons". The provider's infection control policy in place gave staff clear guidance on effective hand washing, handling and disposal of clinical waste, use of protective clothing, spillages and reporting.

Good

Is the service effective?

Our findings

People and their relatives told us staff were well-trained. One person said, "I'm sure they [staff] are. They must be because they seem to know what they're doing", while another person's relative said, "The staff are very competent. I've been very impressed with their professionalism."
Staff were supported to gain the right skills to carry out their roles effectively. Staff were subject to an induction, including a period of shadowing prior to supporting people with one staff member telling us, "I had to shadow before being able to do the work. I shadowed for a week."

Staff were trained in areas such as moving and handling, safeguarding, medicines, mental capacity act, dementia, food hygiene, first aid and fire safety. Training courses were required to be refreshed on either an annual or three yearly basis. Records showed that some staff were overdue some of their refresher training, the provider had made arrangements to book the training courses for the required staff.

People received support from staff that reflected on their working practices. Staff were subject to regular supervision and annual appraisals. A staff member said, "I feel like I can open up to my supervisors and confide in them. I can make improvements, it's respectful." Management ensured that sessions were scheduled through an electronic system. Staff were also subject to regular group supervisions and spot checks to assess their competency.

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 people 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 provider was working within the principles of the MCA. People's care plans recorded people's capacity in specific decisions and staff were aware of the need to seek consent from people when caring for them, and understood that where necessary important decisions about people's care would be made in their best interests.

Where agreed in people's care package, people were supported to prepare meals and drinks of their choice. Care plans clearly indicated to staff those that required additional support with eating and drinking, for example, for those who may require supervision with meal preparation, due to cognitive or dexterity issues.

Staff told us of how they supported people in accessing other healthcare professionals at times that they needed them. One staff member said, "We ring in to the office if it's felt appointments are needed. We escort people to appointments, e.g. dentist. We'll let the family know if appointments are needed". People's care plans clearly identified healthcare professionals involved in people's health and well-being and any medical or health issues known.

Good

Is the service caring?

Our findings

People and their relatives told us they were satisfied with the service provided by Alina care agency and typically described the staff who delivered the care as "friendly" and "kind." Comments we received included, "I think the staff are marvellous", "I am very satisfied with this agency. I would recommend them" and "The carers are always friendly. My [relative] receives very good care from them [the service]." From discussions with staff it was clear that staff knew the people they supported well and were able to give us examples of people's likes, dislikes and preferences in the care they received. One staff member said, "Interpersonal skills are key."

People and their relatives told us staff always treated them with respect and dignity. One person said, "The staff are always courteous." People and their relatives told us they usually received continuity of care from the same group of regular carers' who were familiar with their needs, daily routines and preferences. Typical feedback included, "We get the same carers who know my [family member] pretty well", "They [Alina] are trying their best to make sure I get the same carers who know me, but I appreciate that's not always possible" and "We did keep having a lot of new carers when we first starting using the agency, but they've got much better at sending us the same ones these days."

Staff were aware of the importance of maintaining people's privacy, with one staff member saying, "I ask questions, cover them [people] with towels and sheets. I draw the curtains and leave the room when they want me to."

People told us they could state the gender of the staff who delivered their personal care. A relative said, "I know I ask to have female carers for my [family member] if that's what she wants, but to be fair we're both very happy with our regular male carer."

People were supported with their cultural preferences. Where one person was of a specific background a worker of the same culture was allocated to care for them. Staff told us of a person they had worked with who preferred their food to be prepared, presented and consumed in a set way in line with their cultural beliefs. Staff were able to explain to us how they ensured that this person's needs were accommodated.

People were supported to maintain and enhance their independence where possible. Care plans clearly detailed the level of support people required to live independently. For example, one care plan stated, '[Person] only requires support with washing their back and legs during self-care.' Staff were aware of the importance of encouraging people to do things for themselves but being available to offer hands-on support when required. Where changes to people's independence levels were identified, care plans were updated and staff informed accordingly.

People and their relatives told us the agency gave them essential information about the packages of care this agency could offer them. One person said, "Somebody came to visit us to tell us about what Alina did", while another person remarked, "They gave me a booklet that set out what care they could give me."

People's confidentiality was maintained. Confidential paper records were kept securely in the main office in locked cabinets and electronic records were only accessible by authorised personnel who were entrusted with a password.

Good

Is the service responsive?

Our findings

People confirmed staff encouraged them to contribute to the planning and review of their care and to make informed choices about the type of support they were provided. Typical comments we received included, "I have a care plan which is kept in the drawer along with the other notes staff keep when they visit me", "The people in charge sometimes come and see me to talk about my carers and how we're getting on" and "I was invited to join in my [family members] care plan review."

Prior to accepting new care packages, the service would receive a 'assessment of needs' document from the local funding authority. These detailed people's specific health, medical and social needs and highlighted the type of service and level of support people would require. The service would then meet with people and their relatives in their home to complete an initial assessment of their needs and wishes. The care plan was then devised with people's input and updated regularly to reflect people's changing needs.

People's care plans also contained a document called 'What makes me me'. Information in the document included, faith, culture, life history, hobbies, likes and dislikes and employment history. These were person centred and enabled staff to gain a greater insight into the people they supported. It also enabled staff to have a point of reference when speaking with people. Care plans also detailed the agreed visit times, activities to be carried out by staff and duration of the visit.

Where agreed in people's care packages, people received support from staff members to attend activities of choice this including supporting people to undertake personal shopping and attend healthcare professional appointments as and when needed.

People and their relatives said they knew how to make a complaint if they were dissatisfied with the home care service provided. They also told us they were confident the agency would take their concerns seriously and act upon them. One person remarked, "No complaints at all about this agency", while another person said, "I can't fault them. No complaints whatsoever." A relative gave us a good example of appropriate and timely action the provider had taken to ensure their [family members] received continuity of care from carers who were familiar with their needs after he had complained about the number of new staff who had visited them. This relative told us the provider had successfully resolved their complaint to their satisfaction.

People nearing the end of their lives did not have an 'End of Life' information clearly documented. For example, preferences in relation to people they wanted present, music they liked, food and the support they wished to receive at the end of their lives. We raised our concerns with the registered manager who confirmed staff had completed training in end of life care and work was being undertaken to ensure all end of life plans are in place by December 2018. We were satisfied with the registered managers response and will review this at their next inspection.

Good

Is the service well-led?

Our findings

People and their relatives told us office based managers and staff were approachable and felt Alina was a well-run home care agency. People said the managers were good at communicating with them. Typical comments included, "The manager is very nice. You can call them anytime", "We have good communication with the office. They always let us know what's going on" and "So far, so good. I do like the managers who run this agency."

Staff spoke positively of the support they received from management. A staff member said, "They always support you with your needs. To be fair to them, they've turned it around." Another staff member said, "I love coming into work." During the inspection we observed staff visiting the registered office to speak with management and seek advice and support. Staff appeared at ease with management and there was a relaxed, welcoming and inclusive atmosphere.

The provider promoted an open and inclusive culture which welcomed and considered the views and suggestions of people using the service and their relatives. One person told us, "Staff do ask for our opinion." People's views were then documented and where appropriate action taken to address any concerns identified.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People and staff views were sought through quality assurance questionnaires. Records showed that feedback from these were primarily positive and the management team had compiled an action plan to make improvements where necessary. Alongside the questionnaires, office based staff regularly carried out spot checks and telephone calls to gather people's views. Comments included for example, 'Overall very happy with the service and carers' and 'happy about the service, they [staff members] keep me upbeat.'

The provider had robust systems and processes in place to monitor the oversight and governance of the service. Audits included, for example, medicines, staff files, care plans, incident reviews, monitoring visits, complaints and safeguarding. Audits were carried out regularly and issues identified were addressed in a timely manner. The quality management team met once a month to review trends within the service and put in place action plans to continually drive improvements.

The registered manager had sought partnership working with other healthcare professionals and organisations to enhance the service provision. The registered manager told us partnership working was vital to driving improvements. Partnerships formed included, medical professionals, the local authority, day centre and relatives.