

Alina Homecare Bromsgrove Ltd

Alina Homecare

Bromsgrove

### 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 is registered to personal care for people who live in their home or with relatives. At the time of our inspection 131 people were receiving personal care.

The inspection took place on 31 May 2016 and was announced.

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 responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated

People who used the service told us they felt safe when they received a service from staff working for the agency. The registered manager and staff were aware of their responsibilities to keep people safe and report any allegation of abuse. The registered manager was aware of incidents which had occurred in the past and put measures in place to prevent future occurrences.

People told us they liked the staff who visited them and found them to be kind and caring. Staff were aware of the need to ensure people's privacy and dignity was maintained and people confirmed this happened. People were aware of staff at the agencies office and aware they could complain about the service provided to them.

Risks to people's care were assessed and staff knew how to care for people safely while promoting independence and personal choice. There were sufficient staff to ensure people received a visit at their allocated time. Improvements had taken place to ensure people received more regular staff to meet their care needs. Checks were carried out on new staff members before they started work for the agency to ensure they were suitable. Staff had received training to ensure they had the skills and knowledge to meet people's assessed needs.

People's medicines were managed and monitored to ensure they were safe and people were assisted to receive healthcare input when needed.

Staff told us they felt supported by the management and were asked for comments about how the agency worked to meet people's needs. Staff received induction when they first started work and shadowed experienced staff until they felt confident in the work they were doing. Staff told us they enjoyed their work and liked the management team.

Staff were aware of people's needs and were informed of changes within people's care plans. Staff referred to care plans to ensure they had the knowledge needed to provide care and support for people. People consented to their care and support before it was provided.

Systems were in place to monitor the service provided for people as a means to improve the quality of care and support people received.

## 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 told us they felt safe with the staff who provided care and support for them. Staff were aware of potential abusive situations and knew how to protect people. Risks to people's safety were identified and plans were in place to minimise these. Sufficient staff were available and recruitment checks were in place. People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the skills and knowledge needed. Staff had received training including induction training. People consented to the care they received. Support to access healthcare provision was provided.

### Is the service caring?

Good ●

The service was caring.

People were pleased with and benefited from the care and support they received from the staff. People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and provision of the care and support delivered. Care plans were in place and regularly reviewed. People were confident their concerns would be listened to and responded to appropriately.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives spoke highly of management staff based at the office. Staff felt supported and liked the work they

carried out. Systems were in place to monitor the quality of the service provided.

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# Alina Homecare Bromsgrove

## **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.

The inspection took place on 31 May 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Following the visit to the office we had discussions with nine people about the care and support they received. We also spoke with three relatives about the care their family member had received.

We spoke with the registered manager, the operations director, the operations manager, a lead carer and six members of staff. We spoke with four relatives of people who used the service.

We looked at the records relating to three people's care including medicine records. We also looked at staff records, training records and quality audits completed by management.

# Is the service safe?

## Our findings

People told us they felt safe when they received care and support from staff members. One person told us, "I feel a lot safer when they [staff] are here". Another person told us, "I feel safe. I am safe when I am with staff."

A relative we spoke with told us from what they had seen they were, "Convinced" their family member had received safe care from staff members. Another relative told us, "If I didn't think [family member] was safe I would say so. I have to be confident I can depend on the staff. I feel happy. I have no concerns that staff aren't fine with [family member]."

The registered manager understood their responsibility to inform the local authority of any actual or potential safeguarding incidents. The registered manager was able to tell us the circumstances regarding the most recent incidents involving people who used the service. They explained about improvements made within the service to prevent similar incidents taking place in the future. For example staff training and the introduction of new procedures and practices for example highlighting the time when medicines were due.

One member of staff told us they had reported an observation they had made and confirmed this was followed through with a family member to ensure the person was safe and not at risk. The same member of staff told us, "I'd report anything to the manager and ensure it was recorded". Staff said in the event of noticing any bruising they would complete a body map showing where the bruise was, its size and a description. Staff we spoke with were able to explain different types of abuse people who lived in their own home or with others such as family members could potentially be subjected to. One member of staff described safeguarding as, "Protecting people". The same member of staff told us, "I would notice any changes in the person's personality. This could be a sign of a problem." Another member of staff said they would, "Report" any signs of abuse, "To the manager or others at the office." A further member of staff told us they, "Would report to the office or take it further if needed". One member of staff told us, "I really feel people are safe" receiving a service from us."

People we spoke with were aware of assessments having taken place regarding their care and their property. A relative confirmed risks at their family member's property had been assessed when they first started to receive a service from the provider. The same relative told us the risk assessment had been reviewed and they believed it to be an accurate reflection of the person's care needs and their property.

Risk assessments and guidance following the risk assessments were seen to be in place. One member of staff told us, "We assess risks on every visit. If anything changes we report it. Anything we are unsure about we report to the office." Risks assessed included equipment, medicine administration and dehydration. We spoke with staff and they were able to describe how they kept people safe. For example their knowledge regarding the use of slings and hoisting equipment. Other risk assessments in place included assessments on people's property to ensure people and staff were kept safe.

The registered manager told us they had sufficient staff available to cover all the visits. We were told the rota was covered a week in advance and this was confirmed by staff we spoke with. We asked people about the

number of different staff who visited them. One person told us having familiar staff care for them was important to them and told us this had improved recently as they had mentioned it to the office. Another person told us, "Normally the same people who come, but I know most of them." The same person did tell us sometimes changes were made and they were not always informed. A further person told us, "Problematic in the past but seems to be getting better because they have taken on more staff." The same person added, "My morning person is wonderful" and confirmed they saw the same person five days a week. A relative told us they were confident the office staff had, "Tried to keep continuity because that was important to [family member]. The same relative added, "We now have a good pattern." Another relative told us they were contacted to inform them the member of staff who usually visited their family member was going to be away for a period of time.

Staff we spoke with told us they regularly visited the same people. They said this was important to them so they were able to get to know people and their needs better.

The registered manager they told us they had introduced a system whereby staff were permanently scheduled to visit the same people. They told us the introduction of the system had, "Helped in ensuring who is coming to provide care." The registered manager also informed us they had recruited a lot of staff to ensure the same staff visited people.

The provider ensured safe recruitment procedures were in place. One member of staff told us pre-employment checks were carried out before they commenced work. The checks had included a Disclosure and Barring Service (DBS) check and obtaining references. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk.

As a result of some recent medication errors the registered manager had introduced new systems regarding the recording of medicines. We were also informed it was now agency policy not to split the administration of medicines with family members. Therefore the agency had adopted a policy of having full responsibility of administering medicines in order to reduce the risk of errors. The registered manager confirmed the introduction of the policy had resulted in a significant reduction in errors. Staff we spoke with confirmed they received regular training in medicine administration and confirmed they received a message from the office by means of a text if someone's medicines changed. One member of staff told us they had recently received additional training in medicine administration and said it had helped them gain more experience in what they were doing. Staff told us they knew what medicines they were administering to people as information was available to them.

One person told us, "My medication is in a box and they [staff] give me that" Another person told us staff applied cream to them and told us, "I am very happy how they do this. They always do it for me." A relative told us their family member needed a cream to be applied. The relative told us, "Someone from the office came out and introduced a new record sheet for staff to record when they had applied the cream. Another relative we spoke with told us they were, "Confident" medication was given correctly to their family member. Staff confirmed they were not permitted to administer newly prescribed medicine until given authorisation over the telephone by a senior member of staff. Once the verbal permission was given a new medication chart would be completed and taken to the person's home for other staff to then sign once administration had taken place so ensure the administration of medicines were recorded.

## Is the service effective?

### Our findings

People believed staff had the skill and knowledge needed to meet their needs. One person told us they were aware new staff worked alongside other more experienced members of staff until they knew what was needed.

Relatives were confident their family member was cared for by suitably training staff. One relative told us, "I am aware the training they have has to be updated annually." The same relative said they felt reassured knowing the staff caring for their family member received training. They also said, "Staff always seem to know what they are doing." Another relative told us, "Staff know what they are doing. I would never have believed it would have worked like this."

Staff confirmed they received training which enabled them to provide the care and support needed by people who used the agency. One member of staff described the training they had received as, "Very good." The same person told us they had just attended training in moving and handling and medication. They said the training they had was part of the regular refresher training undertaken by all staff members. Staff told us new members of staff received induction training and would shadow more experience staff. We were told by staff we spoke with the shadowing could continue as long as the individual member of staff believed it necessary and until they were confident to work on their own. One recently appointed member of staff said of their induction training, "I thought it was really good" and, "You can have as much training as you need." The same member of staff told us the shadowing had helped them, "Get into the role" and had provided them with the experience needed before they worked on their own with people to ensure they knew their individual needs.

We were shown a call logging system used to allocate visits to members of staff. Staff at the office demonstrated to us how the system would not permit staff who were not trained to meet the needs of a person to be allocated to the individual for example if they had not attended specific training required.

Staff told us they were well supported by the management. Staff told us they received one to one meetings with a manager and felt able to speak with a member of the management team at any time if they needed support.

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 interest 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. We checked whether the service was working within the principals of the MCA and found the registered manager had knowledge about this. Any applications to deprive someone of their liberty for this service must be made through the court of protection. No application had needed to

be made for a court of protection.

People we spoke with told us staff always sought their consent before they provided any care. We spoke with staff and found they had a good understanding of people's rights to make decisions and to refuse care and support. One member of staff told us if someone refused a shower or a wash they would record this and let the office staff know.

People we spoke with confirmed if they required assistance with the preparation of food and drink staff would do this. Staff were aware of people's likes and dislikes regarding people's dietary needs. Other people told us they were happy with the meals staff assisted with and said staff knew what they liked to eat.

People we spoke with told us they believed staff would assist them in the event of them feeling unwell. One person said, "They have called the doctor for me" and, "They have stayed longer with me when I was feeling stressed".

A relative we spoke with told us, "Staff have previously contacted me to say [family member] did not appear to be their usual self". As a result the relative said they kept an eye on their family member to ensure they were alright. Another relative told us, "Staff have called a doctor in the past when they were concerned about health."

Staff told us they had on occasions needed to contact emergency service if people they visited were found to be unwell. If this situation took place staff said they contacted a manager who would reorganised the rota if the staff member was going to be delayed as a result. Staff told us once emergency services or people's relatives had arrived they would if possible then resume they work and attend calls to other people.

## Is the service caring?

### Our findings

Everybody we spoke with told us the staff who had visited them were kind, caring and considerate. One person said, "They [staff] are all very kind and caring to me." Another person told us, "I would give them a good nine out of ten as they are fantastic". A further person said, "I am lucky to have such nice staff". Other comments included, "They are wonderful" and, "I couldn't have picked a better bunch of people".

Relatives we spoke with were complimentary about the staff who had visited their family member. One relative told us, "I have never met a nasty or unkind one". Another relative said, "Staff are very good and go that extra mile." A further relative described the care provided as, "Superb" and told us, "I can't speak highly enough of the staff."

While on the telephone to one person who used the service we heard a member of staff from the agency arrive. The person on the telephone confirmed to us the person we could hear was their regular member of staff. We heard the member of staff announce who they were. The member of staff was heard to be friendly and kind to the person they were about to provide care and support to. We spoke with the person again later who confirmed the conversation we had heard to be how all members of staff were on arrival.

People told us they felt involved in the care and support provided by the staff who visited them. One person told us staff asked what they would like for lunch and then would prepare it for them using frozen foods. A relative explained how staff respected their family member's choices and how they encouraged people to remain independent for example the provision of guidance regarding dressing themselves to ensure it was correct.

People told us staff were mindful of their privacy and dignity when they received care and support. One person said, "All the staff are good. I'm comfortable with them". The same person told us they had requested no male care staff and confirmed none had been sent. Another person said how pleased they were with staff and the respect for their privacy and dignity as they thought they would be embarrassed having to receive personal care. They described the staff as, "Brilliant" in this area. One relative told us, "The staff are very good at keeping privacy and dignity" when they described the care and support provided for their family member.

Staff had an understanding of their responsibility to ensure people's privacy and dignity was maintained. One member of staff told us, "I make sure doors and windows are shut before we provide any personal care". The same person also told us, "It is important we [staff] don't talk over people or about other people." Another member of staff told us, "I do shower people so I always cover people. I do this so people feel comfortable with me."

## Is the service responsive?

### Our findings

People told us they were aware of their care plan and were aware staff regularly recorded what care they had provided. One person said, "I couldn't manage without them [staff from the agency]." One person described their care plan to us, "It's what I want and what staff need to do with my medication."

A relative told us staff knew their family member and their care needs. The same relative added, "Any new staff are made aware of their needs and read the care plan." Another relative told us they had been contacted regarding updates within their family member's care plan. A further relative said they had seen their family member's care plan and described it as, "Very detailed".

Care plans we saw were regularly reviewed and updated to ensure staff had information available to provide the care and support people needed. Staff told us they would read the care plan prior to providing care. One member of staff said, "We get a text message saying to read a care plan if it has changed."

People we spoke with told us staff usually carried out their visits on time." One person said, "They are normally on time. Very rare they are late." A further person told us, "Time keeping is very good. They were once held up due to the motorway but they let you know."

Staff confirmed they would inform either the individual or office staff if they were going to be more than 15 minutes late for a call. One member of the staff told us, "Sometimes I may be five minutes late but that's about it". Another member of staff said, "We don't miss calls" and explained missing calls would place people at risk. Systems were in place and seen to be in operation to monitor whether calls had taken place. A further member of staff told us, "I am usually on time. If I was going to be late I would phone the person to say."

The registered manager had recently sent out satisfaction surveys to people who used the service. We were informed it would be another month before these were due back and the results known. The registered manager had also carried out telephone surveys and devised action plans following any comments received.

People were confident they could raise any concerns about the care provided with staff at the office. One person said, "I have no complaints, no complaints what so ever." Another person said, "If I was unhappy with the staff I would just get rid of them" and added they had not needed to do this. A relative we spoke with said, "If I had any concerns I would contact one of the coordinators."

The registered provider told us people received a copy of the provider's complaints procedure along with their plan of care. We were told the procedure detailed who people should contact if they had any concerns about the service provided. We were informed all but one complaint had been resolved. Some documentation about complaints received was not available however the registered manager was able to tell us about each of them. The registered manager had identified issues from complaints and told us how they planned to ensure incidents were not repeated in the future such as areas around staff working

practices.

## Is the service well-led?

### Our findings

People we spoke with were happy with the office arrangements. One person described the office staff and the registered manager as, "Obliging" when they had needed to contact them. The same person told us they believed the whole agency to be, "Very good". A relative said their family member was discharged from hospital with little notice. They were impressed with the management of the agency who, "Very quickly replaced the calls". The same relative said they were told who would pick up the calls until the usual arrangements could be reintroduced.

People we spoke with were aware of staff at the office and told us they had spoken with them in the past. People were unsure on whether they had spoken with the registered manager but were happy with the response they had received from the office based staff. One relative said, "I have not spoken with the manager but I am convinced they would listen to me about any concerns I had." Another relative said they believed improvements in the service had happened for example in the management of medicines. The same relative told us management dealt with any issues or problems which had arisen. A further relative said they knew the staff at the office and they had found them to be informative and knowledgeable about their family member's care needs. Another relative described the office staff as, "Mega efficient."

Staff told us they liked working for the provider and spoke highly of the registered manager. One member of staff said the registered manager would, "Help when needed". and told us, Another member of staff said they enjoyed their job and added, "I really do". The same member of staff told us, "You can go and talk with them [management] and they listen to you. They are really understanding and caring." A further member of staff said, "I can't fault Alina to be honest. I think they are a good company." The same person added, "I spoke to my coordinator who is amazing." Another member of staff told us, "I have seen vast changes. I have no issues. I enjoy working for the company."

We were told of a staff forum which was held every six months. This meeting was attended by a member of the board and was an opportunity for staff to speak about the company and for management to, "Hear it as it is." We were told recently staff had elected to have a certain style tunic to wear while at work. We were told by the registered provider that it was seen as important that staff had a voice.

Staff told us they were supported by the management and were able to comment of the running of the agency. One member of staff said, "We have area meetings every six weeks". Staff said they found these meetings to be beneficial. One member of staff told us at a recent meeting staff had discussed safeguarding and what action staff needed to take. The member of staff told us they had found this to be a useful recap on previous training. Another member of staff said, "These meetings are to air our views." The same member of staff told us they were able to discuss any concerns they had with the care provided for people such as any risks in the environment. We were told management would acknowledge these comments and take action where needed to keep people safe.

The registered manager had a system in place to carry out spot checks on staff to observe their practice. Staff confirmed spot checks had taken place. Staff also confirmed these took place more regularly on newly

appointed members of staff. One member of staff told us they had recently had a spot check take place on them to check they were using equipment correctly. The registered manager told us they would like to increase the number of spot checks carried out as part of their continual improvement of the service offered.

The registered manager had systems in place to monitor the service provided for people. As a result they were able to generate reports which showed the hours of care provided, whether staff had attended calls on time, complaints, and compliments. They were also able to identify any out of date training refreshers needed for staff members. The registered manager was able to use these reports to devise any action points needed as a means of improving the service for people.

As a result of previous concerns regarding the management of medicines the registered manager had introduced new policies and procedure. We were told since its introduction a significant decrease in errors had occurred. Robust auditing systems were put into place and every medicine record was check on its return to the office. We found improvements had taken place as a result of the audits and the findings. Other audits were carried out including daily records. Any issues identified were brought to the attention of the staff member concerned.