Alina Homecare Barnet Limited

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Inspection report

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Date of inspection visit:
03 July 2018
04 July 2018

Date of publication:
27 September 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 service is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs.

We last inspected Alina Homecare North London on 5, 6, 7 and 8 June 2017 and the service was rated requires improvement. Since the last inspection there has been a change in the provider's company name. Alina Homecare Barnet was first registered in June 2017 and originally comprised certain acquired homecare branches covering the boroughs of Haringey, Brent and Barnet. This means that although the agency has been registered as a new service, there is a clear link between an archived provider and the currently registered one.

The service had 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.

People told us the care they received was of a good standard and that they valued the support of their carers. People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. Staff arrived on time and stayed for the allotted time and if carers were running late most people were notified of this.

People told us there was a stable staff team and that care was provided by familiar carers. Staff told us that travel times were sufficient, so they were not rushed.

People were supported to take their medicines safely and in accordance with the prescribed instructions. The service worked with healthcare services to deliver effective care and support.

Care records were comprehensive, up to date and person centred providing a holistic view of people's needs. Risk assessments provided detailed advice for staff to minimise harm. These included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People told us they were involved in decisions about their care and were aware of their care plans. Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. There were processes in place at service and provider level to monitor the quality of the service and ensure continuous improvement in quality. Reviews of care, regular spot check visits and phone calls had been made to people using the service and their relatives to obtain feedback about the staff and the care provided. The provider had sent out and acted on feedback following quality surveys to make continuous improvement.

Staff recruitment was safe and staff were supported to meet people's needs through a combination of comprehensive induction, supervision and training. Regular staff meetings took place so staff were able to contribute to how the service was run and were kept informed. The provider supported staff well and this helped with continuity of care to people.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. Supplies were readily available at the office for staff to take as needed.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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. Risk assessments were in place to guide staff and minimise harm.

Safe recruitment processes were in place.

Medicines were safely managed, and people supported appropriately.

Adequate infection control processes were in place.

There was evidence the service learned from incidents to minimise reoccurrence.

Is the service effective?

Good

The service was effective. Staff were supported to provide good care through comprehensive induction, training and supervision.

The service worked with health professionals to support people to have good health.

Staff understood consent and the importance of involving people in the provision of care.

Is the service caring?

Good

The service was caring. People told us staff were kind to them and understood their preferences.

Care records highlighted what people could do for themselves to promote independence.

People told us they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care records were comprehensive, up to date and provided a holistic picture of people and their needs.

There was a complaints process in place and people told us they knew how to make a complaint and felt confident it would be dealt with by the management team.

Is the service well-led?

Good

The service was well-led. The provider and local management team had a broad range of audits to monitor quality at both service and provider level.

People and their relatives told us the management team were available and the service was good.

Staff told us the management team were accessible and they felt supported in their caring role.

Alina Homecare Barnet

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 3 and 4 July 2018. The provider was given 48 hours' notice because the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

The inspection was carried out by two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were 165 people using the service at the time of our inspection visit. As part of the inspection we spoke with 15 people using the service and nine relatives. We also spoke with nine care staff, the registered manager, the operations manager, the operations director and the quality manager.

We looked at care records for six people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at recruitment records for six members of staff, including details of their training and supervision. We looked at a range of quality audits, safeguarding records, staff meeting minutes and incident and accident records.

Good

Is the service safe?

Our findings

People told us they felt safe with their carer. Comments included, "Yes, feel quite safe. I get on quite well with all of them", "Yes. I trust every one of them. They come four times a day. Wonderful. They always check the lifeline. I always feel secure, always" and "Yes. Very happy and safe with all of them." Relatives confirmed that carers, "Always introduce themselves properly. Say their name." and they felt safe around them.

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us they were trained in safeguarding adults and staff training records confirmed this was the case. Staff understood whistleblowing and the organisations they could contact if they were concerned.

The majority of people needed prompting with medicines and dosette boxes were in place to support staff in this task. Staff confirmed medicines training had taken place and staff competency was assessed prior to them giving medicines. We saw that audits of medicine administration records (MAR) took place on a regular basis. Where there were any issues with incomplete MAR we could see action was taken immediately.

To make sure the service was up to date with a person's medicines, this was discussed during the care review meeting. If people gave permission to the pharmacy to share information with the service they would be contacted when there were any changes in prescription. A supervisor would then go out to a person's home to update the records. Safe processes were in place to accommodate a change in medicine for a short-term period, for example, the giving of anti-biotics.

Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.

Prior to the service starting a member of the management team visited people in their homes and conducted risk assessments on the safety of the person's home environment. Environmental and potential risks to people in their everyday lives had been assessed and recorded on care records. For example, we saw it was noted if people smoked and if there were smoke detectors in the home.

Risk assessments were personalised. One related to skin integrity noted, 'I would not be able to tell you if I was in pain or had sores on my sacrum, but I would be able to tell you if I was sore under my breasts or groin area.' Another person's risk assessment noted, 'As I have dementia I can be quite challenging and be forceful of not wanting to do something. If I am unfamiliar with a carer I won't allow them in my house.' This risk assessment set out clearly how the care worker could minimise distress and what to do if the person was distressed to safeguard both parties. Risk assessments covered areas such as personal care, mobility, nutrition and hydration, skin integrity and cognition.

People told us they were not rushed. Feedback included, "Yes, they have enough time. They keep it simple. I can do quite a bit myself anyway" and "Yes, they do have time. They do what you want them to do." People also told us they had regular carers which they appreciated and which provided continuity of care. One

person told us, "I know my carer so well and she knows me. She always finds time to chat." Another person told us, "Having a regular carer makes me feel safe, even in the shower; it makes all the difference" and "I have the same chap 95% of the time and I value his chatter."

The majority of people told us they were introduced to replacement carers in advance or at least were phoned by the office before the carer turned up. We fed back to the service the few instances when people had not been notified of a replacement carer and the service could show this was addressed by the management team by the time of writing this report.

The operations manager told us they had recently completed the implementation of an electronic call monitoring system which recorded care staff's arrival. To ensure care staff had the means to log in, they were provided with mobile phones for that purpose. People told us that staff always showed up to provide care; the operations manager told us that they prided themselves on very few missed calls. If a staff member had not logged in at the home of a person, within a short timeframe this was raised as an alert to the manager who covered the specific area, who immediately addressed the issue with care staff and the person due the call. People confirmed they received care as set out in their care package.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and in the majority of cases any action taken. We confirmed from other sources, actions had been taken for all accidents and incidents even when not recorded. The operations manager told us they were tightening the system to ensure all actions were recorded to evidence follow up. We could see learning took place following incidents as they were discussed at team meetings.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons. People confirmed this was the case.

Good

Is the service effective?

Our findings

People told us their carers were competent in providing care to them. A range of people told us, "Yes, very good, very fast. Really get on with it", "Yes, they are very, very well trained, and always doing more training", "We have one very good carer. My husband was very impressed", "Very friendly and competent" and "They do everything I expect them to do."

Staff told us they received a comprehensive induction which involved training, shadowing and competency checks before working alone with people. Records showed and all staff confirmed, they did the Care Certificate, a national qualification to achieve standards in care, and shadowed experience staff according to their experience.

We saw in staff records that staff received regular supervision, spot checks and ongoing competency checks in key areas such as personal care, medicines administration, catheter and stoma care. Staff told us they received supervision and extensive training and felt supported to do their job well, and records confirmed this. All mandatory training was up to date, with a robust system in place to monitor when refresher training was due. Staff told us, "The training is amazing, I have learnt so much." Another said, "The training is fantastic, they have made us the best carers in the UK." Staff told us all training was face to face and they received regular e-mails about training opportunities.

People's rights to make their own decisions, where possible, were protected. 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.

The local management team and staff all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff told us, "We give them simple choices, for example we tell them what's in the fridge and ask them to choose what they would like to eat" or "If they refuse a wash you try to convince them how great it is to feel clean and try again later." We were told, "It's so important we give people a choice."

People's care records contained signed documents of consent and mental capacity assessments which outlined areas where people either lacked capacity or where it was variable. For example, one care record stated, 'I can make formal decisions on my own, but for big decisions there will be an multidisciplinary team meeting with me.'

Staff told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. There were records of whether anyone had formal arrangements in place under the MCA such as power of attorney.

Care records showed detailed information regarding people's health conditions. For example, there was a diabetes leaflet on the care records for a person with that condition. Care records also showed the involvement of other health professionals and we could see that staff worked in partnership with health colleagues to promote and support good health. One family member told us, "The agency and the private carers work well together. My son had a recent hip treatment and he needed extra care when being turned and they were showing each other and working together for him; great teamwork."

People told us staff were competent and understood their health condition. One person said, "Yes, they do [understand my condition]." Another person told us, "My regular lady thought that my cough might need a doctor so she rang and the nurse came out. Because she sees me every day she knows when I take a dip."

The majority of care staff simply warmed up food for people or prepared light meals. One family member told us, "I do most of the food but even when doing tea and cake for [person] they remember that she is a vegetarian and they know that's important to her."

Staff were aware when people were at risk of malnutrition or dehydration through care records and worked closely with family and health colleagues to support people with complex health needs.

Good

Is the service caring?

Our findings

People were emphatic that staff were kind. One person told us, "My regular lady came to visit me when I was in hospital which I thought was lovely. She really cares." Others said, "Regular carer is lovely. Very obliging", "Yes, they are kind and caring" and "Definitely kind and caring." Family carers told us, "Yes, they are kind and caring. He feels very comfortable with whoever comes. We have four carers altogether, two regulars." and "[Person] has her head down most of the time and they make such an effort to include her and chat to her." Relatives also added, "Her recent stay in a care home showed us how different, in a positive way, her regular girls are."

People told us staff treated them with dignity and respect. One person told us, "Yes, they respect my privacy. Can't complain." Another person said, "Oh yes, they know I like to be in the bathroom on my own, so they keep watch outside or do other tasks while I'm there." Family members confirmed staff treated their relatives with dignity and respect. One relative commented, "I like it that they treat him with respect and let him be as independent as he can."

One staff member told us, "I always make sure people are happy before I leave." Another said, "we treat people with dignity and make them feel at ease" and another said, "dignity and privacy is important, we tell the family to leave and close the door."

We asked people if staff met their cultural and religious needs. People told us, "I am sure they would do, but I haven't got any religious or cultural needs" and "Yes, not an issue." Staff were able to tell us how they assisted one person and explained, "We help prepare her for prayers, there is process of washing." Another staff member was able to speak some Greek words to help with communication. Care records set out people's religious and cultural needs clearly. We saw one care staff member from a West African country was matched with a client so they could speak with them and prepare suitable food.

Care records also set out what people could do for themselves to promote independence. For example, one care record said, 'Take tablets from blister pack and put on trolley. I will then take the tablets.' Staff told us, "We encourage people to do as much for themselves as they can." This staff member also added, "One lady can put on her nighty independently but can't do up the buttons."

People had signed their care records and regular reviews showed people and their relatives were involved in their care; how it was set up and carried out.

Good

Is the service responsive?

Our findings

Care records were comprehensive, person centred and up to date. They covered a wide range of areas including personal care, moving and handling, skin integrity, nutrition and cognition. They provided detailed information for staff to understand people's care needs and brought the person's wishes and preferences alive through the detail. For example, one care record said, '[Person] does not like water, carers to reassure [Person] and if it causes too much distress, to strip wash rather than showering.' Another care plan stated, 'I like to know what is going on in the world. Talk to me.' A third care plan had written, 'I like to sit at the dinner table when I eat.'

Care records also recorded what people could do for themselves so staff were aware of this from the outset. For example, one care plan had stated, 'I have false teeth and will clean them myself.' A moving and handling care plan was detailed to support staff in their caring role. It explained how to role a person over, 'Crossing the leg over and holding hip and shoulder, informing [Person] at the same time.' Staff told us, "Person centred care is so important" and were able to tell us how they specifically provided personalised care, for example, "In hot weather we make sure [Person] drinks a lot and removes the quilt."

People confirmed there were care records in their homes. People's feedback included, "Yes, they use it every time, sign in and sit down and write all the things they've done" and "Yes, I have an up to date care book. They sign in and out and stuff."

The majority of people told us their care was set up for the time they wanted. One person told us, "They fit in. I get a call at 7am, then they come at 12pm, 5pm and 9pm. These are the right times. They come later in the evening because they know I like a late visit." A family member told us, "We originally booked for 7pm, but they now come at 8pm which we want, very accommodating." The operations manager told us they only took on bookings if they were able to accommodate the time that people wanted. Occasionally there were communication issues when bookings were confirmed between the commissioning organisation, the person and the agency. The agency then worked with the person or family to change to the time they chose when they had the carers available. One person told us they were waiting for their times to change to suit their needs better: a small minority of people told us their replacement carers were not always provided at the most suitable times for them, but they realised the service was trying to cover the care as their regular carer was not available.

People told us their care records were updated. One person told us, "It was reviewed. Someone came to the house." Another person said, "My plan was reviewed a few days ago and re-written as I can do so much more for myself." The operations manager told us that care packages were reviewed regularly and we could see that there were formal reviews at which the care plan was updated, checks of the MAR took place, and in between quality review phone calls took place. This meant the documentation was up to date and accurate.

People were clear about how to complain and told us they felt confident to do so if required, and that action would be taken if issues were raised. They told us, "Yes, I would be okay complaining. Sometimes I ring them up if the carer is a bit late. They always fill in if necessary." Another person said, "Yes, there's a number in the

front of the folder. I haven't had a reason to complain. If I did, I would tell the carer first. Then, if they failed again, I would contact the office."

In relation to complaints, family carers told us, "No problems, he and I know how to complain and would contact the office if we needed to" and "Oh definitely, yes in the past I had to [complain], and it was dealt with. Have not had to complain recently."

The provider had a complaints policy in place and we could see complaints were dealt with promptly and the outcome recorded.

Good

Is the service well-led?

Our findings

Alina Homecare Barnet was first registered in June 2017 and originally comprised certain acquired homecare branches covering the boroughs of Haringey, Brent and Barnet.

The operations director told us they were committed to, 'doing the right thing' at all levels of their organisation to ensure that the two pillars of their mission are achieved, namely to provide excellent care and support as well as an engaging and respectful working environment for their care team.
We found the senior and local management team open and transparent at the inspection and issues we raised at the inspection or feedback we had from people using the service, were taken on board and addressed at the time of writing this report.

We found the care staff to be highly motivated and very knowledgeable both about their clients and caring issues. Staff spoke with passion and enthusiasm about their role and told us, "I really enjoy my job" and "My clients make me feel special."

Care staff told us of management, "They always listen", "Managers are helpful friendly and warm" and "They care about the wellbeing of staff." They told us, "Out of hours there is always someone available" and it was a great place to work. Other comments included, "It's a good team we help each other out" and "Managers are passionate about their clients and the care workers." Staff were paid to attend training courses, all of which were face to face as opposed to web based.

To retain staff the provider had introduced a number of initiatives. These included, 'Carer of the Month Award' which praised and recognised the quality of caring by individuals. They also introduced the Alina rewards scheme which meant staff received financial discounts from specific retailers. There was also a newsletter to keep staff updated and informed. The provider also introduced a system in the last 12 months to promote staff to become senior care workers by taking on additional duties such as acting as mentors for new staff; by taking on more complex hospital discharge care packages and collecting and checking MAR for quality assurance purposes from people's homes.

Team meetings took place regularly and were locally based so staff could easily attend and information was specific to people's areas which they appreciated. Staff could see the benefits of working for the organisation, for example, good working conditions and support, and staff retention was high as a result. This helped to develop and retain good quality carers and promote continuity of care for people using the service.

We could tell from discussing quality with the senior management team that the provider was prioritising improvements at all levels within the organisation at both strategic and local levels. The management team ensured quality was maintained through a range of branch audits, spot checks, surveys, training and reflective practice. At a local level, for example there were quality audits of medicines, care records, staff recruitment files and training. Spot checks regularly took place of the care provided in people's homes. Quality reviews via telephone and face to face reviews, were carried out regularly. The quality and

competency of the staff was also checked in specific areas yearly. All these checks were recorded and placed on people's and staff files.

As part of the provider's quality assurance the service had to provide detailed information through a monthly 'vital signs' report to the provider which covered business, quality and staffing information. This meant the provider was aware of the number of service users, new business, complaints, number of supervision, number of incidents and quality checks. The senior management team had recently discussed, 'What good looks like' so all levels of the organisation understood what the provider was trying to achieve.

A satisfaction survey in November 2017 of people using their service showed overall satisfaction at 91% with satisfaction with care workers at 95%. This was confirmed by the majority of people we spoke with. People had commented, "They really couldn't do anything better [than they do]" "I am very happy. They are all lovely. I couldn't ask for more." This was also confirmed by the majority of family members we spoke with. One relative said, "Touch wood, it's excellent. [Person] is really happy."

As communication with the office was rated lower, actions had been taken as part of the service improvement plan and patch based working, where staff and managers worked in specific areas as opposed to across the whole service had become more established to improve people's experience of the service.

Similarly, highly positive results were achieved from the staff survey of September 2017. One area which was identified as needing improvement was staff receiving recognition for good work on a regular basis. The local management team now copied in care workers to letters or e mails when praise or compliments were received from people, and the care worker of the month was established to ensure good work was always recognised. In this way we could see the senior and local management team were taking action to improve quality and retain staff.

We could see the service was committed to sharing learning across the organisation. For example, one of their regions was badly hit by snow in December 2017, compounded by a lack of warning that this was going to happen. Although the organisation succeeded in providing care that day, it was challenging. The provider reviewed their protocols in the days after this incident on the premise the country was completely grid locked. These learnings were extremely useful for the rest of the winter where multiple branches experienced multiple occasions of snow and ice which hampered the giving of care. This learning allowed for best practice to be shared across the organisation.

The operations director told us the provider was committed to continuous improvement of the service and would expand it at a rate where quality was not compromised. Improvements in technology had a role to play. The provider had plans to introduce further technology in the coming year across the whole organisation. This would enable office staff to complete care plans whilst carrying out people's initial assessment, and would provide greater information for people and their families to access care records including daily logs via a web based system. This new technology was being piloted in Hemel Hempstead in Hertfordshire at the time of the inspection.