

Alina Homecare Ltd

# Alina Homecare Rustington

## 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

The inspection took place on the 6 September 2016 and was announced. The service was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Alina Homecare Rustington is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 64 people were receiving a care service with an age range of 46 - 94 years old.

The service had a registered manager. 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.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel safe with the staff all the time, they are nice". A relative told us "I know my relative feels safe using them and is comfortable with them all".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and developmental courses to increase their understanding of the needs of people using the service. One member of staff told us "I had never done this type of work before and I spent two weeks shadowing which was a lot but the manager told me there was no rush or pressure and to just be sure I felt ready and confident". Another member of staff told us "I do all the training every year. It keeps you up to date."

People and relatives told us that staff were kind and caring. Comments included "Yes very caring, we have laughs", "Very nice and caring staff" and "Nice people, all good caring staff".

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs. We found the care plans to be person centred and details recorded were consistent.

People and relatives said they were happy with the management of the service. People's comments included "I call the manager, know them well and so helpful" and "Approachable manager and office staff are very good". There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff comments included "The manager is lovely, supportive and very approachable. She is very nice and if I ever needed her I know she would pick up the phone" and "The manager is supportive, she is there for us".

The registered manager and provider monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. One relative told us "Any concerns my relative would call the office or I would. They are helpful".

## 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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People and their relatives were involved in making decisions about their care and the support they received.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the management team.

People and relatives felt the registered manager was approachable and supportive.

The registered manager and provider carried out regular audits to monitor the quality of the service and drive improvements.

# Alina Homecare Rustington

## 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 the 6 September 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of two inspectors.

On this occasion we did not ask 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people and five relatives who use the service over the telephone, four care staff, a co-ordinator, a supervisor, business support manager and the registered manager. We observed staff working in the office dealing with issues and speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration records (MAR), five staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with one health care professional after the inspection to gain their views of the service.

This was the first inspection of the service since registration.

# Is the service safe?

## Our findings

People and relatives told us that they felt the service was safe. People's comments included "Oh I would say it is very safe service, no problems", "I feel safe with the staff all the time, they are nice" and "I feel safe and happy, takes the worry away from me". A relative told us "I know my relative feels safe using them and is comfortable with them all".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "When you get to know people you know how they are, if they are happy or sad. If people become withdrawn or acting a bit out of character it could mean that something is wrong". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People we consulted with told us the staff were competent and had the skills required to support them safely. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned a few weeks in advance and care staff were informed of their shifts and collected their rotas from the office. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. People also received rotas which told them what time and what member of staff would be visiting them to ensure they knew and for their safety.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. References were also sought from previous employers before employment commenced.

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included analysis of the condition of flooring, carpets, or floor



coverings and considered whether they presented a risk of trip, slip or fall for either the person or the staff member. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example in one care plan it described how one person used a wheel chair and what staff needed to be aware of and the safest way to assist the person around their home. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. One person told us "The staff help with me medication in the morning and complete the documentation". Another person told us "The staff remind me to take my medicines". Staff also received a medicines competency assessment. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

## Is the service effective?

### Our findings

People and their relatives felt confident in the skills of the staff. One person told us "They [staff] are skilled and know what they are doing". Another person said "Seems to be staff know what they are doing and are trained". A relative told us "I think they [staff] are skilled and well trained in their line of work". A stakeholder told us "Alina has been a very effective provider, expanding in a managed way to meet growing demand and always being responsive to Council requests for capacity. They have also engaged positively with the Council during contractual management and consultation for new initiatives".

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. Staff had knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. Staff went on to give examples of offering choices of meals and what clothes someone would like to wear. Details of the MCA were also available to staff in the office.

People were supported at mealtimes to access food and drink of their choice if required. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals and drinks were accessible to people on visits. Staff told us that they always monitored whether people had eaten and drunk sufficient amounts to maintain their well-being and always encouraged people to eat and drink. All staff we spoke with told us they always left snacks and drinks within reach before they left a person's home. People's nutritional preferences were detailed in their care plans as well as the time they liked to have their meals. For example in one care plan it detailed the preferences of the food and drink they liked for breakfast and how staff were to prepare it. Another care plan described how a person liked to have the tea and their preference to strength. One person told us "Yes the staff prepare food, make me a sandwich if I fancy one, they make tea for me sometimes but I am independent so do that myself".

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed staff liaised with health and social care professionals involved in people's care if their health or support needs changed.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and dementia. An induction was completed to ensure that all new staff received a consistent and thorough induction which also incorporated the skills for care care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care

and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. Staff also trained alongside experienced staff on care calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us said "I had never done this type of work before and I spent two weeks shadowing which was a lot. But the manager told me there was no rush or pressure and to just be sure I felt ready and confident". Another member of staff told us "I do all the training every year. It keeps you up to date." The computer system documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role. The registered manager also told us of courses available at a local college for staff which included further dementia training and end of life care. Staff felt these were useful to their role and enhanced some of their understanding.

Staff had regular supervision meetings and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. They told us the registered manager was always available to provide guidance and support to help them provide effective care to people. One member of staff told us "I feel well supported. I am very comfortable talking to the manager if I have any problems, it's always an open door".

# Is the service caring?

## Our findings

Every person and relative we spoke with told us staff were caring and kind. Comments from people included "Yes very caring, we have laughs", "Very nice and caring staff", "Nice people, all good caring staff" and "Say thank you to them, I could not do without them". Relatives comments included "Very caring and all is fine", "My relative thinks they are caring and kind and skilled in their job" and "Good relationship with care staff and we find them caring".

Staff demonstrated a good knowledge of the people's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between staff and people. New staff were introduced by another member of staff so people knew who was coming to visit them. The registered manager aimed to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. People told us they usually saw the same staff from a small team that visited them. One person told us "We get a weekly roster and see regular staff, it's lovely". Another person said "I see the same face which is nice and we have a chat and a giggle".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff told us they took care to cover people when providing personal care. They also said they drew curtains and closed doors to ensure people's privacy was respected. One member of staff told us "I would always ask to do things for people especially personal care. It's a very private thing and I would ensure they didn't feel embarrassed so I always keep them covered as much as I can". People confirmed their dignity and privacy was always upheld and respected. One person told us "Oh, privacy and dignity is given to me, yes". Another person said "They wash by back and cream me. It is all done gently and given privacy when needed".

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us how they promoted people's independence. One member of staff told us "It is making sure people keep their independence in their own home and giving good quality care". Another person told us "I always try and maintain people's independence by getting them to do as much as they can, even if it's just using a flannel". In one care plan it stated that the person wanted to maintain their independence and remain living in their home. It detailed the support that was required including supporting them with personal care. In another care plan it detailed for staff to encourage and support a person to get dressed in the morning when required. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One relative told us "The staff are very gentle and give my relative independence when possible".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us "It is a comprehensive care plan that was all explained to me". A relative told us "The care plan was created at the start and is filled in on every

visit". People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff rotas were collected personally from the office. Information on confidentiality was covered during staff induction and training.

## Is the service responsive?

### Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told "It's the best thing that's happened to me. Greatest comfort they are there for me and reassure me, I only need to ring them up". A relative told us "They are very good, very helpful staff. The care and support plan is reviewed to discuss any changes and fitted in with my relative's health professional, which we thought was very good".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were clear and gave descriptions of people's needs and how staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required, to remain living at home. In one care plan it detailed how one person used a hoist to be transferred. An assessment detailed how staff were to make sure the manoeuvre was done correctly and safely for the person and staff, and how to use the slings correctly.

There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people to enable them to live their lives the way they chose. In one care plan it detailed that a person required encouragement with self-care and how staff could support them. The care plan provided information for care staff to involve and encourage the person to remain as independent as possible. This included encouraging the person to get dressed in the morning and assist to maintain personal hygiene. Staff told us care plans were up to date, detailed and they all knew when there were any changes by the office if there had been any immediate changes the staff needed to be aware. People's preferences around activities and interests were also detailed in each care plan. This included people who enjoyed reading, watching TV and hobbies. In one care plan it detailed that a person liked poetry and antiques and talking about them with staff. This also enabled staff to have meaningful conversations with people about their interests.

People and relatives told us that staff arrived on time for the calls they provided unless they had been held up due to an emergency or may get stuck in traffic. If this was the case people were confident that the staff member or someone from the office would contact them and let them know. One person told us "Usually on time, sometimes a little late. I am happy when they come". Another person said "I don't take much notice of the time, but they come when I expect them". A relative told us "I know who is coming, sometimes a little late, but that is to be expected".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe in detail what signs could indicate a change in a person's well-being. Staff were also confident how to respond in an emergency. Staff knew how to obtain help or advice if they needed it and told us when it was out of office hours someone was available to guide and support them when needed.

People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with confirmed if they had a reason to make a complaint it would be acted on. Comments included "Never had a complaint but if we did we would call and hope they would sort it out", "No complaints at all" and "Any concerns my relative would call the office or I would. They are helpful." We saw that complaints or concerns had been responded to in a timely and thorough way to the complainants' satisfaction.

## Is the service well-led?

### Our findings

People and relatives were complimentary about the management at Alina Homecare Rustington. They told us that they thought the agency was well led. People's comments included "I call the manager, know them well and so helpful", "Approachable manager and office staff are very good" and "Beautifully organised, I have built up rapport with them all". A relative told us "Lovely manager and staff".

The atmosphere was professional and friendly in the office. People and staff spoke highly of the registered manager and management team and felt they were approachable and supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people in the office and on the telephone. Management took time to listen and provide support where needed.

Staff told us they felt supported by the registered manager. One member of staff told us "The manager is lovely, supportive and very approachable. She is very nice and if I ever needed her I know she would pick up the phone". Staff were able to explain the provider's vision and values. One staff member told us "It is making sure people keep their independence in their own home and giving good quality care". When asked about the management of the service comments from staff included "She is really good at keeping people safe and secure and making sure everyone is happy", "We can discuss anything with the manager, nothing is not too much trouble" and "The manager is supportive, she is there for us". All the staff we spoke with told us they felt able to report any incidents, concerns or complaints to the manager. They were confident that if they passed on any concerns they would be dealt with straight away.

Staff felt they had regular communication with the registered manager and office staff through supervisions, phone calls and coming into the office regularly. The registered manager and provider held a staff forum every six months for staff to have an open discussion with the registered manager and the provider to discuss various topics which included training, company updates and any concerns.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and care records. This highlighted areas needed for improvement. Findings were sent to the provider and ways to drive improvement were discussed. The business support manager also carried out a branch audit regularly which included auditing care plans, staff records and MAR charts. The provider had recently improved and revised this audit to align with the CQC key lines of enquiries and domains that is the service safe, effective, caring, responsive and well-led. The registered manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided. Other areas of monitoring quality across the service included telephone reviews to people to discuss the care they received and any comments they may have.

The registered manager showed passion about the service and talked about always looking for ways of improving. They told us of how they had regular contact with staff, people and relatives to gain feedback



which included an annual survey to gain feedback. Recent survey results were positive and any issues identified acted upon. They also told us how they had organised to birthday celebration in a local village hall for people and staff to celebrate a year of opening the service. They told us "It was great fun we had food, music and a raffle. We are starting to look at what we could do for Christmas".

The provider and staff worked closely with external health care professionals such as district nurses and occupational therapists when required. The registered manager and staff told us they could support people to arrange appointment's for them if they needed it. People we spoke with confirmed this and felt supported to gain access to health professionals if required.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager kept their knowledge up to date and attended regular meetings with other staff within the organisation. They told us "We have meetings with the provider and other branch managers throughout the year. We also have a conference coming up in September which is nice to see colleagues and share ideas and network. The provider is also very good at keeping us up to date with any changes and communication and I feel fully supported in my role".