

Alina Homecare Services Limited

Alina Homecare - Ipswich

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

About the service

Alina Homecare – Ipswich is a domiciliary care service providing care to people in their own homes. At the time of this inspection there were 9 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were sufficient numbers of safely recruited staff available to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and mostly from staff they were familiar with.

Medicines were managed safely, and staff were appropriately trained. People and their relatives were assured that safe infection control measures were taken by staff such as wearing PPE and following infection control procedures to reduce the risks of infection.

People's support needs were assessed regularly and planned to ensure they received the support they needed. We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

Staff enabled people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led by a management team who were passionate about delivering quality care and achieving the best possible outcomes for people. A relative told us, "The [registered] manager came out and had a chat about our requirements, their aim is to be the best and they have high expectations of the service."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The service was registered with us on 13 August 2021, and this is the first inspection.

Why we inspected This inspection was prompted by a review of the information we held about this service.

Follow up We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alina Homecare - Ipswich

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector and an Expert 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection. Inspection activity started on 24 November 2022 and ended on 5 December 2022.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with 3 people who used the service, three relatives and 1 person's representative about their experience of the care provided. We also had contact with 6 members of staff including care staff, the registered manager, the field care supervisor and one of the providers quality assurance team. We reviewed a range of records. This included care plans and a variety of other records relating to the management of the service were also considered as part of the inspection.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguarded people from the risk of harm and abuse. The provider had effective safeguarding policies and procedures in place and staff understood how to manage safeguarding concerns appropriately. A staff member told us, "I am aware on how to report abuse, but I have never had to report it. I am aware of the whistle blowing policy and where to look for it, I also know what to do if I see or hear of anything that I am not happy with or [people] are not happy with."
- People and their relatives confirmed that they felt safe being supported by staff.
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- People told us they felt safe with the care they received from Alina Homecare - Ipswich. One person said, "Absolutely I feel safe. [Care staff] reach out a helping hand if you stumble, obviously know what they are doing. Any problems and I would go to the [registered] manager and [they] would listen."
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- There were enough suitably trained staff to safely care for people. People who used the service said there were enough staff to deliver their care and had never experienced late or missed visits. One person said, "The [care] staff arrive on time, stay for the right amount of time and complete everything, there have been no missed calls. It is such an improvement on previous agencies." Another person told us, "Staff are very prompt, they always ask if there is anything else, they can do. There have been no missed calls, different carers [at times] but that is not a problem."
- Staff were recruited safely, with all the necessary pre-employment checks carried out. Staff confirmed they were asked to complete these checks when they first began working for the service
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- Safe medicine management practices were in place and people received their medicines as prescribed. One person commented, "[Care staff] check to see if I've taken [my medicines]."
- Staff had been trained and were assessed as being competent in supporting people with their medicines.
- The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE).
- Staff said they had enough personal protective equipment (PPE) available and people confirmed it was always worn when delivering care. One member of staff told us, "We have all the PPE we need. Gloves, masks and aprons as well as foot covers if needed. We have training on hand washing and how to put on PPE and take it off. It is in all our tasks to wash our hands before all visits."

Learning lessons when things go wrong

- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation. Assessments were used to write the care plans which staff used to guide how they supported individuals.
- People's desired outcomes were included in their care plans. Care plans were regularly reviewed and updated, by the provider, as people's care needs changed.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member told us, "The training is great and before you start you have to do Alina three-day` training course and we are then put on appropriate training we need for [supporting people]."
- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance.
- Staff received regular supervision meetings which gave them the opportunity to discuss any concerns or development needs. A staff member said, "I feel we are well supported and helped by the management and they are approachable with any concerns or queries I have."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people, where needed, to eat and drink enough. Nutrition and hydration support plans were in place, which contained good information about people's dietary needs, including likes and dislikes.
- Where people required support with their meals, this was clearly recorded, including what level of support was needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care appointments and referrals for advice were made when needed.
- The service made referrals to external professionals where needed, and advice was incorporated into people's care plans.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One relative said, "Absolutely they [care staff] ask before they do everything. My [family member] once said to the care staff, 'Why do you keep asking?!'"
- People's care records documented staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and treated them well. Feedback we obtained indicated that people were treated with kindness and respect. One person told us, "All the staff are very caring." Another person's relative said, "They [care staff] are smiling, happy, friendly, professional and know what they are doing. We couldn't ask for more."
- Care staff told us they had established positive and caring relationships with the people they supported and their relatives which helped them deliver person centred care which met people's needs. One member of staff commented, "The people who use are service are well cared for and we work to make sure they receive the best care and support they need."
- Details were provided within care plans about any religious, or cultural requirements people had, as well as things of importance to people staff needed to be aware of.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in planning the care they received and were involved in decisions about their care. People said staff always took the time to speak with them at each visit and ask them how they wanted their care to be delivered.
- Reviews of people's care took place, and this presented people and their families an opportunity to discuss how their care was progressing and make any changes. One person said, "The [care staff] and the [registered] manager listen to me." Another person's relative told us, "We can ask absolutely anything and are fully involved [in family member's care]."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the staff treated their family member with dignity, were polite and respectful. One relative shared, "The care staff place a towel over [family member] to maintain their modesty and to make sure [family member] does not feel exposed. Staff care about [family member's] feelings." Another relative said, "They very much treat [family member] with respect, I wouldn't have them if they didn't."
- Staff were observed in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they received personalised care and the service was responsive to their needs. One person said, "We had a meeting prior to the service starting and definitely felt listened to. They [Alina Homecare – Ipswich] have provided what was asked of them." Feedback indicated that care and support provided was tailored to people's individual needs.
- People who used the service had their own care plan in place. Care plans provided staff with an overview of the care people needed and their preferences about how this should be delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans took into account their communication needs and how these should be met.
- The service was able provide documentation, such as care plans, in different formats if needed.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed.
- A complaints policy and procedure was available which explained the process people could follow if they were unhappy with the service they received.

End of life care and support

- At the time of the inspection no-one was at the end stages of their life. The service had a policy and procedure in place which explained the process to be followed if this was the case.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback we obtained about the running of the service and management was positive. One person told us, "I would [recommend the service], it's wonderful, we're thrilled we got them." Another person said, "They have done a very thorough job from the moment they stepped in. They have got things in place that the previous agency never bothered to do."
- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "I am always supported at work [registered manager] and [supervisor] are just a phone call away and I can ring to get through to on call if I ring the office after hours."
- Staff told us they felt the service was well-led. One member of staff said, "I would not hesitate to recommend the service to [anyone] because it is tailor made for individual customers to cater for their personal needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff performance was monitored through regular one to one supervision and spot checks. These enabled the registered manager to monitor how staff were providing care and their professionalism. Staff we had contact with understood their roles and responsibilities, were motivated and had confidence in the registered manager and how the service operated.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently and apologies provided where necessary.
- The provider understood their regulatory requirements and submitted notifications to CQC appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service and their relatives felt well supported and consulted with. A satisfaction survey was carried out during Autumn 2022 and the feedback obtained was positive. One person told us, "I'm in in regular contact with the office, they are very thorough and the [registered] manager is definitely contactable and approachable."
- Staff we spoke with told us they had regular contact with management. One staff member said, "The service is well led, and the management team are both approachable and supportive. Since I have worked with Alina Homecare – Ipswich, I have had full support from the office team, always texting me to ask if I am

okay. They go the extra mile to tell me if I have any concerns I should not hesitate to let [management team] know."

Continuous learning and improving care;

- There were systems in place to monitor the quality of service provided to ensure good oversight. 'Spot checks' were carried out so that the registered manager could observe staff delivering care and identify areas of good practice and offer training and support if needed.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.