

Alina Homecare Ltd

Alina Homecare Hemel Hempstead

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 office inspection took place on 8, August 2017. On the 10 and 11 August 2017 we contacted people, staff and relatives to obtain feedback about the service they received. This was the first inspection since the service was registered on 25 July 2016. Alina Homecare Hemel Hempstead is a domiciliary care service that provides care and support to people in their own homes. They also provide a supported living service. At the time of our inspection, Alina Homecare were providing support to 76 people.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. Risk assessments were completed to keep people safe.

People told us that they were involved with their care and staff always asked for their consent when providing care.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people's needs safely. There were sufficient numbers of staff available to meet people's individual needs.

People told us staff supported them to take their medicines. Staff were trained in safe administration of medicine practices and had their competency regularly observed.

People were very complimentary about the abilities and experience of the staff that provided care and support. Staff received training and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

People and their relatives where appropriate were involved in the initial planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people's preferred routines and delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the manager would take appropriate action to address any concerns in a timely way.

People were asked to provide feedback about the service they received regularly and we saw these were positive.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service and any improvements needed were actioned.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Staff were punctual and people were informed if staff were running late.

People were supported to take their medicines safely by trained staff.

Good ●

Is the service effective?

The service was effective.

Consent was obtained by staff before care and support was provided.

People were supported by staff that were trained and received the appropriate support.

People were assisted with a healthy balanced diet where required.

People had their day to day health needs met with access to health and social care professionals when necessary.

Staff promoted people's choice and independence.

Good ●

Is the service caring?

The service was caring

People were cared for in a kind and compassionate way by staff

Good ●

that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

Confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Guidance made available to staff enabled them to provide person centred care and support.

People were given opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People, staff and relatives were all positive about the service.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and felt supported by the manager.

Alina Homecare Hemel Hempstead

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 over three days 8, 10 and 11 August 2017 and was carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During and after the inspection we spoke with six people who used the service, two relatives, six staff, the operations manager and the registered manager. We looked at three care plans, three employment files and other relevant documents relating to how the service operated.



Our findings

People told us they felt the service they received was safe and met their needs. One person said, "I feel very safe. They are very kind." Another person commented, "I need help with my tablets and the staff always help me take them on time."

Staff identified potential risks to people's health, welfare or safety and appropriately managed and mitigated risks to help keep people safe. Staff told us that they informed the office about any changes to people's needs. We noted where concerns were highlighted by staff that these had been reported to the local authority to ensure people were safe. We saw in people's care plans that risk assessments for people and the environment had been completed. We noted there was clear guidance for staff on how to support people's needs detailed in their care plans.

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would always contact my manager and make them aware of any concerns." The registered manager ensured staff who were newly employed were introduced to people so people knew who was visiting them and felt safe when staff arrived at their homes. Staff we spoke with confirmed they were introduced to people and were made aware of people's support needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. We noted all the necessary pre-employment and identity checks were in place before staff were allowed to work. This included verifying references and investigating any employment gaps in staffs work history.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Staff received their rotas by email and the care co-ordinators told us this worked well and allowed time to reschedule cover if required. People had been allocated regular staff to promote continuity of care. One person told us, "I have got to know my carers. They are caring and the continuity of carers is good" Another commented, "Regular staff come to me." One staff member commented, "They [Alina Home Care] are a good company to work for. I like the fact I have the same clients on a weekly basis and they [people who use the service] like to know who is coming round."

People and their relatives told us staff arrived on time and if they were running late they were phoned by the office to let them know of a delay in the visiting times. One person told us, "They [staff] turn up on time and if

they are running late I get a call to let me know. On the whole they are on time." One member of staff said, "I don't usually run late but would let the client and the office know if I was." Another staff member commented, "If I'm running late I let the office know and they always update the clients." We looked at a random selection of call times and found that calls were on time. There was a system in place to monitor calls throughout the day to ensure people received their support. Staff confirmed they had travel time added to their rotas to support time keeping. The care coordinator told us that they monitor the call logs and any calls later than fifteen minutes of the planned time resulted in them contacting the staff to make sure everything was alright.

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and recording procedures. Staff understood that reporting was important to ensure that steps would be taken to monitor and reduce identified and potential risks. People who used the service told us that staff helped and supported them to take their medicines safely. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competency regularly checked by the field care supervisor, there were also regular spot checks completed to ensure best practice. We saw that medicines were monitored and regularly audited.

Our findings

People who used the service and their relatives were positive about the staff that provided care and support. One person told us, "It's a good service. The staff are helpful, for instance. When I was in hospital I made sure Alina home care knew and they contacted my [relative] I thought that was really thoughtful." A relative commented, "Staff are polite and they are helpful. If we ask them to do stuff, they will help."

Newly employed staff members were required to complete a structured induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties and were introduced to the people they were supporting. Staff received training in areas such as safeguarding, medicines, health and safety, moving and handling and first aid. Staff were also encouraged and supported to obtain national vocational qualifications (NVQ). One staff member told us, "The training is very good. The [person] who did the training explained everything really well and they covered everything and were happy to explain things if you didn't understand."

Staff had 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. One staff member told us, "I have had supervisions; they ask you how you are, and am I still enjoying the job. We have the chance to discuss anything. They ask if you want more training. "One staff member told us they were completing their national vocation qualification level five and we noted other people were supported to develop. Staff told us that the registered manager was approachable. They confirmed they had the opportunity to attend meetings and staff we spoke with felt they had a voice and that the registered manager listened to them.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they obtained people`s consent before they offered any support. One staff member said, "I always assume they [people] have capacity because if you don't you're taken away their rights. It's important to give people choice. I always ask people what they want."

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We

found that some people needed very little support from staff just to warm their food or prepare a snack; others required staff to cook their food. One person said, "Staff help me get my breakfast." Another commented, "Staff help me in the kitchen with preparing the food and washing up."

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "I am very happy with the care I receive; they [staff] are lovely."

We were told by staff and the people they supported they had continuity in supporting the same people over a period of time; this gave staff and people the opportunity to develop relationships and for staff the opportunity to learn people's likes and dislikes. One person said, "I have good friendships with the staff. They talk to me about their families and I talk about mine and we have a lovely chat. They are very good all of them we have a good laugh sometimes." Another person said, "Very happy. The [staff] are lovely, they are caring, talk to you and they are kind." One staff member said, "I just like to make people happy. I used to take one person out for shopping and we stop for a coffee. They said to me it has been a really good day and had a huge smile on their face. It just makes my job so worthwhile. I love it."

People we spoke with confirmed that staff promoted their independence and supported them to live at home. People told us that staff were kind and caring and confirmed they were treated with respect. One person said, "They [staff] make me feel comfortable. They talk to me and help me take my tablets as I can't see very well." They went on to say that staff helped them with their mail by reading the mail for them to support their independence and this was done with the person's permission. Another person commented, "We are happy with the care they are very helpful. They [staff] have even popped down the local shop for me when I have asked."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. People we spoke with confirmed they were involved with the reviews of their care and support.

Staff we spoke with knew people well and we found that care plans had good guidance for staff about the support people required. One person said, "[Staff] are always respectful and polite and I am more than happy with the care I get." Another person said, "Staff make me feel comfortable. It's a good working relationship. [Name of staff member] has reviewed my care and I can't fault them."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Our findings

People received care, treatment and support from staff that had guidance about people's health and care needs. People's identified needs were documented and reviewed to ensure they received appropriate care. For example guidance on how people required their support and how the person wanted that support. One person said, "The girl [field care supervisor] was round recently and we spoke about my care and I had some changes made that I wanted." Other people confirmed they had been involved with their care. The registered manager told us that there are regular reviews every three months and spot checks where people views are sought to ensure people are happy with the service.

People who were new to the service received an initial assessment followed by a two week review to ensure that they were happy with their care they received. We also noted that telephone monitoring was completed by the provider and surveys sent to ensure people were happy with the service provided. We noted positive responses from surveys and telephone monitoring. For example one response stated, "Yes the care has met all our expectations." The registered manager confirmed they always act upon feedback received from people through reviews. An example of this is one person who specified a certain care worker as they liked the way they provided support. The registered manager ensured the staff member was allocated to the person as much as possible.

The registered manager informed us about one person. During their review the person confirmed they would like to be going out. As this particular person had special requirements and used a wheelchair to mobilise they found it hard to go out alone. The registered manager contacted the local authority and arranged a companionship visit once a week to allow the person to go out with their preferred staff member. They have been for coffee, sat in the park, and been shopping. This meant that the person's independence and support needs were being met.

There was an electronic monitoring system that allowed staff to monitor calls, to ensure people had received their calls on time. We found that where a couple of people did not have the facilities to enable staff to log the calls electronically; staff completed the required paperwork. The call times were audited regularly to ensure people received their calls at the correct time. The registered manager told us that any regular late calls would be discussed with staff. A person said, "Staff are very punctual. If the carers are running late the manager will call." Another person said, "[Staff] always turn up on time."

There was a complaints procedure in place and people told us they knew how to raise concerns. People were aware of how to make a complaint should they need to. People we spoke with told us that they were very happy with the service. One person said, "If I had any concerns I would speak to the office." One person

who wanted a change to the staff that supported them commented, "I spoke with the manager and the change happened." We noted that complaints received had been appropriately dealt with in line with the provider's complaints policy.

Our findings

People who used the service told us that the service was well led and they felt listened to. One person said, "The communication is very good. I know who to contact if I had a problem."

The registered manager was knowledgeable about the people who received support. They ensured that staff had the tools, resources and training necessary to meet people's needs at all times. The registered manager was clear about the values and the purpose of the services provided and the mission statement was displayed on the office notice board. One staff member said, "I feel supported and listened to."

There were systems in place to monitor the quality of the service. We saw that the registered manager had completed audits of the service to identify where improvements were needed. There were action plans in place to make improvements. There was a quality team that completed six monthly audit checks to ensure best practice. All incidents and complaints were entered on the electronic system and these were reviewed by the operation manager. This meant there were regular quality checks in place to ensure good practice.

The registered manager told us they felt supported. They confirmed they had daily contact with the operational manager and held a weekly conference call to discuss any issues. They attended quarterly committee meetings where they had recently designed a new assessment form for non-regulated customers. These are people who do not receive a regulated activity such as personal care. They also attended managers meeting to talk and discuss ideas and share best practice. They received training and regular supervision.

Staff were positive about the registered manager of the service and felt there was strong leadership. One staff member said, "The office is open and friendly and everyone is approachable." Another staff member commented, "The [registered] manager is approachable, it's a good company to work for." There were enough staff to meet people's needs and the registered manager was actively recruiting. The office staff were knowledgeable about the people who used the service and about their needs; they also covered shifts when required and were up to date with their training. There was a clear staff structure in place and staff were aware of their roles and responsibilities. There was an out of hour's service operated for people to ensure that people had support when required.

The registered manager confirmed they organised service user engagement events. So far they have held a Mulled Wine and Mince Pie evening. There was an event held to raise money for charity that raised £150. All the people who used the service were invited and offered transport if required. Family and friends of people

were also invited along, as well as all staff, their friends and their families. We were told that one person that attended had not left their home for 18 months and put on their best suit to attend. We were told they were very excited and their regular carer agreed to transport them there and back home again after the event. One staff member confirmed they had supported people to attend events.

Due to the success of these events and feedback from those who attended the registered manager confirmed they were now in the process of organising a fish and Chip supper in September- again this will be open for all people, relatives and representatives to attend, as well as our care workers. They also confirmed, they are in the process of looking at local church groups, coffee mornings and local community clubs – not only to raise awareness of the branch but to also let people who use the service know what is around should they wish to look at more social inclusion.