

Alina Homecare Ltd

Alina Homecare - Leatherhead

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-Leatherhead is a domiciliary care agency providing personal care to people who live in their own homes and flats in the local area. The service provided support to people with physical and health related support needs, some of who also lived with dementia. At the time of our inspection there were 15 people using the service who received support with personal care.

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

People, their relatives and staff told us the agency had caring values which positively affected all people's experience of care and support they received. One person said, "I love them. I think they are marvellous. I don't know how we would do without them." A relative of a person told us, "Staff go above and beyond in everything."

People's support was provided by staff who were cared for by thoughtful and passionate managers. Staff understood well what attitudes, approaches and values they should show towards people and people were consistently very happy with the care they received.

The service processes, systems and vision enabled staff to provide very caring, dignifying and personalised support to people which helped them to remain in their homes, with their families, in safety and comfort with as much independence as possible.

People's care was personalised, addressed their needs safely and staff were competent to provide the support. People received support with the areas of daily life where they needed it and felt safe with staff. People received safe support with their individual risks, medicines or eating and drinking when needed. Staff supported people to contact and access other health and social care services.

The managers ensured there were enough staff employed and care visits happened as planned. There were good systems in place for monitoring quality and safety of the service, evidence of continuous improvement of the service and lessons learnt being implemented following any adverse events. The provider worked in an open and transparent way and encouraged people to raise any concerns. Where complaints were raised, the management team investigated and responded accordingly to support people to resolve any issues.

People were supported 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.

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

Rating at last inspection

This service was registered with us on 13 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by the length of time the service was providing support to people with regulated activity of personal care since its registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alina Homecare - Leatherhead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 26 July 2022. We visited the location's office on 20 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives of the people about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, head of quality assurance and care staff.

We reviewed a range of records. This included five people's care plans and multiple medicines records for people supported with their medicines. We looked at recruitment checks and training records for three staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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

- People told us they felt safe with staff. Staff were trained in safeguarding and knew how to report any concerns and to make sure people were protected.
- One staff member said, "I would whistle-blow. We need to safeguard the people we care for. I would see it through to the end to check it is resolved." There were clear processes and information available for staff on how to recognise and report any safeguarding concerns.
- The provider had robust safeguarding and whistleblowing policies and regularly reviewed incidents, accidents and people's feedback and knew how to report them externally. There had been no safeguarding concerns since the agency's registration.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt staff knew how to support them safely. One relative told us, "They keep an eye on [person]. They encourage them to use his [walking aid]. It makes a great deal of difference for me, too. I feel reassured because I know they are coming in the morning."
- Staff knew what to do when people's individual needs changed which could pose a risk to them. One staff member explained to us, "We have a [person] who's mobility has declined. There is always two of us. If I am five minutes early, I wait for the second carer and I would not go into their house until the other carer is there." Another staff member told us, "We are encouraged to raise things and are able to speak up. If people's needs change, we raise it and the manager reviews the care plan and reassess the person."
- People's care plans included robust information on how they wished to be supported to keep safe, for example around their mobility or specific health related needs, as well as other activities of daily living and in their own home environment.

Staffing and recruitment

- People told us they overall received their care visits as planned and they knew which staff would be coming and what to do if they had any concerns. One relative said it was important to their loved one to know who was visiting, so the agency 'send a weekly list'. One person said, "We normally have the same carer, very good quality. They are always on time. If they get delayed, they always call and come within 10-15min, but it happens very rarely. I rate them highly."
- Staff told us they had enough time to travel between visits and to stay long enough with people. One staff member said, "I don't feel rushed and yes, I feel there are enough staff." Another member of staff told us they were informed and reminded when plans changed or if someone was in hospital.
- The agency used an electronic system to monitor staff attendance at care visits and we saw visits lasted as long as they were planned, were overall on time and attended by appropriate numbers of staff. The management team closely monitored this on a daily basis and took action if things did not go according to

plan due to any unforeseen events.

- New staff were recruited safely, had to provide required information at the application stage and underwent an interview with management. They also had to complete satisfactory pre-recruitment checks, including Disclosure and Barring Service (DBS) check which provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and their relatives told us staff were willing to support them with their medicines when needed and did that safely. One relative said they knew medicines were managed safely, as staff "Logged [support], and they kept [the medicines] safe."
- Staff told us they were supported around safe management of medicines and we saw evidence of this happening. One staff member said, "We have the medicines training, then [management] check you regularly. They are always coming out to do spot checks or shadow us. We have regular training and updates. We'll do training and then six months later, we're doing a refresher. It's good though."
- People's support with their medicines was clearly assessed in their care plans. When people received support, staff completed appropriate records which were checked by the management. The provider had a clear policy in place on how to support people safely with their medicines.

Preventing and controlling infection

- People and their relatives told us staff followed good practice in infection prevention and control (IPC) when visiting them. One person said, "[Staff] come in with their gloves and their masks."
- The provider clearly assessed COVID-19 related risks and updated staff on required precautions, provided access to personal protective equipment and additional training and support when needed. Staff we spoke with confirmed this.
- Where needed staff offered and provided support to people around upkeep of their house environment and supported people to protect themselves from the risk of infections.

Learning lessons when things go wrong

- The management team regularly reviewed all accidents and incidents and took action to address any lessons learnt. The provider supported the management team to do so.
- When people had accidents, this was clearly recorded and reviewed, and action was taken to minimise any ongoing risks. When needed, people's support was adjusted to support their safety. For example, one person's living environment was reviewed to minimise the risk of them falling again.

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 needs were discussed with them and thoroughly assessed before the agency started supporting them. One relative confirmed the agency carried out an assessment before providing her relative's care saying, "I was there when [staff] came. They made sure [person] was aware of what was going on and he had to sign all the documents. They were very good. They spoke about what they could do for us and asked if we had any questions."
- The registered manager explained to us how they met with people, their representatives and gained required information from others involved in their care to agree a care plan with people. They also regularly checked what people thought about their support in the first weeks and months and made adjustments when needed so people felt safe and comfortable.
- The provider was aware of and adhered to the current national best practice guidance, for example around COVID-19 or falls risk management.

Staff support: induction, training, skills and experience

- Staff received training, supervision and support which helped them to be competent for their roles. People we spoke with confirmed they felt staff knew how to support them.
- New staff were supported by the managers before they started to work on their own. One staff member said, "I loved [my induction training]. We did it on site, it's much better doing it face to face and the trainer was lovely." Another member of staff said, "When I first started I shadowed (worked alongside other staff) and if there is a new client now, the office give you a synopsis. I also just ask when I get there." One of management told us they "Would not allow staff to work alone until they felt they were competent" and "it was against their ethos to throw anyone into the deep end."
- Although training in line with the Care Certificate was held mainly online, the provider had a robust programme in place. Staff attended online workshops rather than complete an online course with no other support or supervision. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider also had an ongoing plan of workforce development to provide staff with additional specialist training, for example around specific health conditions relevant to the people staff supported. Staff competence was regularly checked by the managers via direct observations of practice.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not all people required support to eat and drink but their needs were clearly assessed in their care plans. Staff knew what support people required.
- When people needed some support, they told us they received it. One relative told us how staff explored options with the person by offering them choices what they liked to eat which encouraged them to have different meals. Another relative said staff would always offer a preferred alternative if a person did not want their prepared meal and encouraged them to eat.
- People and their relatives told us staff were efficient and proactive in helping people to contact healthcare or emergency services when needed. One relative said, "Yes, they are definitely on the ball with that. My [relative] had a night in hospital after [an accident]. [Staff] came and she was not happy with the look of the wound. She said it was not healing the way she would expect it to, so she suggested contacting our GP." This meant the person got timely support to aid healing and keep them safe and comfortable.
- People's care records confirmed staff supported them to get help from community nurses, their doctor, emergency ambulance service or occupational therapy services when needed.

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.

- Staff worked in line with the MCA Code of Practice and legal requirements. People's care plans included information around their consent and legal representatives and managers where knowledgeable about MCA.
- People's care plans looked at any aspects of their support which could be restrictive, and the managers knew what needed to be done to ensure people were supported in a least restrictive ways and their rights were protected.
- People told us they felt they were asked for their choice and their wishes and decisions were respected. Staff knew what was expected of them. One staff member commented, "We have to assume capacity unless it is proven otherwise. It is decision specific and we have to respect unwise decisions."

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 told us staff were kind and caring. One person told us, "I love them. I think they are marvellous. I don't know how we would do without them." A relative of a person said, "They are kind and thoughtful. We are more than happy with them. They are lovely."
- People's relatives told us how staff's approach made their loved ones to look forward to receiving care whilst they were reluctant to accept it at first. One relative said, "[Staff] are very sweet to them. We thought they would resent carers coming into the house but they don't, they look forward to their visits for the company." This enabled the person to continue to live safely in their own home.
- Staff considered people's emotional needs and their family when supporting them. For example, one relative told us, "[Person] is very confused because of [health condition] but staff are very patient with him. [Person] does not understand that they are paid carers; they think they are our friends, which they are actually. Staff go above and beyond in everything. They are so patient with [my relative]. [Person] can be quite difficult but I have never once seen them lose their patience. They help me as much as they help [my relative]. They pick on things that need doing."
- The management team and staff told us the caring approach extended to how staff were treated and supported on a daily basis which enabled and encouraged them to show the same values when helping people. One staff member said, "The agency does the best for its clients and staff too." This supported staff, one member of staff commented, "I treat [people] how I'd like to be treated. The job just comes naturally."

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

- People and their relatives told us they were regularly involved in their care. One relative said, "We have had a couple of reviews to see how things are going. They ask if there is anything else they can do for us. They very much keep in touch." The management team had a robust and well-planned programme of reviews with people, which were carried out in a personalised way at regular intervals, especially after people started to receive support.
- Staff made sure people got the support they needed and wanted. One person told us, "They are helpful, they are kind, they are reassuring. And they listen." A relative said, "[The manager] is often in touch to ask if everything is OK." Another relative told us, "They sent [care plan] to me to check we were happy with it. I wanted a couple of alterations and we sent it off and it came back with the changes we had asked for."

Respecting and promoting people's privacy, dignity and independence

- People and staff told us they felt respected and listened to. One relative told us how their loved one was determined to remain independent but could not manage fully on their own. They told us how staff made sure they provided the care he needed but did so in a way that did not make the person feel helpless. The

relative summarised, "They are very diplomatic. They do it nicely so [person] does not feel demoralised. They give them their own space so they have their dignity." A staff member confirmed this was their approach, ""It's about gaining consent, asking about choice. It's how you talk to [people]. I wouldn't leave people exposed."

- Another relative said, "I cannot fault them. I am so impressed. I was worried when I first realised [person] needed care because they are a very private person but [staff] have been brilliant with them. They are amazing the way they reassure them and keep them calm. They are so kind and understanding and gentle."
- One relative told us staff encouraged the person to do things for themselves, commenting, "They encourage him in a very kind way. They say, 'Come on, you can [explaining the task].'"
- Staff commented the ethos of the agency was to enable people to stay at home which was rewarding for them. They told us, "I've been really impressed with the standards of care. It is a very good company. We try to promote as much independence as possible. It is very different from person to person, but that's why we need the individualised care plans that we have." Staff told us how one person told them regular caring support meant they could freely do what they wanted with their day and felt secure, sleeping well at night. Staff knew "it's meant [person] could continue to live in the home that had so many memories for them."

Is the service responsive?

Our findings

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us the care they received was personalised and met their expectations and wishes. One person told us how the agency was responsive to their needs, "If we have a hospital appointment, I have phoned [manager] up and asked if she can rejig the times so they do not clash. She has never let me down yet. They are very adaptable." Another person commented, "They look after me well."
- When people's individual circumstances and needs had changed, staff were responsive and ensured people could access required support. One relative told us, "I ask them if they can do extra visits and they will arrange that. They are amazing. It seems like nothing is too much trouble for them."
- People and their relatives, where appropriate, had access to the relevant care plans and felt consulted. People's preferences were included. One relative said, "I have told them how [my relative] likes things done and they take it all on board."
- People's care plans included information around their preferences, life stories and interests, as well as protected characteristics. One staff told us, "There are snippets. It's good to pick up bits and pieces because it gives something to talk about." Staff we spoke with knew people as individuals.
- People overall did not require specific support with social activities but staff knew their personal circumstances, interests and preferences well and had enough time on visits to have a chat with people and offer support if required. Staff maintained open and transparent, friendly relationships with people's families as well.

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 communication needs including sensory needs were included across their care plans. One relative told us staff were able to communicate with their loved one effectively despite some barriers and they knew what the person required.
- The provider was aware of their responsibilities around the Accessible Information Standard and able to explain to us how they were meeting those. For example, although not needed at the time of the inspection, they could provide information to people in different formats and languages.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint and trusted the management team would do their best to resolve any issues. One person said, "If there is some issue, I can always address it and it gets taken care of. They are always accommodating and try to find a solution." Another person said, "I think they do everything well. I have got no complaints at all."
- Staff knew how to support people to raise formal complaints. One staff said they advised a person to call the office staff and would log any issues within their notes to report themselves too as, "We need to keep the channels of communication open."
- Where there were complaints, records confirmed the management team addressed those, investigated and ensured they were resolved for people. There was a complaints policy in place and information on how to make a complaint was made available to people in their own homes.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People, their relatives and staff told us there was good, positive and open culture in the organisation. One relative said, "They are always easy to contact. They will always reply very quickly if I send them an email."
- People and their relatives told us they felt involved and consulted around their care and their feedback was regularly sought. One relative told us the manager organised an appointment to meet with the person and their family and they also "Have filled out a written survey." We saw evidence of such surveys and the feedback from people was overall very positive. We also saw there were multiple compliments addressed to staff for the support they provided to people.
- People and their relatives, as well as staff said communication in the agency was good, open and transparent. One relative said, "They keep us well-informed." Another relative said, "We had a questionnaire sent and regular conversations with them. If anything, lines are always open. Any issues were resolved, openly discussed it in a positive manner. I cannot see anything needing to be fixed."
- Staff told us the managers created a culture of openness, transparency and speaking up. One staff member said, "They are very open and I can talk to them. So far I feel supported and valued." The registered manager knew about and fulfilled their responsibilities around duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The management team used a range of governance tools to continuously monitor the safety and quality of the support and care people received. This included electronic tools, regular reviews and checks in person as well as the provider's support to monitor the quality and address any improvement needs.
- For example, incidents and accidents, staff practice, people's care records, complaints or day to day provision of care were closely monitored by the managers. The managers regularly met with the provider senior management team where they could discuss any service needs and received support to monitor progress with improvement actions, resources and advice on any changes in the national guidance and best practice.
- The service was responsive to the changing environment and took action to improve people's safety and support when needed. For example, action was taken to review people's records, to support staff around travel to work in a timelier manner, to ensure staff training was effective despite the COVID-19 restrictions on face to face meetings.

- The registered manager ensured CQC was informed of any significant events in the service when required.
- Staff told us they felt supported in their roles. One staff member told us, "We have a lot of supervision. We have one to one (meetings) and there is an open-door policy, so we can book an appointment or just call. We have annual appraisal. We don't have face to face meetings at the moment, but we have online ones regularly."
- The agency worked closely with other health and care providers, as well as people's families and representatives to ensure people received the care they wanted in a safe way. This was tailored to individual peoples' circumstances and needs but the management team held all relevant contacts and were proactive in supporting people with any referrals.