

Alina Homecare Services Limited

Alina Homecare - Brentwood

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 - Brentwood is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection there were 11 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

Prior to our inspection, the service had undertaken a complete change in staff and management. During this period, the provider had reassured people and those important to them and kept them informed of all changes. People told us they had been given the opportunity to meet the new manager and spoke highly about the staff, the culture of the service and the care provided.

Medicines were managed safely and administered by trained staff. Medicine audits were able to highlight any errors so appropriate action could then be taken to reduce a reoccurrence. Checks were undertaken to ensure staff continued to be competent administering medicines.

People felt safe and their safety had been maximised with the systems that were in place. Staff knew how to protect people from the risk of harm through abuse. Where concerns were raised these were reported and acted upon.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Staff received the training they required to meet people's needs. Staff spoke positively about the support they received from the manager and told us they felt listened to.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

People's needs were comprehensively assessed with them at the centre of their care and support. Care plans promoted people's independence and were personalised to meet their individual needs.

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.

Systems were in place to monitor the quality of the service people received. The management team were committed to providing a high-quality service to people with a strive to continuous improvement.

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

Ratings at last inspection

This service was registered with us on 19 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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 - Brentwood

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

The service was inspected 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 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 not a registered manager in post. A new manager had been in post for three months and had submitted an application to register. We are currently assessing this application.

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2022 and ended on 20 October 2022. We visited the location's office/service on 28 September 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. 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 to two relatives and three staff members. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the nominated individual as part of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Following the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

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 we spoke with told us they felt safe using the service. One person told us, "We certainly feel safe, no concerns there."
- Staff had received training in safeguarding and knew how to raise any concerns. One member of staff told us, "if I saw something that wasn't right, I would go straight to the manager and let them know without hesitation."
- There were policies and systems in place to keep people safe. The provider understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place that met their care requirements. These provided clear guidance to help reduce the likelihood of people being harmed.
- Care plans contained detailed information which ensured staff understood the needs of the people they supported.
- People's care plans and risk assessments were regularly reviewed and updated. This was done on a rolling schedule, or sooner if a person's care needs had changed.

Staffing and recruitment

- Suitable arrangements were in place to ensure appropriate checks were undertaken when recruiting staff. There were enough staff to support people's needs; however, the provider told us they continued to recruit to increase staff capacity to ensure they can continue to meet people's care needs as the service expands.
- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff had received training in safe medicine management and were assessed as competent before administering medication. Spot checks of staff competencies were regularly carried out to ensure continued safe administration and support of medicines.
- Clear information was documented in the care plan to ensure safe use of medicines. We looked at the medication administration records [MAR] and they showed records were regularly audited, kept in good order and people received their medicines as they should.

Preventing and controlling infection

- The provider's infection prevention and control policy incorporated regularly updated processes to reflect changes in government guidance.
- All staff had received training in infection control practices and appropriate personal protective equipment (PPE) was provided. Staff told us they were supplied with enough PPE to carry out their work safely.

Learning lessons when things go wrong

- There were systems in place for staff to share learning and experiences. One staff member told us, "We share in a group and talk about what works and what doesn't."
- Staff knew how to report accidents and incidents. Where accidents and incidents had occurred, they had been reported, recorded and action had been taken.

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

- Information about people's needs had been assessed prior to receiving any support from the service. The assessment detailed the exact support people required to maintain their health, medical conditions including any nutrition or hydration needs. This was to ensure staff knew the service could meet their needs.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.
- People's assessments included characteristics covered by the Equalities Act (2010) such as religion and sexuality; these were respected by staff.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them or their loved ones in a personal and respectful way.
- Staff completed an induction into the service which included, meeting people, reading care plans, policies and procedures and working alongside experienced staff observing practice.
- Further appropriate training was undertaken by staff to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. 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.
- Staff were provided with a mixture of online E-learning and virtual training. Staff told us they had received specialist training in a variety of subjects which include Parkinson's and dementia care.

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

- Not all people receiving care and support required meals to be prepared and served by the staff as their relatives completed this. However, there were records of drinks and snacks being offered by care staff in between these times.

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

- Care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- The service worked well with health professionals such as GP's, district nurses, pharmacists and other agencies where required, to ensure continuity of care.

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.

- The manager and staff had been trained and understood the importance of ensuring people made their own choices about their lives. People told us staff asked for their consent prior to any care or support tasks. Daily care notes completed by staff had records of consent being sought prior to supporting people.
- Details of relatives who could support with decision making or advocate on their behalf had been recorded in care records.

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's care records contained information about their background and preferences, and staff were knowledgeable about these. People told us they received consistent support from the same staff that knew them well.
- The manager knew each person the service supported as they had completed care visits to them enabling them to guide new staff to treat people in a personal way whilst respecting equality and diversity.
- Staff were very happy in their work and told us they felt valued by the manager. Comments included, "The manager has an open-door policy at all times." and "I know I can call and [name] will listen."

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

- People were encouraged to take part in compiling their care plan. People told us they felt listened to and support was provided how they wanted. One person told us, "The manager has been here in the carer capacity and has got to know [name] well and how [name] likes it done."
- The manager regularly undertook a telephone review of care needs with people and their relatives to discuss what they thought was going well, what wasn't going well and what additional support could be provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and they received the care and support they wanted in their preferred way. They promoted independence, maintained their dignity and respected their decisions about their care. One staff member told us, "We support a person we don't just do."
- Care plans included what people could do for themselves and where they needed support. One person's care plan noted 'knock on the door and only use the key safe after leaving it for five minutes, initially giving [name] the opportunity to answer the door first'.
- The manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. We observed in the office that computers were password protected.

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 received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a detailed and personalised way.
- Family and friends who were important to people were recorded in their care plan. Support networks were clearly set out so that staff knew the relationships and who to contact when. For example, following lessons learnt from a snowstorm, the provider worked closely with local facilities and families to work out what to do and who to go to in an emergency.

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 (AIS). 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 supported by the service were not publicly funded; however, the service were meeting the standards of the AIS
- Care plans had communication records in place to guide staff how best to communicate with people. This included whether people required their glasses for reading or whether they needed their hearing aids in.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The manager informed us complaints and concerns were taken seriously and investigated in an open and transparent way. We reviewed complaints records which supported this.
- People knew who to contact if they were concerned about anything; however, there had not been any formal complaints raised in the 12 months preceding the inspection.

End of life care and support

- The provider had an end of life policy and procedure in place and we were assured staff had received appropriate training to support people in their end of life journey when needed.
- At the time of the inspection the service was not supporting anyone with end of life care.

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 of the service was positive. People told us the manager was approachable and easy to speak to. One relative told us they were fully involved in their persons care and support and another said, "I get everything I want."
- The manager was committed to improving the provision of care for people who used the service. They told us they were supported by the provider who was available to them at any time for guidance and reassurance.
- Communication within the care team was good. Staff told us they speak with the manager daily to ensure there were no concerns.

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

- The provider had taken satisfactory steps within a reasonable timescale to recruit a new manager to the service.
- The provider understood the requirements of notifying the Care Quality Commission (CQC) of significant events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately
- A range of audits to monitor the quality and safety of the service were in place and completed such as medicines, care plans, staff files and spot checks.
- The manager had an 'open door' system in place for staff to share information as and when needed. Staff told us the manager encouraged a culture of openness and transparency. One staff member said, "The manager is always there, you can get hold of [name] any time."

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

- Quality assurance surveys are sent to people and their relatives annually. The manager sought the opinions of people and their relatives to improve the quality of care by carrying out visits and telephone calls. The manager was able to demonstrate actions taken to address feedback received.

Continuous learning and improving care; Working in partnership with others

- The manager worked with people, their relatives and healthcare professionals to enable people to receive

'joined-up' care and support and meet the person's individual needs.

- Staff told us they were kept informed about the outcome of engagement with external agencies that could result in a change to a person's care.