

Alina Homecare Stevenage Ltd

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Inspection report

Unit 6A
Meadway Court, Rutherford Close
Stevenage
Hertfordshire
SG1 2EF

Tel: 01438722663

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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

This inspection was carried out on 20 December 2016 and on the 23 December 2016 we contacted people and staff to obtain feedback about their experience of using and working for the service. The inspection was announced. At the last inspection in January 2014 the service was found to be meeting the required standards.

Alina homecare Stevenage provides personal care and support to people living in their own homes. They also provide support to people who live in two extra care schemes in Stevenage. There were 212 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

The service demonstrated they had systems and processes in place to keep people safe from harm. Staff knew how to recognise and respond to any allegations of abuse. Medicines were managed safely. People were supported by sufficient numbers of staff and these were recruited through a robust process which helped ensure staff were suited for the roles they performed.

Staff were inducted and received on-going training and support. Staff had individual supervisions, team meetings and regular contact with office staff to share good practice and discuss any concerns. People received care that was effective and met their needs. Consent was obtained, recorded and reviewed by staff who were aware of the principles of The Mental Capacity Act 2005 (MCA). People, where required were supported to eat and drink sufficient amounts to help to keep them healthy. People's day to day health needs were maintained and people were supported to attend appointments as required.

People received care that was both personalised and staff demonstrated they were kind, caring and compassionate. We saw that care plans were written in a way that showed people were involved in the development and review of their care plans. People's choices were respected along with their dignity being maintained and promoted. People knew how to raise concerns and felt their feedback was listened to and acted upon.

There were systems and processes in place to monitor and improve the service to achieve a consistently high standard of care and support for everyone who used the service. There was a call monitoring system and spot checks were undertaken to help ensure visits were provided at the agreed times. Feedback from people indicated that visits were sometimes provided later than the expected time but this was being monitored and managed and people felt this had improved in recent months. This was being monitored at all times and time critical visits were prioritised to help ensure the service was consistently responsive to people's needs.

The management team and staff were open, honest and inclusive. We saw evidence that many processes had been introduced to help ensure the service made continual improvements. There was a consistent staff team following a brief period of transition. This had contributed to an improvement in both the consistency and quality of care as people developed meaningful relationships and the staff team got to know people's individual routines.

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.

Staff were aware of what constituted abuse and how to report any concerns.

People were supported by staff who had been recruited via a robust recruitment process.

There were sufficient numbers of staff available to meet people's needs at all times.

People's medicines were managed safely and they received them in accordance with the prescriber's instructions.

Is the service effective?

Good 

The service was effective.

People received effective care and support that was effective and met their assessed needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

People were encouraged to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals when required.

Is the service caring?

Good 

The service was caring.

People were treated in a kind, caring and compassionate way.

Staff knew about people's individual choices, preferences and routines.

People's privacy was respected and they were treated with dignity and respect.

People where possible were involved in the development and review of their care and support plans.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in decisions about their care where possible and appropriate.

People were supported to participate in activities and attend events within the community.

There was a complaints process in place and people's concerns were listened to and acted upon.

People were encouraged to give feedback about the service.

Is the service well-led?

Good ●

The service was well-led and managed.

The provider had systems and processes in place to monitor the quality of the service.

People, their relatives and staff felt the management of the service was consistently good and responsive.

The service demonstrated it was open, honest, transparent and inclusive.

Staff were clear about their roles and responsibilities.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Alina Homecare Stevenage on the 20 and 23 December 2016. We gave the provider 48 hours' notice of the inspection to ensure the registered manager and any key staff members would be available to facilitate the inspection. As part of our inspection we reviewed information we held about the service including the provider information return (PIR), statutory notifications and any other information we held about the service. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by two inspectors who contacted people who used the service and staff to obtain feedback about their experiences of the service. During the inspection we spoke with 14 people who used the service and or their relatives, we spoke with four care staff, the registered manager and the regional manager. We also received feedback from professionals involved in supporting people who used the service. We viewed three people's support plans, four staff recruitment files, training records and other records relating to the overall management of the service. We looked at systems and processes that were in place to monitor the quality of the service and to make continual improvements where necessary.

Is the service safe?

Our findings

People told us they felt safe being supported by staff from Alina Homecare. One person said, "I don't think I have had any concerns that I can think of, I look forward to them coming to see me". Another told us the service was provided safely. One person said, "I think things have improved recently and the staff are good at letting me know if there are any changes and I think this is important to help keep me safe".

Staff had received training in how to safeguard people from abuse both as part of their induction and annual refresher training. Staff were able to demonstrate they knew how to identify any signs of abuse or potential risks to people's safety and knew how to report or elevate any concerns. One member of staff told us, "I would always raise concerns with the office and know they would respond immediately".

Risks were appropriately assessed and where possible mitigated and managed to help ensure people were kept safe. We saw that risk assessments in people's care records were reviewed annually unless there was a change to their ability or circumstances in which case an immediate review was undertaken. Risk assessments provided information for staff on how to support people safely. One staff member told us, "If I am not sure about anything, I would always call the office and they would provide advice and or guidance, I would never take a risk in case I got it wrong".

Where possible new staff were introduced to people who used the service so that when the staff member attended them they knew who was visiting them and felt safe when staff arrived to support them. Where people required the support of two care workers they worked together for the entire shift making sure they arrived together at the same time and provided the support together. This practice helped maintain safe working practices and reduced the risk of staff not arriving at the same time and commencing tasks which had been assessed as needing two staff members.

Safe and effective recruitment practices were followed to help make sure that staff were suitable to work in the roles they were employed for. There were systems and processes in place to undertake all the usual pre-employment checks before staff were offered employment. These included a criminal record check and taking up references with at least one from a previous employer. Other checks included exploring gaps in application forms and checking staff's identity and eligibility to work in the UK. These checks helped to keep people safe by ensuring suitable staff were employed to support people in their own homes.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Staff received their rotas regularly in advance so they knew what their planned visits were. In addition to visits allocated to care staff there were six salaried staff who were available on a rota basis seven days a week to respond to emergencies or to step in when there were unforeseen incidents. People had been allocated regular staff to achieve continuity of care. Visits were assigned geographically to reduce travel and to help minimise staff being delayed in traffic.

We had mixed feedback regarding the arrival times of staff and eight of the 14 people we spoke with told us their care workers sometimes arrived later than expected. During our inspection we reviewed electronic call

monitoring records and spot checks and found that the management had been proactive in managing late visits. There were dedicated office staff monitoring the electronic call monitoring systems at all times and when they identified that a care worker had not arrived they contacted them to establish what the problem was. They then made a decision whether to deploy a backup care worker depending on the circumstances and the likely delay. Where possible they contacted the people concerned to notify them of the delay. We saw no evidence that any visits had been missed and people we spoke with confirmed that they had never had a visit missed.

People who used the service were supported to take their medicines regularly and staff had received training. There had been two recent medicine errors and we found that the staff members concerned had acted promptly and appropriately when they found medicine errors had occurred. The manager had also taken appropriate action by reporting these to the local authority under the safeguarding policy. However they had not been reported to CQC as required. The manager had not realised they were reportable incidents as the people concerned had suffered no ill effects or harm and agreed that going forward these would be reported as required.

There were regular spot checks in place where staff had their competency checked. Medicine administration records were checked monthly. If there were any gaps or concerns these were explored during supervision. In addition if two concerns were identified care staff received an individual letter containing up to date information and were required to undergo further medicine administration training. A handbook was being developed and distributed to all care staff so they had a reference document. Care staff were also supported by office staff who were always on hand to advise and provide support should the need arise. We saw that medicines were monitored and regularly audited by the registered manager.

Is the service effective?

Our findings

People who used the service were positive about the staff who supported them. One person told us, "I look forward to them coming they are a great bunch and do everything I need". Another person told us, "I don't know what training they have had but they seem to know what they are doing and I have never had any problems with any of the staff who come to me". A relative told us, "They [Staff] promote my relative's independence which is great because I don't want (person) to become more dependent and need more care".

The registered manager confirmed that all new staff were required to complete a comprehensive induction programme where they received training relevant to their role and responsibility. Staff had on-going and refresher training and those who were new to the care industry undertook the nationally recognised Care Certificate training modules. Following induction which was provided over a four day period new staff worked alongside experienced colleagues to shadow them and observe their practice and were not permitted to work unsupervised until they were competent in their duties and had their competencies signed off by their line manager. Additionally, new staff were introduced to the people they were supporting where possible. Staff received training in a variety of topics such as safeguarding people, administration of medicines, moving and handling and first aid. In addition, specialist training was available if people had an interest in topics such as dementia care.

One staff member told us, "The training is very good here and I feel well supported". Another staff member told us, "After my initial training, I worked alongside more experienced care staff to observe them and then I worked as a second carer on a double up round. I think this was really helpful and picked up lots of tips. My line manager came to observe my practice before I was able to work on my own. We have spot checks to make sure we work consistently and support good working practice".

Staff were supported in their roles through individual one to one supervision meetings with their line manager where they had the opportunity to discuss their performance, any concerns or any training or development needs. One staff member told us, "I have supervisions about every 6-8 weeks it is an opportunity to discuss any changes in the condition of the people we support or general discussion about our role, working hours or shift patterns". Staff told us that the registered manager was supportive and understanding and they had no concerns about approaching them about anything.

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. We found that the provider and staff were 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. Staff were able to demonstrate they understood about offering people everyday choices and supporting them in a way that suited them.

Where people were assessed as needing support with meal planning or support with preparation staff supported and encouraged people to eat a healthy balanced diet that met their needs. Many people were able to provide their own food and required minimal support from staff for example one person told us, "My care worker gets my breakfast and then I can manage the rest of the day". A member of staff told us, "It varies from day to day and person to person sometimes people need a bit more support than others just to prepare a snack, or make a hot drink." If staff had any concerns about people's food or fluid intake monitoring forms were put in the home and staff completed, monitored them and kept care coordinators informed. If required, referrals were made to appropriate professionals including the GP, dietician or speech and language therapist team (SALT).

People's day to day health needs were maintained and staff supported people when required. Staff told us, "It varies from person to person, some people are able to make their own appointments or have the support of family members while other people will ask for our support". One care worker told us, "I always let the office staff know if my service user requires a GP appointment or any health care appointment just so they are kept in the loop and that the information can be recorded in their daily diary notes in the office. I also record this information in the care notes in the person's home so that all staff is aware".

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "I don't know what I would do without them, they are so good". Another person told us, "Yes they are kind and caring. I get on better with my regular ones because we know each other better but they are all good and I have no complaints." A relative confirmed they found staff to be, "Caring and respectful". Another person told us that the care they have received since transferring to Alina has been much better than a previous care provider.

We saw that where possible people received continuity of care from a small group of care staff who had got to know them well. One staff member told us, "It is good to go to the same people because we have the opportunity to develop relationships and to understand about people's preferred routines as well as likes and dislikes". One person told us, "I have good relationships with all my service users and I look forward to going into them as well as they look forward to me coming in". One person told us, "I can have a laugh with the girls, we get on very well". Another person told us, "They are so very helpful, I am confined to my chair and rely on them, they always do everything I need and ask me if I want a hot drink before they leave".

People told us that staff treated them with dignity, respect and maintained their privacy. Staff told us that they tried to encourage people to maintain their independence and supported them to do tasks themselves where possible rather than deskilling people or taking away their independence. One staff member told us, "I always make sure I protect people's dignity as I would like done for myself". Another told us, "I never forget we are visitors in people's homes, respect their home and wishes". One person told us, "The staff are very helpful and I am so grateful for their support and help, without them I would not be able to remain living in my own home".

People told us they were involved in discussions about their care and support, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. Field care supervisors completed the initial care plan and then care and support plans were reviewed annually or when there was a change to people's circumstances. One person told us, "I had a talk with the person from the office and they asked me all about what I can do myself and what I need help with. We also discussed the times of my visits. They don't always arrive on the button but it is not a problem I know they sometimes get held up at a previous client or held up in traffic". They went on to tell us that if they were running very late someone from the office would usually telephone them to let them know.

Staff were able to demonstrate they knew people and their routines well and we found that care plans contained appropriate information to inform care staff how to support people in the way they wanted. People told us, "They (staff) are caring and respectful." Another said, "We always have a nice chat and a cup of tea together when they have time." Another staff member commented, "We have good relationships, we all work well together as a team and I think that helps".

People's confidential records were stored securely in lockable filing cabinets and staff understood the importance of respecting and maintaining confidential information. People had copies of care plans risk assessments and contact details in their own home so that staff and the people themselves could review

and discuss anything of significance that cropped up. Daily record notes were also completed at each visit so that there was an on-going record of communication between care staff and available to family members if people who used the service wished to share the information.

Is the service responsive?

Our findings

People who used the service told us they felt that the service was responsive to their changing needs. One person said, "Alina are brilliant, they are so flexible. I have often requested a change to the time of my visits and they have always responded to my requests." Another person told us they received care that was individualised and that was based on their individual needs and took account of their preferences and personal circumstances. Staff were very knowledgeable about people`s preferences and the way they wished to be supported.

People told us they received care and support that met their individual needs. One person told us, "They always check what needs doing; they don't just assume which is good for me because sometimes I need a bit more help or something else doing apart from my usual support". We saw that when unplanned events happened people were supported flexibly. For example, we were told about an event which required a person to go to hospital at short notice and required support with personal care and to help prepare an overnight bag for their hospital stay. The management responded efficiently by sending three members of the office staff to support the person with personal care while the third member of staff prepared everything the person needed to take with them. On another occasion when a person required short term support with a task which was not included on the care plan the manager contacted commissioners and made arrangements for the person to receive the support they required. These examples help demonstrate that the service was responsive to people's changing needs.

Where changes in people's needs were identified by care staff this was communicated to office coordinators to ensure records were updated and that commissioners were aware that people's needs had changed. For example if a person required an increase in the number of visits or the duration of visits needed to be amended to ensure the person's needs continued to be met. We saw that a review was completed in these circumstances and an up to date care plan was in place in the person's home. Staff were informed when changes took place.

The registered manager told us that they only took on new care packages when they could provide the times people were assessed as needing. The registered manager told us that sometimes people did not want those times as their needs and wishes had changed since the original assessment had been done by commissioners and they did their best to change them to meet people's expectations. However, they were not always able to respond immediately as they may not have the exact times available and in these circumstances they told us they would offer people alternative times until their preferred times become available.

People were supported to give feedback about the service they received and there were a number of different ways the service engaged with the people they supported. We saw that there were regular spot checks where people's views were sought through the completion of a customer satisfaction questionnaire to help ensure people were happy with the service they received. People who were new to the service were contacted by phone after two weeks to help ensure that they were happy with their care, and then at regular periods thereafter.

There was an electronic monitoring system in place that allowed staff to monitor calls, to ensure people received their calls on time. This was reviewed throughout the day by dedicated staff who were assigned shifts so that the system was monitored continually. In addition time critical visits were prioritised, for example if a person needed to be supported with taking medicines for diabetes. The call times were audited regularly to ensure people were receiving their calls at the correct times. Several people told us the calls were not always at the expected time but we saw from rotas and visits assigned that there was a 15 minute window either side of the visit time which was to build in flexibility, for most people this was not a concern. One person said, "I have never had a missed call, but a few times they have been late because of road works." They went on to say, "Overall they are good with times and usually give me a call if my carer (staff member) is running late.

There was a complaints policy and 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. We saw that complaints were recorded, investigated and responded to in accordance with the written policy. None of the people we spoke with had made a formal complaint. Although one person told us they had raised the issue of late visits and things had improved recently. Another person told us, "I have no complaints but if I did I would call the office and speak to (person) and I know they would sort things out for me."

Is the service well-led?

Our findings

People told us that they felt the service was well managed and that they felt listened to. The registered manager and the provider were open and transparent throughout the inspection process and staff confirmed that they felt valued and their views were encouraged and respected. We saw that office staff worked in an inclusive way and supported each other. There was evidence of good team work and a supportive network, and all staff were committed to making the service better for the people they supported.

The management demonstrated they were knowledgeable about the people who they supported. The provider and registered manager demonstrated they had clear aims and objectives about how the service was being developed and continually improved. For example, people who used the service were provided with regular updates about the service via a newsletter. Coffee mornings were held to encourage and support social engagement and this had proved to be so popular that the registered manager was considering the frequency of this as well as other events. There was also an advisory board where professionals from a range of services met regularly to discuss topics of interest, promote and share ideas and good practice and how they could support each other to improve the service provided to people who used the service.

Staff felt supported by the management team and the registered manager was well supported by the provider. Staff confirmed that communication was effective and that they were involved in decision making and told about changes.

People were assured continuity and consistency of care outside office hours as there was a robust system in place with senior staff on duty at all times to support frontline staff. This included the registered manager who was available and contactable by telephone. Staff told us, "There is always someone at the end of the phone if you need support or advice."

There were systems and processes in place to monitor the quality of the service. We saw that various audits were completed regularly to help ensure any areas that required attention were addressed. There were action plans in place to make the required improvements. For example, in relation to the visit times and this was being stringently monitored. Other audits included checking documentation such as care records, the management of people's medicines and completed medicine administration records (MAR). Results from feedback were analysed and included in the action plan with staff having clear areas of responsibility and timeframes to achieve the required improvements.

Notifications were submitted to CQC as required to inform us about accidents, incidents or events which affect the day to day running of the service. The registered manager was now aware of the need to inform CQC of medicine errors as this had recently been an area that had been identified as not being reported.