Alina Homecare Ltd

Alina Homecare Horsham

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

Overall summary

The inspection took place on the16 June 2015 and was announced. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak with were available in the office.

Alina Homecare Horsham is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection twenty people were receiving a care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

This is the first inspection of this service under the new provider of Alina Homecare Limited who registered on 28 July 2014.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

Summary of findings

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good.

Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to manage risks to people. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The provider made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in developing the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service.

Feedback was sought by the provider via surveys which were sent to people and their relatives. Survey results were mostly positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

Summary of findings

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 supported to receive their medicines safely.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people and staff. We saw that appropriate action was taken in response to incidents to maintain people's safety

There were appropriate staffing levels to meet people's needs.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Good

Is the service caring?
The service was caring.

People told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

Alina Homecare Horsham

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.

The inspection took place on the 16 June 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we wanted to be sure that the relevant people would be available to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people and two relatives, four care staff, one co-ordinator, one supervisor and the operations manager. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, five staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This is the first inspection of this service under the new provider of Alina Homecare Limited who registered on 28 July 2014.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us "I feel extremely safe; they are very, very good. If anything is wrong they sort it". Another person told us "Oh yes I feel safe, it's a life line. They have taken such a lot of care of me. They pass everything of concern on to the district nurse".

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed to ensure they had been completed correctly. Any errors were investigated, on one record a missing signature had been highlighted. The member of staff had been spoken with to discuss the error and invited to attend medication refresher training.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

We saw the service had skilled and experienced staff to ensure people were safe and cared for. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure home visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people, and we saw that the number of staff supporting a person could be increased if required. We were told of a person who recently had become unwell and needed further support at home. A member of staff had assessed the situation with the person and changed their care and support calls by adding an additional member of care staff to ensure the person's needs were met.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person falling in their own home, clear measures were in place on how to ensure this risk was minimalised. Such as for staff to ensure clear pathways around the home. Staff could tell us the measures required to maintain safety for people.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan.

The service had an on-call rota that was implemented weekly. This is where a member of the office staff had a mobile phone out of office opening hours, to ensure someone is available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us how they could always get hold of someone if they needed to.

Good

Is the service effective?

Our findings

People felt that staff were skilled to meet their needs and spoke highly about the care and support they received. One person told us "Oh yes they are skilled, a lot of them come from care homes. They know what they are doing". Another told us "They are very good. I think very well trained".

A relative told us "Yes they are well trained, I think the staff seem well matched, they get on with my relative very well. It is a two way thing, they do ask before doing anything".

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us "We work on induction workbooks and do mandatory training for example moving and handling and medication before we got out and visit people". Another told us "The training is good and the company is very supportive". The operations manager told us how they were introducing the new Skills for Care care certificate for staff and incorporating it into their induction training workbooks. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs they required. Staff had contact regularly with their manager in the office or via a phone call to receive support and guidance about their work and to discuss any issues. One member of staff told us "We have regular supervisions and talk about what training courses we would like to do. The company is very good at following that up". Staff also received spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the MCA. A best interest decision considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and would always ask permission before starting a task. We were shown additional training that had recently been implemented to enhance staffs knowledge in the MCA. This included an information sheet which had recently been sent out to all of the care staff.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member staff told us" I make sure I leave out drinks before I go, always ask how hungry they are and give them the choice ensuring they have enough. We record in the daily log book what they have eaten". People's nutritional preferences, likes and dislikes were detailed in their care plans. One person told us "They do my lunch and give me a choice".

We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people . One member of staff told us about a person who had become unwell and required two care staff for support. The service had worked closely with their family and an Occupational Therapist (OT). A hoist had been introduced to aid mobility and ensured the person's safety.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and listened to their opinions and choices. One person told us "They are very good and very caring, never had a bad one". Another told us "They are all very nice. This agency is the best and I have had quite a few. Pretty regular staff and if I get a new one, they introduce them first". A relative told us "Yes, I do think they are very caring, It's usually the same faces that come".

The majority of people felt that they had regular care staff. On person told us "Yes I have regular carers, we have a little joke with each other they are good, can't fault them". My daughter gets a rota and checks it for me. I know them all pretty well and they always introduce new carers to me". A relative told us "My mother sees regular people, it changes a little. If new they are shadowed first".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. One staff member told us "We cover people with towels when delivering personal care and close curtains, doors and maintain communication". Staff all spoke about how they promoted people's independence. In one care plan it stated that a person was nervous of walking around their home. It detailed the walking aid the person used and guided the staff to encourage independence, to be patient to the person's needs and ensure paths were clear of any obstructions. Staff told us how they assisted people to remain in their own homes and said if a person wants to do things for themselves for as long as possible then their job was to assist with this. Staff described how they encouraged people to be independent and worked with each person to know how much they can do for themselves and provide support where needed. One told us "We always encourage people to do what they can and provide opportunity to do even the smallest of tasks on their own. Every individual is different and likes things done in a different way, you need to speak to them so they feel part of the process you are doing". Another told us "I arranged a tea tray for one of my ladies I visit, this encourages her to make her own tea which she enjoys".

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have.

Staff said they felt they always had enough time to carry out people's care needs on each visit. One staff member told us "We definitely get enough time to carry out people's care needs". Staff told us If they felt that there was not enough time to cover everything in a call or a person's care needs changed they would ask for the care to be reviewed as the call might need extending. Staff confirmed they were sent their care calls on a rota each week. Which had details of travelling times in between each call.

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were able to express their views via feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "I had the office call me to ask if I preferred a male or female member of staff. I prefer female and they done that for me".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person around their home who was unable to walk unaided. This included using a hoist to safely move the person and how staff should encourage the person to aid their mobility. It also contained information around supporting the person to drink fluids regularly. In another care plan it detailed for care staff to monitor pressure areas on a person's body and to report any signs of skin damage to the office immediately.

There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained enough information for staff to understand how to deliver care. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. One member of staff told us "Everything revolves around the needs of the person and what they want us to do and how they want to be cared for". Another told us "We support and encourage people to remain independent. You get to know a person and understand what they can do for themselves and be there for them". Care plans were reviewed as and when a person's needs changed or every six months.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. One complaint was around the time of a person's care calls. The service responded in a timely manner and offered to make adjustments where possible. One person told us "I have rung the office about some small concerns. They sorted it, we know all the girls in the office. Complaining, not a problem there". Another person told us "They have always told me to go to them with any complaints. Never had occasion to do that".

Care staff told us they had enough travel time in between visits to people. One staff member told us "Yes we have enough time, depending on traffic sometimes". Another staff member told us "If we are running late there is good communication between the care staff to ensure people know". We spoke with the member of staff who completed the staff rotas and discussed the scheduling with them. We were told staff had travel time between each care call and if they felt it was not enough they could ask for additional time. The staff member told us "Communication is really important especially if a call is running late. We have to ensure the person is aware of the situation and keep them updated. For continuity of care, each person has a core team of care staff. This is detailed on the system so when we schedule the calls we can see who is a regular carer to that person and match them".

Good

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management. One person told us “They are terrific. I get a rota of who is coming which is good. I would say they are well run, the staff are very good”. Another told us “Yes I would say it is well managed. I have tried to get a later slot at night; they know that’s what I want. As soon as it’s available they will do it. They have given me the earlier slot I requested in the morning, it’s now 9.30am”.

The atmosphere was friendly and professional in the office. Staff told us they were able to speak to the manager when needed, who they found supportive. The registered manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the manager. One told us “I feel supported a lot by the manager and other staff”. Another told us “It is a small team that are very approachable and supportive”.

Feedback from people and relatives had been sought via surveys. Comments from a recent survey praised the staff. The surveys helped the provider to gain feedback about what they thought of the service and areas where improvement was needed. The registered manager also sent out newsletters to people, which included updates on the service and new staff who had joined.

Staff felt they had regular communication with their manager and office staff through supervisions, phone calls and coming into the office regularly. We were also told about a staff forum that had taken place recently. This had been introduced to take place every six months for staff to have an open discussion with the registered manager and the provider to discuss various topics which included professional development, training, uniforms and any concerns.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and care records. This highlighted areas needed for improvement. Findings were sent to the provider and ways to drive improvement were discussed. The manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided. A quarterly audit was also sent to the local authority which detailed areas such as training, staffing and supervisions.

Other areas of monitoring quality across the service included quarterly telephone reviews to people to discuss the care they received and any comments they may have. We were also told of the idea of arranging a social event for people, which they planned to be a tea party. This had been tried in another of the provider’s offices and had been a success.

We spoke with the operations manager who told us “We provide a quality service and have supportive management who provide open communication with people and staff”. They also told us about improvements that were being implemented which included a review of policies, additional training for staff and management and improvements in the quality and monitoring of the service.

The provider had recently looked at improving the induction process for new staff and introduced a shadowing and competency achievement workbook for all new staff. The book formed part of their induction and was designed to track the skills staff gained and used in their first few weeks of starting. The books were devised to be completed in the first twelve weeks after employment commenced with support from a mentor.