

Alina Homecare Services Limited

Alina Homecare - Colchester

Inspection report

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29 September 2022

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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 - Colchester is a domiciliary care service providing personal care to people in their own houses and flats. The service provides support to people including those with a physical disability and people living with dementia. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found

People received risk assessments to guide staff on how to keep them safe. Staff were trained in safeguarding and knew how to report concerns. Care visits were planned, delivered and monitored to prevent missed visits. People were supported to take their medicines as prescribed. Staff follow safe practice in infection prevention and control. Lessons learned following incidents were demonstrated in improved processes and procedures.

People received an assessment of their needs and preferences when they joined the service. Staff received an induction, including training, shadowing and supervision. Additional training was specifically tailored to people's care and support needs. People were supported to have a balanced diet. People were proactively supported to access healthcare support and other agencies as required.

Staff were described as caring and there was a person-centred culture. People were treated with respect, and their human rights upheld. People's privacy and dignity was considered at all times. People were able to express their needs and preferences and felt they would be met. People were supported to retain their independence where able and they choose to do so.

Care and support was planned to meet people's preferences, choices and needs. This was regularly reviewed and updated and there was an enhanced awareness of care plans and review processes. Information was communicated and available to people in an accessible way. People and their relatives felt confident the service would respond quickly and openly if they ever had cause to complain. We received positive feedback about support for people reaching the end of their lives.

There was a positive, person-centred culture. Staff felt valued and supported in their roles. A range of checks and audits were carried out, including the use of bespoke systems, which provided good oversight. The registered manager regularly liaised with other branch managers and had provider support, including a dedicated quality team. Legal and regulatory responsibilities were well understood. People and their relatives told us they received regular communication from the service and were able to contact the office as needed. Plans were in place to continuously improve.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: People are supported to have maximum control, choice and independence through the care provided in their own homes. Information is accessible, such as 'Easy read' guidance and information for people if required.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff are scheduled to receive specialist training on supporting people with a learning disability, and autistic people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There is a positive and inclusive culture at management level, and an awareness of best practice guidance.

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 5 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 - Colchester

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 inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 a 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 21 September 2022 and ended on 7 October 2022. We visited the location's

office on 29 September 2022.

What we did before the inspection

We reviewed information we had received about the service since registering with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, and six people's relatives about their experience of the care provided. We spoke with six members of staff including care workers, the field care supervisor, the registered manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

Staffing and recruitment

- Staff were recruited safely, including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Minor improvements were required to cover gaps in one staff member's employment history. The registered manager carried this out straight away.
- There were sufficient numbers of staff to complete care visits to people, and there had been no missed or seriously delayed visits at the time of the inspection.
- One person told us, "I was asked about the times I wanted in the care plan discussion and that's what I have. They are punctual, other than occasional problems with traffic. In the vast majority of cases, someone has let me know if they're going to be late. They've never let me down."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "I never feel at risk. There have been no incidents since [the service] started."
- Staff received safeguarding training and were aware of their responsibilities to share and escalate any information of concern.
- Policies and procedures were in place for safeguarding. One staff member said, "They [policies] are all in the office and we have phone numbers too. We have the adult safeguarding number we can ring. I would raise it with [registered manager] too to keep her in the loop."

Assessing risk, safety monitoring and management

- Risk assessments gave guidance on a wide range of areas, including how to support people to move safely. One person said, "I feel very safe. I've got a walking frame and the staff watch me all the time, walking behind me."
- Detailed assessments were carried out, including for the home environment, epilepsy, diabetes, continence care, catheter care and any equipment needed. This kept people safe from the risk of potential harm.

Using medicines safely

- People were supported with their medications safely, and as prescribed. This was recorded in real time on an electronic 'app' to show the medicines taken.
- One person's relative told us, "[My relative] was on no end of medicines, so it was important that I could see what the staff were doing [via the app]. They also put on if any medicines needed to be reordered."

- Body maps were in place to show where any topical creams should be applied. One person said, "The staff [apply] cream as needed, to avoid pressure sores."
- Staff received training in safe medicines practice.

Preventing and controlling infection

- Staff received training in infection prevention control and followed government guidance including in relation to the safe management of COVID-19.
- One person told us, "They [staff] wear masks, apron and gloves. They wash their hands all the time, and they change their gloves after putting the cream on me." Another person told us staff wore, "Masks, aprons, gloves, and the Alina uniforms."
- Staff had access to the personal protective equipment (PPE) required. One staff member said, "Everything you need [PPE] is always there when you need it."

Learning lessons when things go wrong

- There was a culture of learning, where lessons were learned from any incidents to reduce the risk of reoccurrence.
- One staff member said, "We go through everything if anything happens. We get an email from [the registered manager]. We are always up to date even if it is a client we don't see."

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 received an assessment of their needs when they joined the service, and this was continually monitored for any changes. One person said, "The manager came out at the beginning – excellent: polite, courteous, attentive, questioned clearly."
- Support was provided by regular care workers, to promote good outcomes for people. One person's relative said, "The staff come on time and usually it's the same person; they're both very important to an older person." Another person said, "I've got three staff who are familiar to me; a consistent team."

Staff support: induction, training, skills and experience

- Staff received training in a range of areas to meet people's care and support needs. This included completion of 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.
- One staff member told us, "I completed the Care Certificate. I had three days of shadowing so went out to everyone at least once."
- Specialist training was provided to staff to meet people's specific care needs, such as in catheter care and dysphagia. The registered manager told us this increased staff confidence.
- Staff received regular spot checks and supervisions, to support their development in the role. One person told us, "[Names of senior staff] occasionally pop in to check what's going on or to mentor new staff members, as well as to just watch the older ones, checking them."
- People told us they felt staff were well trained and experienced. One person's relative said, "[Name of staff member] has been instrumental in my [relative] carrying on having care."

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

- People were supported to eat and drink enough, and their choices and preferences for meals and snacks were respected.
- One person said, "For lunch, the staff will cook the vegetables and get lunch together with me. They'll cook anything I want."

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

- The service worked effectively with others to support good outcomes for people, and recorded information such as dental and optician visits in the assessments and reviews completed.
- One person said, "If they [staff] have been concerned, they've rung the district nurse to ask them to come

and check. I'm happy for them to do it because they can explain more than I can."

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.

- Mental capacity assessments had been carried out where appropriate to check whether a person had capacity to consent to a decision about their care, or if a decision needed to be made in their best interests.
- Staff were trained in relevant areas such as the MCA and in dementia care.
- One person's relative told us, "[My relative] has dementia and most of the staff are very good – they will sit and talk to [my relative] as well as do the tasks. They put all that in their notes – what they talked about and how [my relative] was with them. They are definitely meeting [my relative's] needs as in the care plan."

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 they built up trusting relationships with staff, who were kind, courteous and compassionate.
- One person told us, "[The staff] are all pleasant, and they find time for a quick chat; I'm quite interested in them and hearing about their families and so on. They call out to me as soon as they've let themselves in – 'Good morning, [name]; how are you today?'"
- People's specific equality and diversity characteristics were considered as part of the assessment process so they could be respected. For example, the nominated individual told us documents could be translated into different languages if required.
- Staff spoke about people with genuine warmth, for example describing one person as, "Wonderful."
- The service supported people to feel included in wider cultural events, such as taking homemade cakes and flags to people for the Jubilee celebrations.

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

- There was a person-centred culture, with these values shared at all levels of the organisation.
- People felt they worked in partnership with the service to make decisions about their care. One person told us, "[The office staff] came out to take all my details; I told them everything. I like their idea of teamwork – working together with us."
- People's choices and preferences were taken into account as part of planning care and support. One person said, "My son organised [the care] and knows I'm a late getter-upper, so [the service] organised for the staff not to come until later on in the morning."
- The service had received multiple compliments and positive feedback from people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
- One person said, "The staff are all very pleasant and respectful; I am very pleased with them." Another person's relative told us, "[My relative] is very happy with the staff. They're very positive, friendly, caring, and very good regarding dignity and privacy. [My relative] never feels over-exposed."
- People were supported to be as independent as possible. One person said, "I do what I can, and [the staff] don't interfere." Another person told us, "[The staff] try to help me to do what I can do for myself."

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 were asked about their preferences and choices in a range of different areas to ensure the care and support was appropriate to meet their needs.
- One person told us, "I was asked about whether or not I was happy with a male staff member and I said I didn't mind. It hasn't happened yet. I was also asked about what time I wanted the visit. I'm an early riser, so the time suits me." Another person's relative said, "I think they do listen, and take account of your views."
- Regular reviews were carried out to make sure support plans met people's needs. One person told us, "I could get in touch with the office to change anything if needed. They've reviewed my package once; they came out because I have to sign it. I think it was [the manager] who came first, then the office manager [for the review]."
- There was also flexibility to increase care visits if required. One person's relative said, "[The company] can step in for extra visits when we need them, with a few weeks' notice; they are flexible like that."

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.

- The service was meeting the AIS.
- Care plans clearly recorded how to communicate with people, and any aids required such as glasses.
- Guidance and information was available in a format the person requested such as 'easy read'.

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 were supported to avoid social isolation, and this was considered in the care planning process.
- One example was shared by the registered manager, who said, "We have recently arranged for one of our [people] to have the hairdresser go in every 2-3 weeks, it has started to happen now and [person] is loving that."
- The provider had developed a mechanism to identify and monitor if people were expressing sadness on a regular basis during care visits, so pre-emptive action could be taken to support their wellbeing.

Improving care quality in response to complaints or concerns

- People told us they did not generally have any cause to complain but knew how to do so if required. People told us they felt any concerns would be listened to and acted on.
- One person told us, "I haven't had to make any complaints, but all the information is in the booklet, if I needed to know how."
- One example was technical difficulties with the previous electronic system. One person's relative said, "We were sent a rota initially, but when it [the system] 'crashed' nothing's happened, and I'd like to see that back because it's useful to have." The registered manager told us they were working to secure this with a new system provider.
- The service had received multiple compliments.

End of life care and support

- Staff spoke about people they had supported at the end of their lives with compassion and sensitivity.
- There was an opportunity for people to discuss their wishes and preferences during their care assessment if they chose to do so.
- Staff received training on 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

- Caring and compassion was embedded in the service from the top down. One staff member told us, "They [the management team] bend over backwards for their staff and their clients and are genuinely so supportive, helpful and caring."
- One person's relative said, "I have a good relationship with the manager, who was the first person I spoke with when we needed care. I find [the registered manager] very good, very supportive."
- One person told us, "We have a very good, friendly relationship with [the staff]; the odd joke and so on. We treat them as if they're a friend of the family. I've been in hospital once or twice since being with [the company] and they rang every day to see how I was."
- One staff member said, "I love my job, I love working for Alina."

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 registered manager understood their legal and regulatory duties well, including the need to report certain information on to the local authority or to CQC.
- Staff, including the registered manager, were supported to develop their knowledge and experience through completion of qualifications.
- Staff also had the opportunity to progress within the company through an 'Ambassador' scheme. One staff member said, "I have just been offered an ambassadorship. This involves training other staff members, going out to assess clients, learning in the office, and still keeping the clients I have. I am a key worker for one person, and I don't want to give [person] up."
- One person's relative told us, "I think [field care supervisor's] knowledge of the job as a past care staff member has worked very, very well as they bring their experience and understands what's needed. I always feel I can contact them, and them me. We work together as a team."
- The registered manager understood the duty of candour and operated with openness and transparency.
- Systems were in place to give oversight of any incidents and accidents at the service, so they could also be analysed and acted upon at all levels if required.

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

- People and their relatives told us they would recommend the service to others. One person said, "I'd say

'go for them' because they're the best I've come across. Many companies are more business than caring, and this company knows about how important it is to look after people."

- Staff told us they felt supported in their roles. One staff member said, "They [management] really are an amazing team. Any issues or concerns, they are there for us."
- The service carried out surveys for people and staff to seek their feedback.
- Systems and processes were in place to drive continuous improvement at the service, promoting better outcomes for people.

Working in partnership with others

- The service worked in partnership with others, supporting the delivery of joined-up care.
- One professional who had worked with the service told us, "I found managerial staff were very helpful, responsive and professional and shared information appropriately."