Alina Homecare Services Limited

Alina Homecare - Christchurch

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 - Christchurch is a domiciliary care agency that was providing personal care to 41 older adults living in their own homes at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People felt safe and were supported by staff who understood how to recognise and report safeguarding concerns. Staff recruitment processes included robust checks to ensure the person was suitable to work with older people. Risks to people were assessed, monitored and regularly reviewed and staff understood actions needed to minimise risk of harm. People received their medicines safely and infection, prevention and control practices were in line with government guidance.

People had initial assessments that gathered information about their care needs and lifestyle choices. They were supported by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. People were supported to access healthcare services when needed. 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.

People described care staff as kind, caring and patient and felt involved in decisions about their care and support. Staff were respectful of people's privacy, dignity and independence.

People had person centred care that was reflective of their lifestyle choices. A complaints process was in place and people told us they felt able to raise concerns knowing they would be listened to and actions taken. People had an opportunity to be involved in end of life planning. Staff were confident in providing end of life care with the support of palliative care nurses.

The culture of the service was open, honest and person centred. Staff spoke positively about their work and felt supported in their roles. Quality assurance processes were multi layered and effective at gathering data to drive improvements. Partnerships with other agencies supported new ideas, innovations and up to date national 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 13 December 2019 and this is the first inspection.

Why we inspected
This was a planned first inspection so that we could rate the service.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Alina Homecare - Christchurch

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 24 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.

What we did before inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, quality manager, registered manager and care staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, complaints and policies.

Good

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 for 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 were cared for by staff who had been trained to understand and recognise signs of abuse and understood their responsibility to report concerns.
- People told us they felt safe. One person told us, "I feel safe in their hands, I couldn't praise them (staff) enough". Another said, "They keep me safe and they do everything I need them to do. I'm happy with the care".
- People and their families were provided with information about safeguarding which included who to contact should they have safeguarding concerns.
- Records demonstrated that systems in place to meet legal requirements to report safeguarding concerns were operating effectively. Information had been shared appropriately with external agencies, such as the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed regularly. This included risk of skin damage, falls and choking.
- Staff were knowledgeable about risks people lived with and understood the actions needed to minimise avoidable harm. This included ensuring equipment provided was regularly serviced and in good working order.
- Records demonstrated that specialist assessments had taken place when required and were followed by the care team. This included a safe swallowing plan, provided by a speech and language therapist, and moving and transferring plans provided by an occupational therapist.
- Environmental risks in people's homes had been assessed and included a fire safety assessment and personalised evacuation plan.

Staffing and recruitment

- People received care from staff that had been recruited safely. Prior to commencing employment, checks included confirming employment gaps, verified references, a health questionnaire and criminal record check.
- Staffing levels met the needs of people. Staff were flexible, ensuring people's changing care needs were met. One care assistant told us, "Staffing can be a rollercoaster, staff and clients change but we go with the flow".

Using medicines safely

- People who had their medicines administered by care staff, had made decisions to occasionally self-

administer medicine to accommodate their lifestyle choices. Risk assessments had not been completed to ensure this was safe. We discussed this with the registered manager who arranged for senior staff, during our inspection, to complete a risk assessment with the person. The quality manager told us they would share this learning across the organisation.

● People had their medicines administered by trained staff who had their competencies regularly checked. One person told us, "(Carers) put them (tablets) on my lap and we do it together". A persons' care review recorded, 'I get confused so the carers take the worry away (administering medicines)'.

● When topical creams had been prescribed a body map had been completed which provided detailed information on where each cream needed to be applied.

● Some people had medicines prescribed for as and when required. Protocols were in place providing detailed information on what the medicine had been prescribed for and how often it could be taken safely.

Preventing and controlling infection

● People were protected from avoidable infection as staff had completed infection, prevention and control training, (IPC), and had their competencies regularly checked.

● Personal protective equipment was in good supply and used correctly. One person told us, "They, (care staff), always put on their masks, apron and gloves before they enter the house".

● People and staff were participating in the testing and vaccination programmes.

● The organisation had provided staff with an opportunity to share any additional risk factors they may have that placed them at a greater risk during the COVID-19 pandemic. This meant that any necessary actions to minimise risk, such as shielding, could be implemented.

● IPC policies and procedures were in line with current government legislation.

Learning lessons when things go wrong

● Accidents and incidents, safeguarding's and complaints were reviewed by the registered manager and quality team. When learning had been identified this was shared with staff through electronic communications, group meetings and supervisions.

● The quality manager explained that learning was also shared more widely across the organisation such as improvements to systems and processes.

Good

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
- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- When people had other health or social care professionals involved in their care the assessment reflected this and incorporated any care needs. Examples included safe swallowing and moving and transferring plans.
- Assessments included the use of equipment and technology including specialist pressure relieving mattresses moving and transferring equipment.

Staff support: induction, training, skills and experience
- Staff received an induction, on-going training and support that enabled them to carry out their roles effectively. One person told us, "Sometimes one, (care assistant), shadows. They learn the job so that they know how to help me".
- Training specific to people's health conditions included stoma care, diabetes and dementia. A care assistant told us, "Dementia was new to me. Training helped because you don't panic. A lovely (client) has dementia and we have the same conversation over and over. Without training you could confuse (them) more, but you learn to just go with the story".
- Staff received regular supervisions, including spot checks whilst carrying out home visits. Appraisals took place annually and provided opportunities for professional development such as diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
- People had their eating and drinking needs understood and met. This included providing textured diets for people with a swallowing difficulty and understanding the dietary needs of people with health conditions such as diabetes.
- Staff had completed food hygiene training which meant food preparation was carried out safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked collaboratively with other agencies which enabled positive, effective outcomes for people. A social worker told us, "Since liaising with Alina Homecare, I have been able to understand the client's circumstances better and we have set up clear plan in moving forward".

● Records showed us that people were supported to access healthcare, both for planned and emergency events. A relative told us, "They, (care assistants), understand (relatives) health. Told me their toes had cracked and asked can you call GP. Will only use cream prescribed, it arrived and now improved".

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 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.

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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

● People had their rights upheld as the principles of the MCA were followed. Records showed us that people, or their legal representative had signed to consent for care to be provided.
● Records demonstrated that when people may not have had capacity to make certain decisions mental capacity assessments had taken place with the person, their family and professionals with experience of the person such as a GP. Examples included the use of bed rails, delivering personal care and administering medicines.
● Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

Good

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 and their families spoke positively about the care they received. One relative told us, "Our carers are very patient and very very kind, they know how to communicate with (name)". One person told us, "I love some of my carers, I just wish they could come all the time".
- People and their families spoke positively about the support they received. One relative told us, "They, (care assistants), are more like friends. Always ask if I need anything on their next visit; check I have milk and bits. Always ask are you OK".
- People had their individual communication needs understood. A care assistant told us, "One (person) doesn't speak but we communicate in different ways. Using hands, patience is needed. We can use thumbs up and nodding head".
- Staff had got to know people, understood what was important to them and respected their lifestyle choices. A relative told us, "One morning the carers arrived and (name) and (name) were still in bed so they did what they needed to do and then they all sat chatting; it's like having friends".

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

- People were involved in decisions about their care. We read a review where the person had requested a particular care assistant, and this had been facilitated. A relative told us, "We made choices about times for specific reasons like nutrition and they fitted all the times around our needs".
- When people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People felt that care staff respected their privacy, dignity and independence. One person told us, "They (care assistants) respect my dignity; feel comfortable when helped with care".
- Personal data about people was stored securely to ensure confidentiality was maintained.

Good

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 had person centred care plans that reflected care needs and choices and reflected the persons individuality and lifestyle choices.
- People told us they felt involved in their care. Records showed us that people were involved in regular reviews of their care, had their views listened to and respected.
- Fact sheets providing information about people's health conditions had been included in care and support plans. Examples included information about strokes, stomas and diabetes. This meant staff were informed about people's health conditions and the impact they had on a persons' day to day life.
- Care plans included details of friends and family that provided support. During the on-going pandemic links outside the home have been restricted leading to a risk of social isolation. People told us care staff had time to have a chat. A care worker told us, "One (person) I help, I take along my patchwork and quilting to show them as (they) are quite interested".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included any sensory aids such as spectacles and hearing aids. Information could be provided in other formats such as large print if needed.

Improving care quality in response to complaints or concerns

- Information had been provided to people on how to make a complaint. People told us they would speak to the registered manager if they had a complaint and felt confident, they would be listened to and any appropriate actions taken.
- Records showed us that complaints were investigated and responded to in a timely way. The complaints procedure included information on how to appeal if not happy with the complaint outcome.

End of life care and support

- People had an opportunity to discuss and plan for end of life care and support which reflected on their spiritual and cultural backgrounds.
- Where people had made 'do not attempt resuscitation' decisions a copy was kept on their care and support file and the original in the persons property.
- When people had been receiving end of life care this had included working alongside palliative care

nurses such as Marie Curie and Macmillan.

Good

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

- Staff spoke positively about the service and their work. One care assistant told us, "I work here due to their ethos. Incredibly supportive. Know I can have a giggle or a tissue and that's ok. It's a safe place".
- Staff told us they felt able to share ideas or concerns and would be listened to. One care assistant explained, "Always able to speak to the font of all knowledge, (office), and they will always feedback to you".
- Staff felt appreciated and supported in their roles. A care assistant told us, "Feel like it's a team and that makes a difference". Another said, "I can speak to (registered manager) about anything; she's really supportive".

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

- No incidents had taken place since registration that required a duty of candour to be met. The quality manager told us, "We have on-going open relationships with service users, relatives and professionals and we would notify if needed".

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

- The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes were multi layered and effective at providing data on quality and safety. Information was gathered through a schedule of audits completed by both the registered manager and provider. An annual quality assurance survey gathered feedback from people and staff.
- Quality assurance data was used to measure performance against quality targets and set actions to drive performance. Records did not consistently demonstrate the completion of actions and outcomes. We discussed this with the quality manager who agreed to review the recording process.

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

- During the COVID-19 pandemic restrictions have limited opportunities to meet in groups. Staff meetings have taken place virtually and provided an opportunity to share information about the service.

● The CEO and Chair of the organisation met annually with staff. The quality manager told us, "It was virtual this year, it's not compulsory but provides a chance to touch base with what's going on". Staff had voiced they wanted a change of uniform and this had taken place.
● A monthly newsletter had been produced for people and their families to keep them up to date with events at the service such as staff changes.

Working in partnership with others
● The service had developed links with other agencies in developing best practice guidance. This included CQC, Public Health England and Home Care Providers Association.