Alina Homecare Ltd

Alina Homecare Banbury

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

We undertook an announced inspection of Alina Homecare (Banbury) on 20 June 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection 27 people were being supported by the service.

There was a registered manager in post. 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.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

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

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Alina Homecare Banbury

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.

This inspection took place on 20 June 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an 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.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with four people, three relatives, three care staff, the registered manager and the operations director. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We also contacted the local authority commissioner of services for their views.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "Yes I do (feel safe), I feel comfortable with the carers", "Yes I do very much so" and "Absolutely (safe), always". One relative said, "There is no reason to think otherwise".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would go straight to my manager" and "I'd call the office, CQC (Care Quality Commission) and I can call the police". The service had systems in place to report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person used a wheelchair to mobilise and a specific piece of equipment to transfer. Staff were provided with detailed guidance on how to safely support this person. This included photographs related to the use of the specific transfer equipment.

Another person was at risk of developing pressure ulcers. A body map was used to manage the risk and staff applied prescribed creams daily. Staff also monitored the person's skin condition. The cream used was emollient cream which contains liquid paraffin and can be, in certain circumstances a fire risk. Staff were provided with guidance on how to manage this potential fire risk. For example, by changing the person's bedding and clothes every day. Staff we spoke with were aware of the risks and followed this guidance. The person did not have a pressure ulcer.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases.

We spoke with staff about infection control. Their comments included; "I've no problems with infection control. Our clients are safe" and "I have been trained and I am provided with plenty of equipment".

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and they experienced no missed visits. One person said, "They usually arrive the time they have been scheduled". A relative said, "If the carers are going to be more than ten minutes late, the carer will text me". Nobody we spoke with reported any missed visits.

Staff told us there were sufficient staff deployed to support people. Comments included; "Staffing seems ok, I'm not troubled to do lots of extra shifts" and "Yeah, if anything I think we have more than we need. I get no pressure to work longer hours".

People's visits were monitored using a telephone monitoring system. The system alerted the registered manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the registered manager to adjust travel times for staff enabling them to remain punctual. Records confirmed the latest analysis showed 98.5% punctuality for care visits. The service had not experienced any missed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. One person told us, "They prompt me from my blister pack twice a day".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "Yes I give clients medicine, I've been trained and I am regularly checked, which is reassuring".

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following a medicine error, in which the person was unharmed, the registered manager discussed the incident with staff. Staff members received further training and the pharmacy was contacted in relation to the labelling of medicine which may have contributed to the error. No further incidents of this nature were recorded since.

Good

Is the service effective?

Our findings

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people relating best practice, such as alignment with the Accessible Information Standard. For example, one person had difficulty verbalising. The care plan detailed the person's preferred communication methods. One staff member told us, "[Person] lets you know whether she wants something or not. She nods or shakes her head and I can read her mood from her facial expressions. She will leave you in no doubt if she is happy or not".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "They seem pretty competent". Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to the Care Certificate which is a nationally recognised induction program for the care sector. Staff also shadowed an experienced member of staff before being signed off by the registered manager as being competent to work alone.

Staff spoke with us about their training. Staff comments included; "The training was intense but covered everything. It gave me a lot of knowledge and shadowing experienced staff has given me confidence" and "The training was very good, a lot to take in. It did prepare me but you continue to learn. It definitely gave me the confidence to do my job".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). Staff comments included; "I am most definitely supported. I have supervisions where I get to have my say. If I struggle with anything I am supported" and "Supported, yes. I have been a little apprehensive being new to this job but my anxieties are not dismissed and I am well supported".

Staff were also supported through 'competency spot checks'. Trained staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. For example, one person was living with dementia and could not understand or retain information relating to specific decisions. The person's capacity had been assessed in consultation with the GP, social services and the person's relatives. We also saw that decisions made on this person's behalf had considered their best interests.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff member told us, "The Act protects clients to make decisions. If they are struggling I suggest options but always in their best interests".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative. Staff told us they sought people's consent. One staff member said, "I give options and go with the client's decisions. It is entirely their choice".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one care plan stated the person required assistance with eating. The person's likes, dislikes and preferences were recorded and staff were guided to 'offer choices'. No one we reviewed was at risk of dehydration or malnutrition. One staff member said, "I do support one person (with eating) but most clients manage themselves".

We asked people if they were supported with eating and drinking. People's comments included; "Yes they often prepare the food and place it in the slow cooker for me", "No my husband does this for me" and "No I do this". A relative commented, "Yes, they prepare breakfast, a microwave meal and sandwiches daily for my mother-in-law [person]".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Yes always kind and caring", "Kind and caring, yes the carers absolutely are" and "Yes, I have never had an awful carer".

Staff spoke with us about positive relationships at the service. Comments included; "I definitely have caring relationships with my clients. I see them every day, we chat and get to know each other", "I love the people I support" and "This work is fun, I like it. I like helping people, it makes me feel good".

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. For example, one person's daily notes recorded 'had a chat and a cup of tea'. One staff member told us, "I try to lift their [people's] spirits if they are down. I'm definitely a good listener which helps". The registered manager told us, "[Person] had not had a bath for quite a few days but the staff were able to persuade this client to have a bath. They discovered he did not have any underwear so went and bought him some. He was happy". This caring action promoted this person's wellbeing.

We asked staff how they promoted, dignity and respect. Comments included; "I respect people as individuals" and "I always close curtains and cover clients up with personal care. It keeps it private and retains their dignity".

We asked people if they were treated with dignity and respect. One person said, "Oh Yes, always during personal care". Another said, "Yes absolutely".

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits people were informed by telephone. For example, if a different staff member was attending to the one the person expected the person would be called informing them of the change.

People had been involved in the creation and updates of their care plans. Staff met with people and their families and sought their input into how care plans were to be created and presented. People's opinions were recorded and incorporated into the care plans. For example, people provided personal information for their personal profile section of the care plan. One relative said, "We were involved in the care plan".

Staff promoted people's independence. One person said, "Yes they do (promote independence), there is not a lot that needs to be done for me". One staff member told us, "If they are capable of doing things, I let them. I don't interfere too much. Another staff member said, "I never take away what they can do themselves". Care plans supported this staff culture.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer

screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Good

Is the service responsive?

Our findings

People were assessed to ensure their support plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "We do give personalised care for the individual. One client I support refuses help if I am wearing gloves so I make a point of thoroughly washing my hands in front of him so he knows I'm clean. It is his individual wish so I go with it". Another staff member said, "I'm not just there to do a job, clients are people so I treat them as individuals".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. Records showed staff had received training in equal opportunities and diversity.

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs.

People had access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Staff supported people to have access to information. For example, one staff member told us about a person with limited vision. They said, "[Person] has bad eyesight. He knows where everything is so I make sure I leave things where I find them. He has some sight but not a lot so I explain processes to him and read the care plan for him so he knows what's going on".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "Yes I would contact the manager". Another said, "Yes, I have about the times scheduled. The manager did what she could". The services complaints policy and procedure were held in people's care plans in their homes. The service had no complaints recorded. The registered manager said, "We tend to deal with any issues long before they become a formal complaint".

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The registered manager investigated any issues raised by the survey and took action. For example, one person had asked for an early morning visit and the registered manager told they were looking at ways to facilitate this request. The provider also conducted annual surveys This services first survey was planned for later in the year.

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's

wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People we spoke with knew the registered manager and felt the service was well run. Comments included; "We had the manager visit us recently", "Yes we have had the manager visiting us", "From what we have experienced, yes it is (well run)" and "They are very prompt and helpful".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is lovely, easy to get along with. I can talk to her about anything. She is definitely supportive" and "I can't believe the support I have received from [registered manager]. She is brilliant, that's why this service runs so smoothly".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the operations director and the registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want to make sure we continue to give good quality care to all our clients. As long as the clients are happy and safe and our staff are well trained, I'll be happy". Our findings detailed in the other areas of this report demonstrated that the staff were currently working in accordance with this vision.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following an audit of 'medication and equipment' it was identified a review was overdue. An action plan was created and records confirmed these reviews had now taken place. Another audit identified a second reference was required from a staff member's previous employment. We saw a request for this second reference had been sent. The provider also completed audits regularly and the registered manager was supported by the operations director who regularly visited the service to monitor progress. These measures fostered a culture of continuous improvement within the service.

Staff told us learning was shared at staff meetings, supervisions and through an electronic messaging service. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "I feel involved here. I'm consulted about decisions relating to my work and clients. I attend staff meetings and we get messages about changes to people's conditions. I am definitely well informed as we all keep in touch really well".

There was a whistle blowing policy in place that was available to staff across the service. The policy

contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The service also worked with and consulted Age UK, cottage hospitals and other care agencies. The registered manager said, "I try to maintain contacts so we can share best practice and keep abreast of developments within the care industry".