

Alina Homecare Ltd

# Alina Homecare Harpenden & Mid Herts

## Inspection report

Foundation House, First Floor  
2-4 Forum Place, Fiddlebridge Lane  
Hatfield  
AL10 0RN

Tel: 01582218222  
Website: [www.alinahomecare.com](http://www.alinahomecare.com)

Date of inspection visit:  
03 July 2019  
09 July 2019

Date of publication:  
25 July 2019

## 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 Harpenden and mid Herts is a domiciliary care service providing care and support to people living in their own homes in the community.

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. At the time of the inspection twenty- three people were being supported with a regulated activity of personal care.

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

People were very positive with the care and support they received from Alina Harpenden and mid Herts. People felt safe. Staff knew how to keep people safe and how to report any concerns. There were enough staff to meet people's needs. There was a robust recruitment process in place, which were completed before new staff started work. People were supported to take their medicines safely. People were protected from the risk and spread of infection. Learning from accidents and incidents was shared with staff.

Peoples consent was obtained before staff provided care. 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. Staff supported people if required to eat and drink sufficient to maintain their health and to access health care services and professional when needed.

People liked the staff that cared for them. People told us that staff were "kind, caring and thoughtful". They told us that staff supported them to live their lives as they wished. People were involved in developing and reviewing their support and their care planning and staff were respectful of people's privacy, whilst maintaining their dignity. Staff worker well as a team and were committed to being providing high quality person-centred care, supporting people to continue living in their own homes.

People knew how to raise concerns and the registered manager addressed any feedback in a timely way and to the satisfaction of the complainant. People's views on the service were sought and they felt their views were valued by staff.

The registered manager carried out quality monitoring checks and audits to ensure the quality was maintained and improved where necessary. People, relatives and staff all felt supported and valued and told us the registered manager was approachable and available at all times. The staff team worked in partnership with other organisations to ensure good holistic care outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 24 May 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was registered.

#### 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?

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 Harpenden & Mid Herts

## **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

One inspector carried out this inspection.

#### Service and service type

This service provides care and support to people living in their own homes in the community. At the time of the inspection 23 people were being supported with a regulated activity of personal care.

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

This inspection was announced. As this is a small service we gave the registered manager 48 hours' notice of our intended inspection. This was so that the senior staff would be available to support the inspection.

Inspection activity started on 3 July 2019 and ended on 09 July 2019. We visited the office location on 3 July 2019 and contacted people, relatives and staff to obtain their feedback on 9 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and commissioners who work with the service.

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, quality and operations manager, a field care supervisor and three care workers.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to the recruitment process and staff support and supervision. A variety of records relating to the overall quality management of the service, including audits were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had training and knew how to identify any potential concerns in relations to people's safety and knew how to report them.
- People told us they felt safe being supported by staff from Alina homecare. One family member told us "I definitely feel [Name] is safe, we have never had any problems at all."

Assessing risk, safety monitoring and management

- Peoples individual risks had been assessed and where possible measures put in place to reduce the level of risk level. Risk assessments were kept under regular review, so they remained current.

Staffing and recruitment

- People were cared for by staff who had pre-employment checks completed to help the registered manager make informed recruitment decisions about whether prospective staff were suitable to work with the people they supported. Staff confirmed the checks included a DBS check [criminal records check], taking up of references from previous employers, and proof of identity.
- People told us the care staff arrived at the expected time and stayed the duration. One person told us "They do always ask if there is anything else to be done before signing out."

Using medicines safely

- People's medicines were administered staff who had been trained and had their competency checked.
- One person told us "The carers would give me my medicines if I needed them, but I can manage myself. However, they do usually remind me."

Preventing and controlling infection

- People were cared for by staff who had been trained in infection control and food hygiene to prevent the risk of cross contamination or spread of infection.
- Staff confirmed that Personal Protective Equipment (PPE) including gloves and aprons were provided.

Learning lessons when things go wrong

- The registered manager told us they reviewed any accidents or incidents to monitor trends and help identify any potential learning which would be shared with staff. This helped to reduce the risk of a recurrence.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: 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; staff working with other agencies to provide consistent, effective, timely care

- Peoples individual needs were assessed using all available information from people who knew the person well. This included family members and professionals involved in their care. This helped achieve the best possible outcomes for people.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included training in a range of topics including safeguarding, moving and handling and the safe administration of medicines.

- As part of the induction process new staff shadowed more experienced staff until they were competent in their role. Staff's knowledge was further developed and updated through regular refresher training. This supported the delivery of safe and effective care.

- Staff told us they were well supported. The field care supervisor completed unannounced visits in the service users' home to observe work practice and offer support where required.

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

- People where required were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The registered manager told us that where there were any concerns, this would be monitored and referred to other professionals such as a GP or dietician.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services and professionals when required.

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 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.

- The registered manager told us there was no one who was unable to make day to day decisions. People and staff confirmed this.
- People confirmed that staff offered choice and control and staff always asked for consent before supporting them.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: 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 family members were positive about the staff who supported them. One person told us "They are all wonderful, lovely I have no complaints, only praise." A family member told us "Staff are very kind and caring."
- Staff knew the people they supported well and assisted people the way they wished to be supported. A person told us, "Staff are very patient, and work at my pace, I am very satisfied indeed."

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

- People and their relatives told us that they were encouraged and supported to be involved in decisions around their, or their family member's care. This was confirmed by office staff and the review of records which demonstrated people's full involvement.
- Staff had developed meaning relationships with the people they supported. One person told us, "Staff are really kind and thoughtful, they know they are supporting us to stay in our own homes."

Respecting and promoting people's privacy, dignity and independence

- People told that staff respected their privacy and dignity when supporting them. One person told us, "Staff are aware of my dignity when they support me with personal care ensuring I am kept covered and that the door is closed over."
- People were supported to retain their independence as much as possible. If people needed independent advice or support staff told us they would introduce them to the advocacy service.
- People's personal information was kept confidential and only shared with staff or family members who were had the authority to review it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: 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 and their relatives told us that staff supported them, and their family members, according to their preferences. One person confirmed the thorough assessment process before the service commenced. People were fully involved in decision making and, in the development, and review of their care plans.

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.

- The registered manager told us how they ensured effective communication was enabled through the availability of information in a range of formats and languages. At the time of the inspection nobody required any additional communication methods.

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.

- The registered manager told us they encouraged people to be involved in community events where this was possible. They were also in the process of arranging a summer event which people would be supported to attend.

Improving care quality in response to complaints or concerns

- There was a complaints, concerns and compliments process in place. The service had received many compliments about how happy they were with the care they received. People had many positive experiences.

People knew how to make a complaint if they needed to and said the registered manager was very approachable.

- People told us that they felt their views and opinions were taken into account.

End of life care and support

- Although no one was being supported with end of life at the time of our inspection. However, the registered manager confirmed that peoples end of life would be wishes would be taken into account.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt the service was well led and managed. One person told us "Yes, it's not easy I know but I think overall they do a good job. Things change so much it's a constant challenge."
- Staff told us the registered manager was very supportive and they all worked closely and inclusively for the good of the people they cared for. They told us that they felt communication was good.
- Staff told us that whenever they contacted the office both during and outside office hours their call would always be responded to. Staff had clear roles and responsibilities.
- The registered manager was open transparent and inclusive throughout the inspection and it was clear that staff embraced the same values which were embedded throughout the service.
- The registered manager encouraged feedback and used it to improve the service. It was evident that the entire staff team were committed to providing an excellent service and strived to make continual improvements.
- The previous CQC inspection rating was displayed in a communal area of the office so people and their visitors could refer to this if they wished to.

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; Continuous learning and improving care

- The registered manager and management team demonstrated they understood their responsibilities when things went wrong. They demonstrated a commitment to reviewing it to reduce the risk of a recurrence.
- The registered manager had a good hands on approach and retained a good oversight of the service. This was confirmed by the quality monitoring systems and processes that were in place to monitor all aspects of the service.
- Audits were carried out to monitor the quality of the service provided. These included medication administration audits. to check that staff had followed their published procedure.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager notified the CQC of incidents and events that they were required to.

### Working in partnership with others

- The registered manager and staff team worked in partnership with organisations involved in the day to day support of people in their care.. These included GPs, district nurses and other people. This helped ensure care was holistic and as seamless as it could be.