

Alina Homecare Services Limited

Alina Homecare - Maldon & Chelmsford

Inspection report

Unit 18
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Maldon
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Date of inspection visit:
21 March 2022
22 March 2022
23 March 2022

Date of publication:
20 April 2022

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 Maldon and Chelmsford provides personal care and support to people who require assistance in their own home. At the time of our inspection five people were being supported by the service. 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 described positive experiences using the service. One person said, "The staff are very polite and friendly." A relative said, "My parents are very happy, they have regular care workers and they are very good."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 24 February 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 - Maldon & Chelmsford

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 team consisted of two inspectors.

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 48 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.

Inspection activity started on 21 March 2022 and ended on 23 March 2022. We visited the location's office on 21 March 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with two people and two relatives. We spoke with four members of staff including the registered manager, quality manager and care workers.

We reviewed a range of records. This included two people's support records and medication records. We reviewed four staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person said, "I am very pleased with the service they are very friendly."
- Staff had received training in safeguarding and knew how to raise any concerns they may have. One member of staff said, "If I had a concern, I would find out the facts and speak to my manager. Depending on severity I would contact safeguarding team or police."
- The registered manager told us how staff had the ability on the support record application to press an alert button if they had a concern which would flag immediately on their system to alert the registered manager.
- The registered manager had policies in place to support safeguarding procedures and knew how to raise concerns with the local safeguarding authority to limit risk to people and keep them safe.

Assessing risk, safety monitoring and management

- The registered manager met with people to complete full assessments of their care needs and to assess any risks.
- Risk assessments reflected what mitigation was needed to minimise risks to people and include an assessment of their home environment.
- Staff knew how to keep people's information safe for example, key safe codes were protected.
- Staff had received training in how to act in an emergency. One member of staff said, "I recently found someone had a fall at home and I was unable to access their home. We called an ambulance and notified the registered manager who came out."
- The registered manager had a system in place that was able to monitor when staff checked in to and out of care calls. If a care call was due and staff had not attended the system would also alert the registered manager to this so that they could check and identify any issues with the calls and ensure calls were not missed.

Staffing and recruitment

- The registered manager and provider had systems in place for the safe recruitment of staff. The registered manager told us they were currently recruiting and had recently employed new staff.
- The registered manager was growing the service and was only agreeing to take on new care packages when they were sure they had enough staff to provide the care and support.
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.

Using medicines safely

- Staff received training in supporting people with medicines and their competency to give medication was checked.
- There were clear care plans and risk assessments in place to guide staff in how to best support people with their medicines.
- The registered manager had a system in place that alerted staff to complete the medicine task if it was part of the care call. If this was not recorded as completed it would send an alert to the registered manager. One person told us, "The staff help me with my medication, they get it out and put it on the table for me with a drink and stay with me while I take it."
- The registered manager was able to generate audits from the system they used to check if there were any issues with the medicines support being provided.

Preventing and controlling infection

- Regular COVID-19 tests were carried out to help prevent the spread of infection.
- Staff had received training in infection control and were provided with the appropriate personal protection equipment.
- Staff were monitored during spot checks to ensure they were adhering to best practice.

Learning lessons when things go wrong

- The registered manager acted to learn lessons when things went wrong. Learning points were discussed and shared with staff.
- The registered manager told us they had a system failure which had been identified when a fifteen-minute care call had been missed. They told us they were able to address the system issue to ensure this did not happen again and moving forward if any care calls were added to a rota telephone contacted would be made with the member of staff to check they had received this.

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

- Peoples needs were assessed prior to care commencing; their consent obtained and needs regularly reviewed.
- The registered manager kept themselves up to date with current best practice and guidance through training and support from the provider.

Staff support: induction, training, skills and experience

- Staff were supported with a full induction to the service. One member of staff said, "I had three days training over zoom. The trainer was excellent and really brought the experience to life with their scenarios it made me really keen to get to work."
- The registered manager told us following the initial training new staff were taken out on shadow shifts. They were then observed with a care call and if everything went okay and they were happy they could then start with regular care calls.
- The registered manager told us staff completed 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 fifteen minimum standards that should form part of a robust induction programme.
- Staff were provided with regular support from the registered manager, which included supervision, telephone calls, emails and spot checks.

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

- All staff had received food hygiene training so that they could support making food safely.
- Where needed people were supported with food and drink. One person said, "The staff ask what food I would like and what do I have in the freezer. They will heat it up for me and always leave me two drinks."
- The registered manager told us they supported one person to make their own food to aid their independence.
- Staff had also received training in supporting people with swallowing difficulties.

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

- Staff worked in partnership with other agencies to support people's healthcare needs. The registered manager told us they had good contacts with the District Nurses and called them to attend people when needed.

- A relative told us the service was organising for an Occupational Therapist to come out to assess their relative to help with their mobility.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw from care records that the registered manager had obtained consent for people to receive care.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. One member of staff said, "I am continually checking in with people and obtaining their consent when I am with 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.

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 were complimentary of the staff and the support they received. One person said, "I have used the service for a year and I really don't want to use anyone else. I had to stop using them for a while and was so pleased I could restart again."
- The registered manager told us they were very careful during the recruitment process to ensure they employed happy staff who wanted to work in care. They said they tried to match the characteristics and values of the service to the staff they employed.

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

- People and their relatives were involved in all aspects of making decisions about the care and support provided.
- Relatives told us they had good communication with the registered manager. One relative said, "I was given a link to the care records application, this means I can log in each day and see written down the care and support provided."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy. One member of staff said, "When I go in, I call out and say my name so they know I have arrived." A person said, "The staff let themselves in then knock on the door and call out, so I know they are there."
- Staff told us they tried to support people to be independent and we saw in care plans such things written as, 'I like to do up my shirt buttons, give me time to do this.'

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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed and followed up to make sure people were happy with the service they were receiving.
- Care plans were kept up to date and any changes notified to staff through the electronic system they used. Records were maintained which outlined the care provided on each visit in detail.

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. 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.

- When people first made contact with the service their communication needs were assessed so staff knew the best way to support people to communicate.
- The provider information return also highlighted how information could be shared with people in different formats.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people and their relatives were made aware of how to raise concerns or complaints.
- People and relatives told us they generally did not have any complaints but if they did they would raise them with the registered manager.
- One relative said, "I have only had one minor concern at the start and I told the registered manager and they addressed the issues immediately."

End of life care and support

- There was no-one receiving end of life care during this inspection. However, the registered manager said they had previously made links with a local hospice for staff training. They also said if needed they would contact the palliative care team.

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

- The registered manager was very passionate about running a service that provided good care and support to people. They said, "I want to provide people with good quality care that keeps them happy and safe in the environment they are used to and for care workers to be well trained and happy in their work."
- People and relatives were very happy with the service they received. One relative said, "I am very happy with the service they are really on the ball with everything." A person told us, "They are all lovely girls."

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

- The registered manager had the appropriate experience, skills and knowledge to perform their role. They had a good oversight of the service and the needs of people being supported.
- Staff were clear about their roles and told us they had received excellent training from the provider and support from the registered manager. One member of staff said, "The registered manager is always checking in with us that we are okay and if we are on a late call, they ask us to text them when we are home so they know we are safe."
- The registered manager understood their responsibility of duty of candour.

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

- The registered manager had a number of ways of engaging with people who used the service. There were reviews of care packages, face to face meetings and a yearly provider survey to gain people's views on the service they had received.
- The providers survey analysed information received and made plans for any improvements if needed. We saw positive comments from the survey taken last year which included, "Your carers are exceptionally good, I can't speak highly enough of them in every aspect of the job."

Continuous learning and improving care; Working in partnership with others

- There were governance systems in place to monitor the effectiveness of the service. The registered manager also received support from the providers quality team.
- The provider had developed good support networks to help support the registered manager and had training resources to keep the registered manager up to date.

- There was partnership working with other healthcare professionals such as district nurses to provide good outcomes for people.