

Alina Homecare Ltd

Alina Homecare Reading

Inspection report

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Reading
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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

This was an announced inspection which took place on 19 April 2018.

Alina Homecare Reading is a domiciliary care agency. It provides personal care to people living in their own homes. It currently, provides a service to older adults and younger adults. At the time of the visit the agency was supporting 28 people who were receiving a regulated activity.

This was the first inspection of the service which was registered on 16 May 2017. The service was rated as good in all domains. This means the service is overall good.

There was a registered manager running the service. 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, staff and visitors were protected from harm and safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff who had been safely recruited.

People benefitted from adequate staffing as the required number of staff were provided to ensure people's needs could be met safely and effectively.

People were supported by care staff who had been trained and supported to make sure they could meet people's complex and varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service was worked closely with health and other professionals to ensure they were able to meet people's specific needs.

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

People benefitted because care was provided by a caring and committed staff team. Care staff built close relationships with people and knew their needs. The management team and care staff were aware of people's equality and diversity needs which were noted on plans of care. People were encouraged to be as independent as they were able to be.

The service was person centred, flexible and responsive to individual's current and changing needs. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information

to ensure people's individual communication needs were understood.

The registered manager was described as very approachable and supportive. The registered manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The service assessed, reviewed and improved the quality of care provided.

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.

The medicine administration system ensured people were given the right medicines in the right quantities at the right times.

The service had a robust recruitment procedure that ensured they could be as certain as they could be that the staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Is the service effective?

Good ●

The service was effective.

Staff met people's individual, diverse needs in the way they needed and preferred.

Staff were well trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were able to continue to live in their own homes.

Is the service caring?

Good ●

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The management team and the scheduling systems supported care staff to build positive relationships with people to enable them to offer suitable care to meet their needs.

Is the service responsive?

Good ●

The service was responsive.

People were offered a flexible service that responded to people's individualised needs, in the way they preferred.

People's needs were regularly looked at and care plans were changed as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified as quickly as possible.

Is the service well-led?

The service was well-led.

The quality assurance process was effective and identified any improvements needed.

Staff felt they were well supported by the management team.

People were asked for their views on the quality of care the service offered.

Good ●

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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.

The service was registered in May 2017, the first inspection took place on 19 April 2018 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, six staff recruitment and training records.

We received four written comments from people and/or their representatives after the day of inspection. We spoke with four staff and received written comments from a further two staff members. On the day of the inspection we spent time with the registered manager and the organisation's quality manager. We requested information from four local authority professionals including the local safeguarding team. We received two replies.

Is the service safe?

Our findings

People were kept safe, as far as possible, from any form of abuse. People were protected by care staff who were provided with up-to-date safeguarding training. One person commented, "I feel very safe and am treated well by all of the staff." Another said, "I feel very safe and I'm well treated." Staff were able to clearly describe under what circumstances they would report a safeguarding issue and that they would follow the whistleblowing policy, if necessary. One staff member commented, "Of course I would whistle blow it would be the right thing to do." Another said, "There is a very positive culture and other staff would not accept any form of poor care." There had been one possible safeguarding concern with regard to a person who sustained an injury after a fall. However, this incident was not pursued as a safeguarding incident. The service resolved the issue appropriately. The local authority advised us that there were no concerns about the service.

People and staff were kept as safe from harm as possible. Health and Safety policies and procedures had been developed and staff received training in this area of work. Generic health and safety, environmental and individual risk assessments were in place. Risk assessments were completed for each person's home and included areas such as cleaning products and fire safety. Generic risk assessments covered all areas of safe working practice such as, lone working and use of social media platforms. Individual's risk assessment and risk management plans were an integral part of their care plan. Risks included nutrition and hydration, personal care and emotional and social support and inclusion. Detailed information was provided so that staff could minimise risk and offer support in the safest way possible.

People further benefitted because their future safety was considered when accidents and incidents occurred. They were recorded in detail. Records included full and detailed investigations, lessons learned and actions taken to minimise recurrence. Accidents and incidents were part of the audit processes so that any trends or other issues could be identified and rectified as necessary. Additionally the service had a robust emergency plan called a 'Business Continuity Plan'. This included traffic delays, extreme weather conditions and people not having sufficient provisions in their home. A management review was completed if an event stopped the service from running as usual. For example, the way the service operated during severe weather conditions was fully analysed and learning was taken to improve the service's response if a further similar event occurred. Excellent documentation of this analysis evidenced that eight actions had been taken to ensure the service would respond even more effectively during any future service interruptions.

People were supported to take their medicines safely, if identified in people's assessed needs. Trained care staff whose competency was assessed every six months administered medicines. Medicine administration records (MARs) recorded the times and quantities of medicines given. The records reflected that the medicines and dosages prescribed were correctly administered. MAR sheets were audited monthly and any shortcomings were identified and discussed with staff members. There had been no medication errors identified but discussions had taken place around issues such as the wrong use of medicine administration codes. The help individuals needed and/or requested with their medicines was very clearly described on their plans of care.

The service did not, currently, support people who had complex behavioural issues. However, care plans reflected any specific information needed to assist staff to meet any special needs, such as dementia, people may be living with.

People's care was provided by care staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes were robust and rigorously followed. They included safety checks such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people and application forms were fully completed. The service was supported by an organisation wide human resources department. However, the registered manager checked the recruitment documentation, completed the interviews and made the final decisions about whether to employ applicants into the service.

People's needs were met safely because the service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. The service had an on-going recruitment campaign to ensure they had staff available at all times. Office staff, included the registered manager supported the care team in times of unexpected staff shortages.

Is the service effective?

Our findings

People were supported by care staff who were trained and supported to enable them to meet people's diverse individual needs. Staff members told us they had good training. One staff member told us, "We get face to face and e-learning training and a trainer comes into the office." However, the registered manager told us the service does not subscribe to E-learning as they do all training either face to face or via SKYPE (on computer with people's participation and a trainer). All of the staff had completed the service's mandatory training. Of the 13 direct care, management and office staff three had completed a recognised qualification in Health and/or social care. A number of the staff team were new to care and told us they wished to pursue professional qualifications in due course. The frequency for all refresher training was noted as annual, on the training matrix. However, as the service had only been operational since May 2017 none had occurred, as yet.

People received support from care staff who had been provided with appropriate induction training. The service made sure staff did not work with people until they were confident they were able to do so effectively. One staff member commented, "[After induction] I felt I could look after people safely and could always ask for more help and support if I needed it." Care staff were required to complete the care certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers).

Staff's skills, attitude and knowledge were tested prior to them being able to work alone. Care staff completed a one to one (supervision) meeting with senior staff every three months. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. The service had plans to complete appraisals every year. At the time of the visit staff had been in post for less than 12 months.

People's specific needs were identified during an assessment process. People, their families and other relevant people (with their permission and as was appropriate) were involved in the assessment. They were also fully involved in determining what care they wanted and needed and the way in which they preferred it to be delivered. People signed to say they agreed with the content of the care plan. If people could not sign, the consent forms included an explanation of why they couldn't sign and who could sign and under what circumstances. For instance people had given permission for a specified relative to sign because they had physical limitations.

People were supported to meet their health and well-being needs, as specified on individual plans of care. Plans included areas such as personal care, nutrition and hydration and any specific support needed. The service worked with other professionals in the community to effect the best outcomes for people. Examples included district nurses and GPs, as necessary. A detailed and clear visiting schedule informed staff on the times and lengths of the visits and what tasks needed to be completed for the individual. Excellent notes described how care staff assisted people who needed specialised support. For example a very clear description of how to assist people, who had severe physical limitations, to dress safely and as independently as possible.

People received their support visits punctually and they were informed if there was an unavoidable delay. Visits were 'tracked' by a computerised systems so office staff could easily identify if there was the possibility of a 'missed call' occurring. The system alerted office staff if calls were 15 minutes overdue. People commented, "They are punctual..." and, "The carers arrive on time or let me know if there will be a delay." The registered manager told us there had been one missed call since registration. Appropriate disciplinary action had been taken against the care staff who had not completed the visit.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. The service assisted 13 people to prepare their meals and two people to eat them. Records for food and fluid intake were kept, as necessary.

People's rights were upheld by a staff team who understood the issues of consent and decision making. Plans of care noted if others were legally entitled to make decisions on behalf of people. Care staff described how they encouraged and supported people to make their own decisions and choices.

The service understood the Mental Capacity Act 2005 (MCA). The 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. 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not, currently, support anyone whose liberty needed to be restricted in any way.

Is the service caring?

Our findings

People were supported by a caring, committed and enthusiastic staff team. People made positive comments such as, "Having 21 visits a week I do have different carers but they are all very nice and kind to me." "...The manager, office staff and Carers are caring, efficient and thorough." Written compliments from people included, "A consistently excellent carer, who always goes the extra mile." "Fabulous carer, very energetic, caring and kind." Another commented, "I was very impressed with the professional and caring way your whole team operated."

People's privacy and dignity was considered and protected by care staff. One person said, "Yes (they treat me with respect and dignity) at all times." Another told us, "The staff have always listened and responded to requests, treated me with respect and preserved my dignity." Staff understood how to assist people whilst preserving their dignity and felt this was a very important part of their job. Examples given included ensuring confidentiality and respecting people's wishes and choices. One staff member gave the example of averting their gaze when giving personal care and engaging the person in conversation to distract people from feeling any embarrassment.

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was well documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

People were provided with care by staff who established relationships with people. A team of care staff were allocated to individuals and visited the same people as often as possible. This enabled care staff to get to know people and their needs. However, this was not always possible during staff shortages. One staff member explained that if they visited someone they did not know very well they would read the care plan and consult a senior staff member, if necessary. People told us they usually had the same care staff. One family member said, "The same staff visit my [relative] so he knows who is coming the next day and the days ahead."

People's diverse physical, emotional and spiritual needs were clearly recorded in care plans, if appropriate. People's religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. They included areas such as background, accent and social inclusion. People's diverse needs were met as identified in their individual packages of care. The service had an equality and diversity policy which included people and care staff. Staff completed equality and diversity training as part of their induction and were able to describe how it impacted on their daily work. For example, one staff member said, "If there is anyone with any type of special needs they should be treated as you would want to be treated and as an individual." One staff member told us that the registered manager was, "Very hot on respecting diversity and promoting people's privacy and dignity." The service endeavoured to match people with care staff they liked and who had the skills to meet their individual needs.

People's methods of communication were clearly noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to. People were encouraged to give their views of the

service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. Telephone quality reviews were completed with people and care reviews were held regularly. The management team completed a review of some sort with people every three months.

People's personal information was kept securely and confidentially in the care office. People kept some records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to.

Is the service responsive?

Our findings

The service provided people with responsive and flexible care and their changing needs were identified and responded to in a timely way. One person demonstrated how flexible the service was by giving a personal example of additional support they had been given to enable them to attend a particularly difficult event. They said, "... [Name] One of the Reading carers took me to and from the [event]. She was caring, supportive and I don't think I'd have got through the day without her."

People's views, choices, current and changing needs were included in written plans of care that enabled care staff to support people appropriately. Plans of care included the necessary information for staff to offer responsive care. People's preferences and choices featured prominently in their individual plans of care. When asked if staff respond to them and listen to their requests people or their representatives commented, "Yes very much so they are very helpful." "Generally yes, although some staff respond more quickly and are more proactive than others." Another noted, "Staff have always adhered to requests made." Care staff told us that if someone needed extra care or attention when they visited office staff would support them to spend as much time as necessary with the individual.

People's changing needs were communicated to staff via a number of means and utilised information technology. Care staff were texted, e-mailed and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate needs. However, one staff member felt information technology could be used more to improve the service. The registered manager told us that this was an area for improvement and was being considered for the longer term future. People and staff told us communication between the office, care staff and people who use the service was very good. One person said, "Alina are much better with timing and communication than any other agency I have used."

People and those who they chose to be were fully included in the review process. Care plans were reviewed and up-dated regularly. Plans of care demonstrated that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being. A person told us they and their daughter were always involved in the planning and review process. A relative said, "My [relative] is involved in planning and reviewing his care plan."

People's communication needs were met and the service produced information in different formats if necessary. For example they could provide information in Braille, large print and differing formats, as required. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a detailed complaints policy and procedure which they would follow if they received complaints. The service had received no complaints and 10 compliments since registration. Compliments included, "Carers are very good they do anything I ask", "She [carer] is an inspiration to me" and "Thank you, you make my life better."

Is the service well-led?

Our findings

People benefitted from a well-led service. The registered manager had been in post since the service registered on 16 May 2017. She was experienced in care and appropriately qualified. One staff member told us, "The manager is very supportive and approachable and I have great confidence in her." Another said, "I am confident with the manager, I have approached her with a few issues. She listens, supports me and does her best to resolve them." One staff member commented, "The manager is totally passionate about giving good care." One person said, "... I think [registered manager] in particular is dedicated and professional. I feel comfortable discussing concerns with her."

The staff team were happy, enthusiastic and committed to their work. They understood the values of the service which were modelled by the registered manager and told us there was a very positive culture which ensured people were well cared for.

People were given a number of opportunities to express their views and opinions of the service. They were encouraged to tell the service what they thought about their care. People told us they felt comfortable sharing their views with the service. The service held six monthly staff meetings which were supplemented by weekly newsletters providing staff with information, reminders and news. Staff told us they felt their views were listened to and valued. They said they felt very comfortable to raise any issues or concerns they had.

People benefitted from good governance of the service. A number of quality assurance systems were in place and were used to review all areas of the service. These included regular audits of areas such as care plans, medicines and the electronic calls record. The registered manager completed a 'branch' (service) monthly audit and completed a monthly vital signs report which covered all areas of the business and identified any issues arising. Six monthly quality audits of the service were completed by an operations manager. The provider held an operations meeting every month to discuss the performance and quality of each service. Additionally the provider's quality committee sat three monthly to identify any issues and/or the quality of their services.

Actions were taken as a result of the various auditing and quality assurance processes. These included, improving the monitoring of care calls and staff being provided with shoe covers for use when visiting people with light coloured carpets. They had also improved the recruitment process to focus on employing high quality staff with the right values and attitudes. They had identified that it was better to recruit and increase the service more slowly so they could be sure they employed the 'right' staff.

The service provided was of a high quality and people were very positive about the care they received. People told us, "Reading Borough Council have always organised what care company visit me. Out of all the care companies to visit me Alina care have delivered the best service by far." When asked if they were happy with the care received a person replied "Very much so." A family member said, "[Relative] is happy with the service provided and so are we."

People were provided with good care because the service worked with other professionals to ensure

people's needs were met. The service engaged with relevant community professionals.

People's individual needs were recorded on extremely good quality, up-to-date care plans. They informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The registered manager was supported by the organisation to keep-up-to-date with all legislation and good care guidance. For example she fully understood when statutory notifications had to be sent to the Care Quality Commission (CQC), the Accessible Information Standard and the duty of candour.