Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care - Southampton and Hampshire

## 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

Alina Homecare Southampton and Hampshire is a domiciliary care service which provides support and personal care to people in their own homes. This service also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service supported people with a range of needs including people with mental health needs, learning disabilities and physical disabilities. Not everyone using Alina Homecare Specialist Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

At the time of the inspection Alina Homecare Southampton and Hampshire was providing personal care to 62 people in the community across Hampshire and Wiltshire.

The service had 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 receiving care from Alina Homecare were protected from the risks of neglect and abuse. Staff had a good awareness of signs of abuse, people's risks and vulnerabilities and how to report issues.

People's risks had been assessed and robust management plans were in place to reduce the risks of harm to people. Plans gave specific and detailed guidance to staff on how to safely support people.

The service had challenges with staff vacancies, however they managed this safely and were actively recruiting staff. Recruitment processes were robust.

People were supported to manage their medicines safely. People were protected from the risks of infection. Staff were encouraged to report incidents and consistently told us the provider fostered an open reporting and learning culture.

People's individual needs and preferences were assessed. People's support was provided in line with their assessed needs. People were supported to access health services and were referred to other professionals as needed. The service worked with other agencies to ensure people had effective care.

Staff were skilled and knowledgeable. The service ensured staff had a robust induction and training programme. Staff had a good understanding of mental capacity, people were supported to have maximum choice and control of their lives.

People were supported to eat a healthy and balanced diet, and to develop cooking skills where they were able. People at risk of malnutrition, dehydration or choking were supported appropriately by staff to reduce these risks.

Staff were compassionate and caring. Staff spoke with people as equals and were respectful of people's privacy and dignity. People's information was treated confidentially.

People were supported to communicate their wishes and express their views. Staff knew people well and had formed good relationships with them.

The service was responsive to people's changing needs. People's independence was promoted, people were supported to achieve their aspirations and people's achievements were celebrated.

People were supported to feed back, make complaints or raise concerns. Complaints were responded to appropriately and the service worked to improve on areas of negative feedback.

The registered manager had appropriate skills, knowledge and experience to manage the service. The provider and the service had robust assurance processes which reviewed the quality of care and records. Improvements were identified and acted upon.

Staff consistently told us that the managers of the service were visible, supportive and encouraged an open and inclusive culture.

Further information is in the detailed findings below.

## 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.

People were protected from the risk of abuse by knowledgeable staff.

People's risks were fully assessed and people's support plans gave detailed guidance to staff in how to minimise these risks.

Recruitment processes were robust and there were sufficient staff to keep people safe.

### Is the service effective?

Good

The service is effective.

People were supported to maintain a balanced diet.

People had access to health services and the service worked with other agencies to ensure continuity of care.

Staff understood mental capacity, people were supported to have maximum choice and control of their lives. Staff helped people achieve their ambitions.

### Is the service caring?

Good

The service is caring.

Staff knew people well and had a good rapport.

Staff were caring, respectful and treated people as equals.

People's privacy and dignity was respected, and information was treated confidentially.

### Is the service responsive?

Good

The service was responsive.

People were supported to participate in activities based on their preferences.

Support was responsive to people's needs. Staff enabled people to feed back about the service and complaints were managed appropriately.

The service was developing advance care plans for end of life care decisions.

## Is the service well-led?

Good

The service is well-led.

The service had worked to improve communication with staff, people and families.

The manager was skilled and knowledgeable. There were a clear set of values which were reflected in how staff worked.

Expectations were clear and staff performance was managed. Staff, people and families were engaged and involved in the service.

# Alina Homecare Specialist Care - Southampton and Hampshire

**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 14, 15 and 19 November 2018. We gave the provider 24 hours' notice as the service was a domiciliary care service and we needed to ensure staff would be available on the day.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. We reviewed information we held about the service including previous inspection reports and statutory notifications. A notification is information about an important event which the service is required to send us by law. We also reviewed information contained within the provider's website.

We were aware of an open police investigation into a specific incident which had taken place involving a person who was receiving care from Alina Homecare. We did not look into this specific incident, however we used information about this incident to inform our inspection methods.

The inspection was carried out by one inspector. During the inspection we visited two people's homes to meet them and to observe their interactions with staff. We spoke with the registered manager, nominated individual and the director of operations for the service. We also spoke with 12 members of staff, and five people in receipt of services. We gained feedback from two people's relatives and from commissioners who funded people's care from Alina Homecare.

We reviewed records related to five people including their plans of care and risk assessments. We reviewed other records, including one medication administration record, audits and quality assurance documents, team meeting minutes, policies and procedures, activity plans and meal plans.

Good

# Is the service safe?

## Our findings

People were protected from the risks of harm and abuse. The provider had robust systems and processes in place. These ensured staff were knowledgeable about signs of abuse and were confident to report any issues. Staff knew of different kinds of abuse that people could be vulnerable to, such as physical, emotional or financial abuse.

Staff told us that they felt confident that anything they reported would be taken seriously and investigated appropriately. We saw alleged abuse had been reported, investigated and acted upon.

People's individual risks were assessed and people were supported to do the things they wanted to, while managing and reducing risks to their safety wherever possible. Risk assessments were specific and detailed, and gave staff guidance as to how to support people in a safe way.

People's records were updated to reflect changes in their needs and risks. Staff we spoke with understood risks to people's health and safety and knew how to safely support them with personal care and other activities. People were involved in developing support plans to manage their own risks, which promoted their freedom and independence.

Staff were trained in the use of equipment to support people to move safely, such as hoists and bathing equipment. People's care plans included information for staff in case equipment needed servicing or repair. Staff we observed were confident in the use of equipment.

People were supported to manage their medicines safely. Staff had training in managing medicines and had their competency assessed. Medicines were stored safely and stock was managed to ensure the person's medicines were available. There were care plans in place for medicines, and a protocol for "as required (PRN)" medicines, such as pain relief. Audits and records showed people consistently received their medicines as prescribed.

People were protected from the risk of infection. Staff followed safe procedures and used personal protective equipment when delivering personal care. People had individualised infection control sections in their care and support plans, for example if someone needed support to monitor their food expiry dates, or needed reminding of personal hygiene routines.

The provider had made plans in case of service disruption, such as adverse weather or a flu outbreak. People had individual personal emergency evacuation plans for their homes to support staff in case of a fire.

There were appropriate levels of staff deployed to keep people safe. The provider identified staffing and recruitment as a challenge. The service had a vacancy rate just under 10%. The provider had a "no agency" policy. Vacancies, sickness and absence was covered by existing staff. The service employed some staff on flexible contracts to give capacity within the existing workforce. The service had a 'daily huddle', where staff

and managers met each day to review upcoming issues and challenges and to take action.

Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff consistently told us they were encouraged to report incidents and events that happened. Incidents were reported on an electronic system, with actions taken by the relevant senior member of staff or registered manager. The provider promoted an open culture where incidents were seen as an opportunity to learn and take action. There was evidence that learning from incidents had been shared with staff to reduce the risk of re-occurrence.

Good

# Is the service effective?

## Our findings

People received effective care, that met their needs and was delivered by staff who were skilled and knowledgeable about the people they were supporting, and about best practice.

People's needs were assessed to fully understand people's preferences, interests, personal history and the support they required. People were involved in the creation of their care plans and had access to their care record through the electronic system 'My Diary'. Support plans detailed how and when staff should support people with their daily lives, and what their preferred routines were.

People had access to services to support their health and wellbeing. Records showed people were supported to access their GP, optician and dentist regularly. People were referred to other health professionals as needed, for example mental health and learning disabilities teams, speech and language therapy, occupational or physiotherapy or dieticians.

People had 'hospital passports', these are documents people take with them should they go to hospital. The 'hospital passport' contains information about the person, their preferences, their health and the ways they communicate. This helps people working at the hospital to communicate and support them better.

Each person had a 'food and drink' support plan. This was individualised, for some this included advice and support from staff to choose healthy options and maintain a healthy weight. For others, this meant they required additional supplements and high calorie choices.

One person was at risk of choking and of malnutrition. Their support plans were written in line with guidance from dieticians and speech and language therapists to reduce these risks. The person had thickener in their drinks and a soft diet. We observed staff preparing drinks in line with guidance, and staff were knowledgeable about the types of foods the person could and could not eat. There was clear, pictorial guidance from professionals displayed in the person's kitchen and in their care records.

People's physical and emotional needs were considered. The service worked with professionals to give detailed care plans around people's emotional wellbeing and mental health. For example, one person had both learning disabilities and mental health needs. They had a wellness recovery action plan in place, written by the learning disabilities team involved in their care, and a detailed support plan as to how staff could best support the person's mental health. This included signs of a bad day, things the person liked and disliked, things that made them happy and what staff could do to support them.

The provider included training in supporting behaviours which challenged and in autism to equip staff with knowledge and skills to support people. The provider had dedicated trainers as part of their 'academy'. The trainers planned the content of delivery and provided face-to-face training, and bespoke support to staff. The training content was updated and adapted when new guidance and best practice was published, and in response to incidents or issues identified by staff and managers.

The provider's induction programme covered the content of the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them, before they were authorised to work unsupervised. Staff worked shadow shifts and had a probationary period to ensure they were suited to the role and to supporting specific people.

The provider had an extensive training 'academy' with all training provided face-to-face. The trainers were employed by the provider and had implemented assessments in many aspects of mandatory training to ensure staff had the required competencies. Staff consistently fed back positively about the training provided. One member of staff said, "I've never known it…It is above and beyond, amazing." Staff were encouraged to undertake vocational qualifications relevant to their role and to enhance their knowledge and skills.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Records confirmed that staff had one-to-one regular meetings with their designated line manager. Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

People had control of their lives wherever possible. People were encouraged to make decisions for themselves and were given maximum choice. Staff had a good understanding of mental capacity and sought people's consent to support with care. Where relevant, people's capacity to make decisions had been assessed. Where people did not have capacity, decisions were made in people's best interests, involving people and those important to them.

The service had worked with one person, the person lawfully appointed to make decisions on their behalf, and the court of protection to improve this person's quality of life. An officer from the court of protection fed back, "It would appear that you [staff and court appointed deputy] have worked together to put systems in place that has had a real positive impact on the health of the client."

The service had worked with commissioners and other agencies to improve continuity of care. The provider had recently taken over several contracts to provide care for people, and had received consistently positive feedback from other agencies and from commissioners about their professionalism.

Good

# Is the service caring?

## Our findings

People received support that was caring and compassionate. People we spoke with had formed close relationships with the people supporting them. One person listed each of the staff that supported them and said "[he or she] is good".

People laughed and joked with staff. Staff working with people knew them well, knew their likes and dislikes, and told us of fun experiences and anecdotes about their times working with people.

Staff spoke respectfully of people, and spoke with them as equals. Staff spoke with people about friends, family, loved ones and their interests. Staff celebrated people's achievements and, with permission, included them in newsletters each month.

Where staff supported people to move, they took time and care. They ensured the person was comfortable and explained what they were doing. They made the experience more fun while maintaining the person's dignity.

Staff respected and included people. Staff were encouraging, took time to listen to people and communicated in a way people could understand and engage with. One care plan stated, "[Person] has dysphasia (inability to talk) and uses non-verbal communication skills. This is not to be confused with not having a "voice". [Person] can make his wishes and preferences quite clear without uttering a single word."

Staff were offered "intensive interaction" training, which helps them to communicate with people who could not communicate verbally or used signing languages. The training helped staff to "enter people's world", to help people learn the principles of communication, such as using tapping or picking to make patterns.

People were supported to input into their care and support arrangements. The service worked with people's advocates and people with lasting power of attorney for their health and welfare. The service involved people's families, and organised regular events, such as a recent Halloween party, where people and their families are invited.

People's records and information was kept securely. People's privacy was respected and their confidentiality was respected by staff.

Good

# Is the service responsive?

## Our findings

People received care that was personalised to meet their needs. People, and those who could lawfully act on their behalf, were involved in planning their care and support. Peoples care and support plans were created based on their needs, independence and preferences.

Staff helped people to articulate and to achieve their goals and aspirations. One person we spoke with had a 'bucket list' of things they wanted to do, which staff were working through. They had recently been on holiday for a week and travelled on a plane. They also started having a goal of the week, they told me this week was to help a homeless person, which staff were supporting them to do.

People were supported to develop life skills, such as cooking and gardening. The service supported three people living in a house together, they had worked with a local café to learn cooking skills. Two of the people now loved to cook regularly for the household.

People were supported to look for and maintain employment. One person we spoke with had been working in the same job for 14 years. They had moved to a new house, and were further away from their job. Staff had helped them to complete 'travel training', so they felt confident getting a bus by themselves to work.

People could choose what they wanted to do each day. In one house we visited, staff had created a timetable board on the wall for plans, household jobs and meal plans. Staff knew the local area and community and so were able to suggest activities and organisations locally for people to access.

Staff embraced technology to promote people's independence and have control of their own lives. One person had recently acquired a new speech aid with an eye tracker. Staff had sought additional training and were learning with the person to use the device to give them a voice. The 'My Diary' system enabled people to have access to their care records, and to contact staff directly.

One person showed us how they used the system. The system used a finger print scanner to log people in, and asked how they were feeling when they logged in, with an opportunity to feed
back detail. The person wrote to the member of staff responsible for their care "I love [member of staff]" and "I am happy and smiley".

People could attend the office to meet staff and discuss their care when they wanted to. The office had an open door policy and invited people to attend to discuss their care and support plans, and any concerns they had with staff responsible for their care. We met two people visiting the office during the inspection.

One person visiting the office told us how staff supported them. They had written thank you cards to two staff. One said, "Staff here have been so good at dealing with my mental health. When I can't relax because I have things on my mind, she sits down and works them out on paper with me so I can see it clearly."

People were supported to start and maintain relationships. One person wanted to start a sexual relationship

with their partner. Staff gave the person information and guidance sensitively and in a way they could understand to enable them to have capacity to consent, and to promote their safety.

The service provided information in various formats, including easy read, to ensure people using the services had access to this. Staff took time to explain and discuss things with people so that they had time to process information and ask questions.

The service had a complaints policy and procedure. Most people and their families knew how to make a complaint or how to contact the office to speak to staff if they had a problem. One person's relative told us they did not know how to contact the office, and only had contact details for the care manager at the local authority. This was fed back to the registered manager who agreed to contact the family member.

The service responded to complaints and concerns raised by people and their families. The registered manager told us that communication had been a theme of feedback from families and staff. In response, the service had a communication week, where staff were encouraged to be more open, challenge themselves and others to improve their communication.

The provider had developed a care plan template in an easy read format to support people to plan for illness and the end of their life. The provider was rolling out the use of this template and making it available for all people using the service, regardless of age or health. The template prompted people to record their wishes about care before and after death, including their preferences for funeral arrangements.

Good

# Is the service well-led?

## Our findings

The service had a clear management structure in place and had recruited to fill key leadership roles in the last six months. The service had knowledgeable and experienced managers and deputy managers who provided support and guidance for staff.

The service had a registered manager in post. The registered manager understood their role and responsibilities. Staff understood their roles and responsibilities and had confidence in the management team who frequently worked alongside them and provided constructive feedback about their performance.

Staff consistently reported that the management team readily recognised and thanked them for their good work. The managers wrote 'thank you' letters and cards to staff to acknowledge their hard work and show appreciation.

The service had a clear vision and set of values. The staff reflected the provider's values of recognising and striving to support people to achieve their aspirations. Staff fed back that they felt the provider encouraged an open and honest culture.

Staff and people fed back positively about the senior staff and managers. People knew the senior staff and managers. Staff fed back that the managers and senior staff were visible and regularly visited the services. One member of staff said, "[I am] very much supported, there is always people we can contact in the office." Another member of staff told us, "[Line manager] gives me regular feedback, I'm very well supported."

The service had competencies for all staff roles, annual appraisals and frequent supervision to review staff performance. Staff told us they felt well supported in their roles. Staff knew the managers well and fed back that they were visible and available if they needed help.

A large number of the management team had worked as support workers and they knew the people receiving care. Staff were encouraged to develop and apply for promotion within the company. Managers continued to work some shifts with people to ensure they maintained their skills and to role model behaviours to staff across the service.

The provider and service had robust quality governance arrangements in place. There were regular audits carried out of medication records and storage, health and safety in people's homes – including their risk assessments and care plans – and of people's financial records if they were receiving support with this. Actions were taken in response to any errors or issues identified.

The provider had cross-service governance meetings to look at developments in best practice guidance, learning from incidents and events, quality or safeguarding issues and other relevant topics. Performance and actions were monitored to ensure improvements were made.

The provider worked with other agencies and organisations to share information, and work to provide

continuity of care. Commissioners of care told us they did not have any concerns about the service, one commissioner fed back that the registered manager and deputy were "very professional and collaborative in their approach [to the transfer of a service]."