Alina Homecare Specialist Care Limited

Alina Homecare Specialist Care - Somerset

Inspection report

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15 November 2022
17 November 2022
22 November 2022
25 November 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Alina Homecare Specialist Care - Somerset is a domiciliary care agency. It provides personal care to people with learning disabilities and/or autistic people living in their own homes in the community. It also provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. At the time of the inspection, the service was supporting 18 people with their personal care needs in Somerset and Dorset.

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.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support
Improvements were required to staffing, structures and communication to ensure a consistent service which enabled people to fully achieve their aspirations, pursue their interests and access their local community.

The service supported people to have choice, control and independence. Staff supported people with their medicines in a way that promoted positive health outcomes. The service had plans and guidance to support people with identified risks. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care
People received kind and supportive care. Staff responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had appropriately skilled staff to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture
The service was working to enable people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Systems were in place to monitor the quality of the service to people. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection
The last rating for this service was good (published 25 June 2021).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alina Homecare Specialist Care - Somerset on our website at www.cqc.org.uk.

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 well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Alina Homecare Specialist Care - Somerset

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 was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care and support to people living in their own homes and 'supported living' accommodation so they can live 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.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day and announced on subsequent days.

We gave a short period notice for some of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 15 November 2022 and ended on 25 November 2022. We visited the location's office/service on 15 and 22 November 2022.

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 (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
We spoke with 19 members of staff which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 person who used the service and 6 relatives. We reviewed a range of records. This included 7 people's care and medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● We received mixed feedback from people's relatives and staff relating to staffing. The service had experienced challenges in some locations with staffing which the provider acknowledged. Recruitment for vacant positions was in process. We have referred to this further in the well-led section of this report.

● Relatives feedback included, "There has been a high staff turnover," "There have been difficulties with staffing," "[Name of person] has carers that have been there a long time so understand their needs," and "[Name of person] care has much improved as they have the same regular carers who are with them 1:1."

● Staff comments included, "Staffing levels are a problem, not enough staff," "Not enough staff, there have been new staff join but then they leave again" and "Staffing levels are not too bad. We have always got 2/3 people on."

● Staffing levels were monitored by the provider to ensure people's safety. Staff turnover had reduced and the service was focusing on retaining staff.

● The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● During the inspection we observed all areas of the services to be clean. We received some mixed feedback regarding the cleanliness of people's homes. Two relatives said, "Staff keep [Name of person's] room clean and tidy." However, one relative commented, "[Name of person's] room, it is dirty."

● A staff member said, "Cleaning gets done but there is not a structure. No cleaning records are kept." The provider was addressing this by introducing documentation to monitor cleaning and demonstrate the cleaning undertaken.

● The provider's infection prevention and control policy was up to date. Staff had received training in infection prevention and control.

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff we spoke with and observed were clear on procedures to follow.

● We were assured that the provider was preventing visitors from catching and spreading infections.

Systems and processes to safeguard people from the risk of abuse

● Staff received training in safeguarding adults. Staff knew how to identify and report safeguarding concerns. One staff member said, "I would do the body map if required and report to the office." Staff knew about external reporting procedures. A relative said, "[My relative] seems safe and settled."

● The provider reported safeguarding concerns to the local authority and Care Quality Commission as required. The provider kept an overview of safeguarding concerns and monitored agreed actions and outcomes.

Assessing risk, safety monitoring and management
● Risk assessments were completed to identify and manage individual risks. For example, in areas such as, health conditions, travelling in the car, managing finances, the environment and particular activities.
● Guidance directed staff how to manage and reduce risk whilst promoting people's independence. Strategies were in place for when people became anxious or distressed. Staff we spoke with who worked consistently with people knew procedures well. A relative said, "They know [Name of person] well and understand their needs."
● A business continuity plan outlined procedures to follow in unforeseen events such as adverse weather or utilities failure. An on call system was in place for out of hours support.

Using medicines safely
● Medicines were managed and administered safely. Staff competency in medicine administration was observed and assessed. A relative said, "[Staff] manage medicines well and there have been no incidents."
● Medicines were given as prescribed. Protocols were in place for as required medicines (PRN). A relative said, "It is reassuring that the carers are not overusing the emergency medicines."
● Temperatures of medicines storage areas were monitored. Daily stock checks and regular audits took place to monitor medicine administration.

Learning lessons when things go wrong
● Accidents and incidents were reported and recorded. Staff were clear how to report this information. One staff member said, "We fill these out on 'My Diary'."
● Accidents and incidents were reviewed by senior staff and monitored to ensure actions taken reduced reoccurrence.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Supervision had been completed with staff but not as regularly as planned by the service. Supervision is dedicated one to one time for staff with a senior staff member to monitor and support their development. Staff commented, "I have had one supervision this year," "I have had two supervisions in total," and "I had one supervision in September. I can raise things with other staff." The provider had identified this already and ensured a planned programme for supervision was in place going forward.
- Staff received a programme of induction when they started which was aligned with the Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by care staff. The induction included shadowing a more senior member of staff. Staff spoke positively about their induction experience. One staff member said, "I completed three days induction training and shadow shifts."
- Staff received regular training to meet people's specific needs. One staff member said, "Yes, we receive lots of training." Another staff member commented, "We have had training around behaviours and how best to support people, what to do when people become agitated or upset."

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

- People were supported with their food and drink. People were involved in planning, shopping and preparing their meals. A relative said, "[Name of person] has a healthy lifestyle, as well as having healthy food." Another relative said, "[Name of person] nutrition is much healthier now."
- Care plans gave guidance on people's dietary requirements and preferences. For example, one care plan said, "Likes squash and will drink tea. Enjoys a hot chocolate." A staff member said, "[Name of person] has a Speech and Language Therapy (SaLT) guidance sheet for us to use when supporting with meals."

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

- People received support with their health care needs. Care plans gave guidance to staff around monitoring and supporting people with health conditions such as diabetes and epilepsy. One relative said, "I must say, with Alina [Name of person] [mental and physical] health has improved."
- People were supported to attend annual health checks and regular check-ups. For example, dental and eye care. A relative said, "The carers always take [Name of person] to any appointment that they need to attend." Another relative said, "Staff have taken [Name of person] recently to a dental appointment."

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.

● The service was working with external professionals when a DoLS application had been identified as being required. The registered manager monitored an overview of people's applications.
● Some staff we spoke with were not always clear on the status of people's DoLS. The registered manager said this would be addressed.
● People made day to day decisions about their care and support. Where people lacked capacity to make a particular decision a best interest decision was completed. These were made in partnership with relevant professionals and family members. These were in process for some people who were new to the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were assessed before moving to the service to make sure their needs could be met by the service.
● Staff we spoke with understood the principles of the MCA and could demonstrate how they supported and respected people's choices. Supporting people to be more independence
● Care plans reflected people's protected characteristics under the Equality Act 2010 to ensure these were identified and respected. This included people's wishes in relation to their culture, religion and sexuality.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The systems to communicate messages to staff were not consistently effective, which meant information was not always communicated effectively. Staff did not always receive a verbal or written handover. This meant they may not be update with the person's support needs. One staff member said, "There is no handover." Another staff member said, "There are no prompts of what to do." A further staff member said, "There are no written list of checks."
- Staffing structure and changes meant mixed experiences for families in regard to communication. A relative said, "[The service] needs to communicate better with me. I informed the company I wanted to be informed on every occasion emergency medicine was given and I am not. Another relative said, "They don't communicate with me." A further relative said, "The carers always communicate well with me and I know who to speak to if I need to discuss anything."
- Staff highlighted that rota planning and changes impacted service delivery. This meant staff we spoke with did not always know who was supporting which people. Staff told us planning future activities and appointments for people was difficult. A staff member said, "Staff get moved around all the time. The rota keeps changing. Staff can't plan anything." Another staff member said, "We don't know which staff are in and whose doing what."
- A defined staffing structure was in place. However, some roles were vacant, such as team leaders. People did not have a named keyworker. Keyworkers are responsible for overseeing certain areas of care and support for people. One relative said, "[Name of person] has been with Alina care for 19 months, but we still do not have a named key worker for them." A staff member said, "There is no key worker system. Staff are allocated to a person but depends what is going on that day."
- We received mixed feedback about outcomes for people and how staffing changes affected this. Some people were being well supported to achieve good outcomes. For example, one relative said, "I am happy with my sons care he is very safe as he has regular carers." Another relative said, "The carers take [Name of person] out for a walk, they will go down to the beach, which [Name of person] really enjoys and to the pub for lunch sometimes."
- However, we received feedback that in some areas of the service outcomes for people needed to improve. One staff member said, "No people don't get out enough." Another staff member said, "Activity planners are in place but these things don't always happen." A relative said, "[Name of person] needs more involvement within the community. Another relative said, "[Name of person] spends too much time in their room."
- We received mixed feedback about the culture of the service, this was due to staffing and communication. One staff member said, "There is a poor staff culture." A relative said, "There are too many staff changes."

However, in some locations the staff team worked effectively. A staff member said, "The team is really good together."
● The provider had acknowledged these areas and was introducing systems to make improvements. During and after the inspection we saw evidence of this for example, shift allocations forms, handover documents and keyworking systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Regular audits were conducted by senior staff and the provider to monitor and assess the quality of the service.
● Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.
● The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Team meetings had been arranged. The service had planned these going forward to ensure a wider attendance and engagement
● Staff had been recognised for employee of the month when they had made a contribution to the service or gone above and beyond for people. For example, in supporting people with their healthcare and supporting new people to settle into their homes.
● A service user group met once a month to be involved in projects such as recruitment of new staff and training sessions.
● We observed positive interactions by staff with people. A relative said, "The carers that I met were pleasant. Another relative said, "The carers are very good, they are kind and caring."

Continuous learning and improving care; Working in partnership with others
● The provider was committed to building partnership working with the local authority and relatives to develop the service. A relative said, "We are working with the company to try to get improvements." Posters gave contact information to encourage people, staff and relatives to communicate and engage with the provider.
● There was positive feedback about changes in senior staff. A relative said, "The company has changed the house manager and they seem to be more proactive." Another relative commented, "The new manager seems to be more pro-active." A staff member said about a senior staff member, "[Name of staff member] is absolutely brilliant."

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
● The registered manager and provider understood the duty of candour legislation. This is the services duty to be open and honest when something had gone wrong.