

Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care - Southampton and Hampshire

## Inspection report

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Date of inspection visit:  
12 August 2021

Date of publication:  
05 October 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alina Homecare Specialist Care - Southampton and Hampshire provides care and support to people in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were safeguarded against the possibility of abuse.

Staff were trained effectively to support people with their medicines.

Sufficient staff were deployed to meet people's needs.

The provider had effective procedures in place to reduce the possibility of the spread of infection.

Effective risk assessments had been completed to promote independence and to keep people safe.

Relatives and people told us the quality of care provided was safe and effective.

Robust governance systems were in place to monitor the quality of care provided and to drive improvement.

The last rating for this service was good (published 10 January 2019). The service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alina Homecare Specialist Care - Southampton and Hampshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We received concerns advising us of insufficient staffing levels and a poor level of care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Alina Homecare Specialist Care - Southampton and Hampshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One Inspector carried out the inspection with the support of 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.

Alina Homecare Specialist Care - Southampton and Hampshire provides care and support to people in the community and to those who require live-in care. The service provides a wide range of assistance to people who may be living with a learning disability, dementia or behaviours that may challenge others, or to people who have had a stroke. Palliative care as well as respite is also provided.

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 12 August 2021 and ended on 31 August 2021. We visited the office location on 12 August 2021.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with two registered managers and the regional operations manager. We reviewed a range of records. This included five staff records and various quality assurance documents, including improvements plans and meeting minutes.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, reviewed various policies and procedures and looked at care plans relating to people who had complex care. We spoke with four people, four relatives and obtained feedback from 12 members of staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.
- Staff comments included, "From my training and experience I am aware there are several types of abuse such as financial, sexual, physical abuse and neglect" and "I have yearly training which is done through Alina Homecare which is half a day training. I am also going to go onto the Management Safeguarding training soon due to my recent promotion. I feel there is a strong support network in place, particularly from the managers of the branch, so should I require any guidance they are available to offer advice."
- People and their relatives told us they were safeguarded from the possibility of abuse. Comments included, "I trust the staff when they come and visit" and "I am confident any concerns raised with the manager would be dealt with but I have no concerns." Records demonstrated the registered manager took appropriate action when alerted to possible abuse, including making referrals to the local authority for investigation.

Assessing risk, safety monitoring and management

- Detailed assessments were in place to manage risk. Information regarding falls, diabetes, behaviours that challenged others, nutrition and skin care were risk assessed and reviewed frequently.
- A member of staff commented, "One person that is supported by us does have behaviours that challenge, the support plans, and risk assessments give a detailed overview of the client's needs and how to manage the challenging behaviour" and "There are protocols in place for all aspects of the support. these are easily accessible online, and updates are given to staff in supervision."
- Comments from people and relatives included, "(Name) looks well and staff are very patient with him (person). Technology is used to alarm his bedroom door to alert staff in the night if he moves around", "(Name) is absolutely safe. There is an alarm on the door and the carers are lovely" and "The carers are excellent – especially the two main ones. They understand (name), know her needs and can anticipate her moods. They motivate her by making a list of things to do when the staff are not there."

Staffing and recruitment

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment

referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

- Sufficient numbers of staff were deployed to meet people's needs. People consistently told us care was unrushed. Quality audits, unannounced spot checks and rotas demonstrated the provider had employed enough staff. A relative said, "I am confident the organisation has enough staff at the moment, we don't have any problems in that respect". The registered manager told us they were in the process of recruiting additional staff members but felt people's needs were being met.

#### Using medicines safely

- People could be confident that medicines were managed safely and administered by competent staff who had access to appropriate guidance and information. A staff member commented, "The client (person) had lorazepam as PRN, (medicine when required) to be administered when displaying behaviours that challenge, yet thanks to the staff team he has not needed any for two years! A best interest decision was made between the family and the GP that he no longer needs lorazepam, he is not prescribed this anymore."
- Accurate records were maintained of medicines administered. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place.
- People were complimentary about how staff supported them with their medicines. Comments from relatives and people included, "Staff administer meds and if (name) is unwell they will call me straight away", "(Name) knows the times for her (person's) meds as she has an alarm on her phone. Staff support her as well as supporting her to obtain her meds", "The staff work well as a team to support (name). We have an annual review meeting which is thorough, and we look at all the meds changes and GP liaison" and "Staff ensure she (person) has her blood pressure and Diabetic meds and I take her to her hospital oncology appointments."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- All incidents and accidents were monitored and reviewed regularly by the senior staff team to identify any patterns or trends. They were analysed for any necessary action and learning was discussed with staff.
- A member of staff commented, "Following on from an incident where a service user used faulty equipment, we have introduced a form that staff need to complete to ensure equipment is checked and is safe prior to use. This is to ensure it has been installed correctly and is safe to use. This also means all staff,

regardless of experience, understands what they should be looking for and checking."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- There was a positive culture within the service helping people to achieve their goals. For example, A member of staff commented, "We go the extra mile to help fulfil our service users aspirations, for example supporting one of our service user to follow slimming world and she achieved not only slimmer of the week but slimmer of the month, which was such an achievement". A relative said, "The staff work well as a team to support (person) really well. They help (person) with anything they need."
- Relatives described the service as friendly and caring. Relatives said, "I'm very happy - the staff are absolutely phenomenal" and "I've known them for years and I can't fault them. They are friendly and they really do care"
- People were informed about the vision and values of the service and what it could provide.
- Each person was provided with a service user guide which provided information about the agency, what it could offer and what a person using the service could expect. People were also provided with regular updates which kept people informed about developments and changes within the service.
- Staff said the management team were approachable. Comments from staff included, "My managers (staff) and (staff) are very supportive, and I feel able to discuss anything with them, if there is any problem that I need support with they will always take the time to sit and go through it with me to help me come up with the best resolution, I am never made to feel that anything I ask is too much or a silly question" and "The period during the COVID pandemic there have been numerous conversations around guidelines and staffing and my managers have been very reactive in helping me to come up with a solution to ensure everyone has been kept safe."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. A relative commented, "We have no concerns about the openness and transparency of the organisation."

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

- Effective quality assurance measures were in place. Audit tools and checks were regularly completed, these helped to ensure the quality and safety of care provided was well maintained.

- The registered manager and the staff team understood the importance of providing high-quality, person centred care as well as managing and monitoring risks.
- The registered manager was aware of their regulatory responsibilities and the importance of submitting statutory notifications to CQC and referring concerns to other organisations when required.
- Accessible policies and procedures were in place. Policies contained up to date and relevant guidance for staff to follow.

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

- Comments from staff suggested they were provided with good opportunities to provide feedback about the quality of the service. Comments from one staff member included, "I am able to give feedback in my supervisions or I can request a meeting with my manager sooner, should something come up before then. I am able to phone/email at any time to express any concerns I may have. HR also send out questionnaires" and "All of higher management are friendly and approachable. I am confident and able to go to them with any concerns, personal or work related. I know I will be listened to and everything I have to say is taken on board and respected. I have had an opportunity to work alongside and learn from them. I feel this has helped in the opportunities I have been given to progress within the company."

Continuous learning and improving care

- Whilst staff told us they were supported, many commented communication could be improved. Comments from staff included, "If I'm honest I feel there are elements of the communication that could be improved. The office is a very busy environment and there is a strong reliance on email correspondence, "I'd like to share we have a marvellous team. Who have supported each other through good and bad times due to covid. However, at times communication could be better with office staff. Due to changes in the rota and not informing the individual." We found no evidence to suggest the feedback regarding the requirement to improve communication had a negative impact on the standard of care people received.

Working in partnership with others

- Records in relation to care provided, review documents and email communication demonstrated staff worked effectively with external professionals.
- The registered manager worked effectively with the local authority, families and people using the service; ensuring the quality and safety of care was reviewed and assessed.