

Alina Homecare Ltd

Alina Homecare Devizes

Inspection report

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Date of inspection visit:

14 January 2020

24 January 2020

Date of publication:

21 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alina Homecare is a care agency providing personal care to people, aged 18 years and over, in their own homes. At the time of the inspection, the agency was supporting approximately 50 people.

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

Medicines were not always safely managed as there was limited information about those medicines, prescribed to be taken "as required." Some medicine instructions were handwritten, without being signed or countersigned. This did not minimise the risk of error.

There were enough staff to support existing care packages. Further recruitment was taking place to meet increased demand. New staff were being safely recruited. Systems to prevent and control infection were in place.

People were supported to have enough to eat and drink. Staff prepared some meals and supported others to do this independently. People were supported to access various health and social care services, to remain healthy.

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

The service had its own training department and a range of training was organised for staff. However, records did not always evidence the clinical care training, staff had completed or whether their competency had been assessed. This was addressed following the inspection.

People were treated with kindness and compassion. Systems, such as staff training and monitoring, ensured this. People were encouraged to direct their care. This involved developing and reviewing their support plan. People's privacy and dignity were promoted.

People were happy with their support. People received a responsive service, which met their needs. People were supported by a small team of staff, who knew them well. Social inclusion and enhancing quality of life were given clear focus.

People had support plans, which gave an overview of their needs and preferences. Some information was detailed yet other areas lacked clarity. The registered manager told us staff knew what support people

needed but would ensure greater detail was added to documentation.

There was a positive approach to complaints and how they could be used to improve the service. People and their relatives knew how to raise a concern.

There were auditing systems in place to assess the quality and safety of the service. However, these were not fully effective. Management had not identified records to evidence staff's clinical competence, were incomplete. The registered manager told us this was addressed after the inspection.

There was a caring ethos and a clear emphasis on quality and providing good outcomes for people.

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

Rating at last inspection

This service was registered with us on 21/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the new registration of the service.

We have identified a breach of regulation in relation to good governance and have made a recommendation about the management of some medicines.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alina Homecare Devizes

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We gave the service 24 hours' notice of the inspection. This was to ensure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and ended on 24 January 2020. We visited the office location on both of these dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with 10 people who used the service and two relatives, on the telephone, about their experience of the care provided. We spoke with 13 members of staff including the area operations manager, quality manager, registered manager, care workers and office staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We gained feedback from two health and social care professionals who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always safely managed. Some medicine administration records (MARs) were handwritten. There was no evidence that the hand written MARs were checked to ensure that they were accurate. This increased the risk of error
- There was a policy in place regarding the administration of "as required" medicines. However, information specific to each person, was not in place. This did not maximise the medicine's effectiveness or reduce the risk of misuse.

We recommend the provider consider current best practice on as required medicines and how they should be managed and recorded.

- Information about people's medicines were detailed in their support plans.
- Staff received training and their competency was assessed before they administered people's medicines.
- There were monthly audits of the medicine administration records. The audits had identified one member of staff had not consistently signed the MAR to show they had administered people's medicines. The staff member was withdrawn from handling medicines and no longer works at the service.

Assessing risk, safety monitoring and management

- Information showed risks to people's safety had been identified and considered. This included environmental risks, such as unsafe flooring and carbon monoxide poisoning. However, information about a thickener to minimise the risk of aspiration, and the support a person required to maintain healthy skin, lacked detail. This had been addressed by the second day of the inspection.
- People received a reliable service, which minimised the risk of missed or very late visits. There were systems in place to identify if staff had not arrived at a person's property. This meant the reasons could be considered and alternate arrangements made.
- The registered manager told us any accident, such as a fall, was investigated to minimise the risk of further occurrence. A referral to specialist health care services, was made if appropriate.
- Staff were aware of procedures, such as what to do if they could not gain access to a person's property. This enhanced people's safety.

Systems and processes to safeguard people from the risk of abuse

- All staff undertook safeguarding training when they started employment at the service. Annual training took place thereafter and discussions about safeguarding, were held during staff meetings.

- Written information about safeguarding, including local reporting procedures, were readily available for staff reference.
- Staff were aware of their responsibilities to identify and report a suspicion of abuse.
- In the event of a staff member having concerns about a person's safety, appropriate safeguarding alerts had been made.
- People told us they felt safe and relatives had no concerns about safety. A compliment had been received which stated, "You have gone beyond the call of duty to try to keep her safe and well."

Staffing and recruitment

- There was enough staff to support existing care packages. The registered manager told us more staff were being recruited to meet increasing demand.
- People told us there were enough staff. They said they were consistently supported by the same staff, with very few changes to this required.
- Safe recruitment was being followed. Records showed information was gained about the staff member's conduct and a disclosure and barring service (DBS) check was completed. This helped the registered manager make an informed decision about employing the staff member.

Preventing and controlling infection

- Records showed staff had undertaken training in preventing and controlling infection.
- There was a large stock of protective clothing in the office, including disposable gloves. Staff told us they could collect what they needed at any time.
- People told us staff were always well presented and their standard of hygiene was good.

Learning lessons when things go wrong

- The registered manager told us reflective practice was an important part of the service. They gave us examples of improvements made. This included the implementation of an electronic call monitoring system and formal contingencies for the service, during bad weather.
- The agency had an electronic system for recording any actions taken in response to accidents, incidents and concerns. Senior managers had access to the information and monitored appropriate investigations had taken place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service had a training department, which supported staff's training needs. There was a detailed programme for new staff, which involved training, mentoring and shadowing more experienced members of staff.
- Staff undertook a range of training deemed mandatory by the provider. This included moving people safely and positive behaviour support. There were other courses related to people's needs, such as diabetes awareness. However, records did not always evidence the clinical care training staff had completed or whether their competency had been assessed. This included areas such as tracheostomy care. After the inspection, the registered manager told us they had coordinated the training records, which demonstrated all staff were knowledgeable and competent in people's clinical care needs.
- There was a focus on face-to-face training, as this was deemed to help staff's understanding. The registered manager told us they had a responsibility to ensure all staff had the knowledge and skills to do their job well.
- Staff told us they were happy with their training and felt well supported. One member of staff told us, "The training here is great, there are so many courses. You can also ask if there's anything you need, and they sort it."
- Staff received meetings with their line manager to gain support and discuss their role. During the inspection, staff came into the office to collect any supplies, and chat with the registered manager and office staff. Staff told us this was a regular occurrence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were fully assessed before being offered a service. The registered manager told us careful consideration was given to all new referrals, to ensure the service could meet their needs.
- People told us they were regularly able to discuss the support they needed. They said they felt listened to, and their wishes were included in their support plan.

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

- People were supported to have enough to eat and drink. One person told us, "They help me cook what I want. They make sure I do it right and I'm safe."
- Staff told us they gave people choice regarding what they wanted to eat. They said they made snacks and meals, and said some people preferred microwaved meals from a well-known provider. Staff supported some people to make their own meals.
- Some people were given assistance to eat. Details of the support the person needed, were detailed in their support plan.
- Records showed any concerns about a person's fluid or dietary intake, were closely monitored and

reported as needed.

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

- People were supported to gain health care support when needed. This included attending healthcare appointments or sourcing medical advice, when unwell.
- Staff supported some people to become healthier. This including accompanying a person to the gym and supporting another person to lose weight.
- The registered manager told us good links with local health and social care professionals had been established. This said this meant prompt medical advice or a home visit could be arranged when needed.
- Staff told us they could identify any signs of a person being unwell, due to supporting them on a regular basis. One member of staff told us, "As we go to the same people, we know if they are under the weather or not themselves."
- People told us they were happy with the support they received to maintain good health.

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 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.

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.

- Staff had completed training in MCA and the main principles had been added to the back of their identity card, for easy reference.
- Records showed people's capacity to consent to aspects of their care, had been considered. This included any support a person needed with their personal care, and nutrition and hydration.
- People told us staff requested consent before undertaking any care intervention. They said they were always asked what support they needed and could change their mind at any time. One person said, "They always ask me what I want to do and if I don't know, they suggest some options. I can then choose more easily."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Systems were in place to ensure people were well treated. This included training, mentoring and observational checks of staff.
- The registered manager told us they regularly spoke to people, and visited them, to ensure they were happy with the way they were treated.
- Staff told us they supported the same people, which enabled them to build relationships and know individual preferences. One member of staff said, "Going to people you know, gives familiarity and makes people comfortable. We're professional but it helps with trust and we know how they want things done."
- People and their relatives were complimentary about the staff. One person told us, "They're brilliant. I love them. They are the best." Other comments were, "[Family member] is always happy to see them. They do what she wants. She likes them," and "I don't know what we would do without them."

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

- People told us they were able to inform staff what support they required. They said they were involved in the development and review of their support plan.
- People had formal reviews of their support. People were able to invite those who were important to them, to give feedback and additional support. People told us they felt listened to and their views were always taken into consideration.
- The registered manager told us people were encouraged to inform the office if they wanted any amendments to their support. One person confirmed this. They told us, "I can ring but sometimes I go in to talk about things. They're all so helpful."

Respecting and promoting people's privacy, dignity and independence

- People told us their rights were promoted. One person said, "They always close doors just in case someone come in." A relative told us, "They definitely give privacy and promote dignity. Having care was a real upheaval to start with and having people in our own home was difficult. Staff recognised this though. They fully respect it's our home."
- Staff were confident when talking about people's rights. They spoke about promoting privacy when providing personal care and respecting people as individuals.
- Records showed staff undertook privacy and dignity training.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a responsive service, which met their needs. They said staff arrived on time and completed everything they wanted them to do. People told us staff stayed the allocated amount of time and spent time chatting, whilst undertaking support.
- People told us they were happy with their support. One person said, "It enables me to do the things I want to do." Another person said, "I've started doing new things. I go out. They've helped my confidence."
- People had support plans, which gave an overview of their needs and support required. Some information was detailed, and person centred. This included details of an alcoholic drink a person chose to have every afternoon. Other areas were less comprehensive, with phrases such as, "Check vulnerable areas." Whilst the information lacked detail, staff told us they were aware of people's needs. The registered manager confirmed this but said they would ensure greater detail was added to documentation.
- Health and social care professionals were complimentary about the service. One health and social care professional told us, "They were professional and handled the complex situations very well and went above and beyond with the person's support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. met

- The service met the AIS. Documentation was available in large print, different fonts, audio formats or braille.
- People's communication needs were detailed within their support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff told us there was an emphasis on social inclusion and promoting relationships.
- Staff supported some people with social activity as part of their care package. This included supporting a person at the gym and with archery.
- Staff support had enabled good outcomes for people. Photographs on a notice board in the office confirmed this. For example, one person had been supported to meet their favourite celebrities. Another person had been encouraged to restart a hobby of canoeing.
- There was a newsletter, which was circulated to people and staff. This kept people in touch with what was

going on in the service.

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints. The registered manager told us if a complaint was made, they always apologised to the person. They told us, "I'm very open and will hold my hands up and apologise if something has gone wrong. We can't be defensive, we have to listen and be open to criticism."
- People and their relatives told us they would speak to office staff or the registered manager, if they were unhappy about the service. They said staff listened, and amendments to support were made as required. One person told us, "I had a little niggle and it was dealt with spontaneously."
- Any concern was appropriately investigated and logged. Senior managers had access to this information and monitored any actions taken.

End of life care and support

- End of life care was provided, although not required at the time of the inspection.
- The registered manager told us they worked closely with other professionals, such as the local hospice, when providing end of life care.
- Staff received palliative care training. Those staff with an interest in this area, were allocated to any end of life care packages.
- There was a section in people's support plans about their end of life wishes. The information generally stated people did not want to talk about this area.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality auditing was not fully effective, as management had not identified the competency assessments for staff, were incomplete. This did not ensure there was a clear overview as to whether staff were up to date with their clinical skills, such as tracheostomy care. Whilst the registered manager told us all staff had completed training and their competency had been assessed, documentation did not demonstrate this. Many of the assessments were incomplete and did not give a conclusion of the staff member's competence. This did not demonstrate all staff were sufficiently knowledgeable or competent to undertake the clinical interventions required.

There was a lack of monitoring regarding the clinical skills of staff. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us after the inspection, a new system to address the shortfalls in staff training records had been devised.

- Staff told us the registered manager was knowledgeable, gave clear leadership and was always available to provide support and advice.
- There was a clear staff structure, with each member of staff aware of their responsibilities.
- The registered manager was supported by senior managers and other departments within the organisation. Staff confirmed this and said they appreciated the regular support and involvement of senior managers.
- The electronic systems in place enabled the registered manager and senior managers to have an overview of the service.

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

- There was a caring ethos, which promoted independence, and quality of life.
- The registered manager was enthusiastic about the service and said the staff were excellent. They were passionate about ensuring people received a service, that was based on quality.
- The registered manager and office staff met with people or undertook some of their support. This enabled people to know who they were talking to, if they phoned the office.
- People were encouraged to be as independent as possible and empowered to achieve. The registered

manager told us, "We want to do far more than basic care. It's enabling people to live their life and give quality to everything we do."

- There were many positive comments about the registered manager. A member of staff told us, "[The registered manager] definitely has his heart in the right place. He listens and takes care of the staff. I had a thank you card, that was personal to me. It was very thoughtful."

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 was aware of the duty of candour. They were very open and said they would report anything that had gone wrong and take steps to ensure it did not happen again.

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

- People were encouraged to give their views about the service. This was in the form of informal conversations, quality review telephone calls and surveys. Feedback from the surveys showed a high level of satisfaction.
- Events such as coffee mornings were arranged to fundraise for local charities. The event also promoted opportunities for social interaction. The registered manager told us transport was arranged for those people, who were socially isolated.
- Staff recognised people's individuality and promoted this. This included staff supporting a person to attend a LGBT event. Another person told us staff had supported them to attend college and work, which they appreciated.
- The registered manager told us they were developing links with the local community. This included giving a talk to local school children, about working in adult social care. The registered manager told us they "wanted to give something back to the community", as well as developing connections and improving social isolation.

Continuous learning and improving care

- There was a strong commitment to provide a person centred, quality-based service. The registered manager said they were a perfectionist and wanted to achieve 100% satisfaction in all areas.
- The registered manager told us learning and development was integral to the service. They said for example, if any concerns were identified when reviewing a person's support plan, the shortfalls would be considered within other reviews.
- Senior managers told us information was transferred between locations within the organisation to enable learning. They said this included any shortfalls, identified at an inspection.
- People gave good feedback about the service and could not think of any key areas for development. The only less positive view was for people to be better informed at times of staff sickness. The registered manager told us they would "take this on board."

Working in partnership with others

- The agency worked closely with local health and social care professionals.
- Various networking was undertaken within the organisation. The registered manager attended regular manager's meetings, to keep up to date and share good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality auditing systems were not always effective, as shortfalls in the records which demonstrated the clinical competency of staff, had not been identified.