

Alina Homecare Ltd

Alina Homecare

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alina Homecare is a Domiciliary Care Agency (DCA) that provides personal care and support to people living in their own homes. 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. At the time of the inspection the service was supporting 93 people.

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

We found some improvements were needed to people's records and to the audit system to ensure people's care plans and risk assessments fully reflected people's care and support needs.

People were supported by a kind and caring team of staff who worked hard to ensure people received the care and support they needed. The registered manager recognised that the ability to consistently provide this level of care was down to the whole staff team.

Staff knew people well and understood the risks associated with their care and support needs. Risk assessments provided further guidance about individual and environmental risks. People were supported to receive their medicines when they needed them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working to provide the support people needed, at times of their choice.

Staff received training and supervision to help them meet the needs of people. Staff told us they were able to request further training to help meet people's needs. They said they were well supported by the registered manager and colleagues.

People were supported to maintain their health and maintain and improve their independence. Where required people were supported to eat and drink meals of their choice. People were encouraged to eat a healthy diet but individual choices were respected.

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.

People received care and support that was personalised to their own requirements. Visits took place at a time that suited each individual. As far as possible people received support from a small team of six care staff. This meant staff knew people as individuals and were able to provide the care and support needed.

There was a positive culture at the service. The registered manager was accessible and the whole staff team worked together to improve and develop the service.

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 outstanding (published 19 February 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

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 effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Alina Homecare

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

The inspection was undertaken by two inspectors, a medicines inspector 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 to people living in their own homes.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2021 and ended on 17 November 2021. We visited the office location on 11 November 2021.

What we did before the 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 received feedback from two health and social care professionals.

We asked the registered manager to send some records for us to review. This included a variety of records

relating to the support people received, management of the service, audits, training and supervision records. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with 15 people who used the service, seven friends and relatives about the care and support people received. We received feedback from 16 staff, through telephone calls and emails, about what it was like to work at the service.

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.

We used all of this information to plan our inspection.

During the inspection

We visited the office and met with the registered manager and office staff. We looked at information related to recruitment, accidents and incidents and medicines. We gathered information about how the service was managed and run on a daily basis. We spoke with the quality manager on the telephone.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We received updated documents in response to our discussions when we were at the office. We held a feedback call with the registered manager and quality manager to discuss our findings and to clarify aspects of the inspection.

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 now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were protected from the risks of harm, abuse or discrimination. People told us they felt safe with staff who supported them. One person said, "I like it that care staff never talk about their work issues or other people using the service, which makes me feel safe that my situation isn't discussed with others."
- Staff received safeguarding training. They were able to tell us about different types of abuse and what actions they would take if they identified someone was at risk. This included reporting their concerns to the registered manager or local safeguarding team. Records showed that concerns were identified and reported appropriately. These showed the quick thinking of a staff member had prevented a person becoming victim to an internet scam. Support was given to the person and measures were put in place, with the person, to help reduce the risk of it happening again.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Some records did not include all the information associated with people's risks; this is discussed in the well-led section of this report. However, people were supported by a small staff team who understood their needs and the risks associated with their care and health needs. This helped to ensure risks were well managed.
- Staff told us how they supported people in relation to preventing pressure damage and skin integrity. They told us how they checked people's skin and pressure areas at each visit. They ensured people's skin was clean and dry and applied creams as prescribed. They explained how they would report any concerns to the registered manager, who would contact the relevant healthcare professionals.
- Staff told us how they supported people to manage their catheters and diabetes. They were aware of their own individual responsibilities and those of healthcare professionals. A number of people required support with their mobility, this included the use of hoists for transfers. There was detailed guidance for staff to follow. One person told us, "I'm pleased that hoisting is always done well."
- Environmental risk assessments were in place. These alerted staff to hazards around people's homes. For example, dogs and difficult to find pathways. There was information for staff on how to safely access people's homes.
- People and relatives told us how risks to their environment were reviewed. One person told us about changes to their home. They explained after the changes staff had, "Updated all the risk assessments and care plans in response, which is typical of their attention to detail."

Staffing and recruitment

- There were enough staff, who had been safely recruited, to meet people's needs. One person told us, "At present they (staff) seem pushed, but they always stay for the right time and do what's in the care plan without ever feeling rushed." Staff told us the service was busy, but they always had enough time to spend with people and to travel to their visits.
- The registered manager told us that recruitment had been more challenging since the pandemic. Therefore, they would only agree to provide care and support to new people if there were enough staff available. They told us if people, who were currently receiving care, needed their care and support increased they were still able to do this.

Using medicines safely

- Systems were in place to manage medicines safely. The provider and registered manager had identified that some improvements were needed, and this included some recording issues. These are discussed in the well-led section of this report. The service was due to move to an electronic medicine system which was used elsewhere across the provider. It was envisaged that this would drive the improvements needed.
- Some people had been prescribed 'as required' (PRN) medicines. They took these only when they needed them, for example, if they were in pain. There were no protocols in place to guide staff. However, people were supported by a small staff team who knew them very well. Staff were able to tell us about people, the medicines they needed and why. After the inspection the registered manager sent us a copy of a PRN protocol that reflected the appropriate information. At the feedback call the following week they told us protocols were now in place and was now part of their daily practice.
- Some people had been prescribed time specific medicines. Staff understood the importance of these and explained how their calls were scheduled to ensure these timeframes were kept to. Audits showed that these medicines had been given as prescribed.
- Staff received medicine training and had been assessed as competent before they gave medicines. They understood their responsibilities and told us they would only give people medicines that had been prescribed and were on the medicine administration record (MAR).
- People told us they received their medicines in the way they wanted them and were helped to resolve any concerns. One person said, "Staff give my medicines in a cup. I felt rushed with that at first, but we worked out the best way for me." Another person told us, "They give my tablets from a blister pack and sign for them."

Preventing and controlling infection

- People were protected from the risk of infection through the procedures that were in place. One person told us, "They (staff) organised a Covid test for me when my (relative) tested positive. They've always had all the PPE and taken all precautions. I haven't had any worries about greater risk of Covid from the visits."
- Staff received infection prevention and control training (IPC). They told us about the processes they followed to protect people from the risk of infection. One staff member said, "We always wear a mask, we also wear gloves and an apron but we've always done that."
- Staff were tested weekly for COVID-19 to ensure they remained negative and safe to work. Rapid testing was available to all staff if they felt unwell or were concerned they may have the virus.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff told us they recorded and reported any concerns they identified.
- Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences. Information was shared with staff to ensure they were aware of any changes to care and support.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they started using the service. The assessment included people's care needs, what they wanted from their visits and individual preferences such as what time they would like their visits. Information from the assessments was used to develop the care plan. The assessments also helped to ensure staff had the appropriate knowledge and skills to look after people effectively.
- The assessments were regularly reviewed to ensure people continued to receive the right support. People told us about the reviews and how their care was altered to meet their changing needs. Reviews often took place with health and social care professionals to ensure care and support provided was appropriate. One family member told us about the changes to their relative's support. "We've had to work out complex support. Alina have been excellent in liaison with other professionals." Another family member said, "I've had good meetings with Alina and the social worker together to review [name's] care plan."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people who they looked after. Staff told us they received the training they needed to support people effectively. There was a training plan which showed what training staff had completed and where updates were required. Staff told us they could ask for training on any subject they needed to support people and it would be provided. One staff member said, "If you're not sure of something you can ask and have extra training."
- When staff started working at the service they completed an induction. Staff told us this was thorough. One staff member said, "Induction was good, it was before Covid so we had classroom-based training with the trainer. You could ask anything and it was really relaxed. I did shadowing and went out on a few different rounds with different carers and people, double and single rounds. They covered everything, personal care, personalised care, how to use equipment safely. Keeping an eye on (pressure) sores, reporting everything to the office, medication and safeguarding."
- Following training staff had competency assessments to ensure they had the knowledge and skills to support people. This included practical moving and handling, medicines and catheter care. They also completed written evidence following training to demonstrate their understanding. Staff told us that during the pandemic training had been online but recently there had been a return to classroom-based training in small groups for practical training and they found this helpful.
- Staff received regular supervision and spot checks. Senior staff would attend a visit, unannounced, with the staff member. This included observations of staff supporting people, including ensuring correct IPC

measures were followed. Staff told us they felt supported by the registered manager and office staff and could discuss their learning and support needs with them at any time.

- People told us staff had the knowledge and skills to support them. One person said, "All the staff know what they are doing." Another person told us they were involved in training staff with the use of the hoist.

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

- Some people needed support to have enough to eat and drink throughout the day. Staff were aware of the importance of encouraging people to eat a healthy diet, but also accepted that people were able to make their own decisions and choices about what they ate and drank.
- There was information in care plans about the support people needed with their meals. This included preparing and assisting people to eat. Where required records were kept about what people ate and drank each day to determine if further support was needed, for example, from the GP or dietician.
- Staff had a good knowledge of the dietary support people needed. One staff member said, "Some people are able to eat a sandwich themselves but need support with bigger meals." Staff told us no-one needed a specialist diet at the moment but were that some people had required this previously.
- People told us they received the food and drink they needed each day. One person said, "Staff leave me with a drink and all that I need. They heat microwave ready meals for me and make them attractive on the plate for me to eat." Another person told us, "They get my meals. I feel in control of my choices and enjoy my mealtimes without feeling rushed." A further person stated, "They do my meals and I always get enough to eat and drink, fitting my choices."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Records showed, and staff told us, that people were supported to access health care professionals when their needs changed. If staff had any concerns about people they contacted the office who would then get in touch with the relevant healthcare professionals, for example the GP or district nurse, to ensure people received the appropriate care and support.
- Where people had been referred to other healthcare professionals such as occupational therapists and district nurses staff worked with them to help obtain good outcomes for people. One healthcare professional told us, "Supervisors have been flexible in coming on joint visits and usually have good insight and flexibility to tailor care plans to individual needs, which helps me to do my job. Often the carers have been proactive in flagging up an issue and are a useful resource when discussing potential solutions to handling risks."

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 received mental capacity training, and this was regularly updated. When people started using the

service mental capacity assessments had been completed to determine if they had capacity to make decisions about the care and support they received.

- Staff had a good understanding of MCA, consent and how to support people. One staff member told us, "I give them a few choices, i.e. a few bits of clothing, show them food from freezer/fridge, show them objects of reference. The people I support can make decisions using this method". Another staff member said, "Most of the people have capacity, we do have people with varying degrees of dementia. No-one has reduced capacity so they can't consent to care. Hypothetically, if someone didn't have capacity, I would speak with office and go through the paperwork with the person. Managers do the MCA paperwork, but I like to be involved if I know the person well, their family too. I wouldn't feel comfortable until I knew how to support them with their consent."
- Care plans reminded staff to offer people choices and people confirmed that this happened. During our telephone calls to people a staff member arrived to support the person. We heard the conversation between the person and staff member about the support that was required. The person was clearly in charge and the staff member was jolly and caring in how they involved the person and confirmed their choices.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to 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

- Throughout the pandemic staff were consistently caring towards each person. Some people had lost loved ones and staff supported them to remain involved with the funeral arrangements. They supported one person to arrange the funeral of a loved one, write the eulogy and attend the funeral. Staff donated money to allow the person to fulfil all their wishes around the funeral arrangements. For a further person who was unable to attend a funeral of a loved one they supported them to attend through a livestream service.
- Staff were mindful of the impact of loneliness on people, especially through the pandemic. Last Christmas staff donated their Christmas bonus to allow people to have an enjoyable Christmas. They focussed on people who did not have family and identified a wish list of what people would enjoy. One person received a spa treatment, other people enjoyed a Christmas meal, on Christmas Eve, with their regular staff member. This caring and thoughtful attitude continued through the year to include birthday celebrations for people, especially those who do not have family. Birthday celebrations included cakes, balloons and for one person, a personalised message from a professional footballer from the team the person supported. Photographs seen showed the pleasure and enjoyment on people's faces.
- We were told about a number of incidents where staff had stayed with people for a long period of time. For example, one person was required to wait for emergency repairs to their home. The staff member stayed with the person until this had happened. The registered manager told us the care and compassion shown by staff couldn't happen without the kindness of the whole staff team. Staff who had stayed with people were unable to complete further calls. Staff who had stayed out overnight were unable to work the following day. This did not impact negatively on anyone's care as other staff demonstrated this exceptional level of caring by offering to work once they had been made aware of what had occurred.
- Staff supported one person to decorate their home. Some items had been purchased, others donated and staff painted and decorated to the person's requirements. The person had been through a very difficult time and staff wanted to support the person's well-being. The registered manager told us the person was delighted with the result.
- Care plans were written sensitively, taking into account the effect words may have on the person. We saw information written in a way that informed staff of the support a person needed but did not fully describe the reason why. The registered manager explained that this was because of the delicate reason behind the need for the care. People were supported by a small team of staff who knew people really well who understood their care and support needs.
- People spoke highly of the kindness and care shown by all staff. One person told us, "My regular morning

and evening carers are just brilliant. We know each other so well. But there haven't been any staff I didn't like or who haven't been very caring." Another person said, "A lot of the staff I could call my favourites, they are all very caring and careful to ensure they're not upsetting me." The person told us about changes to their support needs and added, "They (staff) have been very supportive to that change and (are) helping me gradually to get more of my own abilities back." A further person added, "All the carers are marvellous, very professional. They all make sure I'm comfortable, not in pain. I've had visits for four years so I know them all very well and we work well together, especially my most regular carer, it's honestly like having my best friends around every day."

- A family member told us, "Everyone is very approachable, carers and office staff, and they have delivered on the care we agreed. When I needed to arrange extra care over a period, it was no problem and all assessed fully."
- Staff consistently demonstrated a caring and compassionate approach to people. They understood the importance their visits could have on people's lives and were supported by the registered manager to do this. One staff member said, "Even in hard and challenging times I always have been supported by my colleagues and the office staff, working together to deliver best care every day."

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

- Staff told us they followed the care plan. However, they asked people about the care they wished to receive. Staff told us if people declined care they would try and support and encourage them. One staff member said, "If people decline care, I encourage them, I would bring a bowl to them. If they continued to decline I would report to office and request a review."
- Before staff left they made sure people had everything they needed. One person said, "We agreed a strict routine for how to leave me safe at the end of the day and all staff comply with it." One staff member said, "At the end of call I make sure the person is safe, have their 'carelink' phone nearby, shut the windows, lock the doors, and make sure they have drinks etc nearby."
- One person told us about the improvements they had made since using the service. Changes were made to visits to meet their needs. They said, "Each change in frequency (of visits) was the result of care plan reviews."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and helped them maintain their privacy and dignity. One person said, "They are hot on ensuring privacy and dignity are respected always. It took me a long time to get used to receiving care but they have been supportive throughout. I think they understand my condition very well, what my treatment needs are and how I can vary in my abilities and feelings."
- Another person told us they were asked if they would accept male staff on occasions. The person said, "I felt this was discussed very fully with awareness of the intimate nature of care I need. I have felt supported and when male staff have come they have shown awareness and understanding. In fact, all staff, carers and in the office, have shown great empathy for me and I can't praise them enough. I've been through such changes but they come in with their smiling faces which makes the whole thing easier to get through, in fact I can look forward to each day. When I was with a previous agency they made me feel small, whereas Alina explain everything."
- People were supported to maintain and improve their independence. Staff told us how they supported people to do what they could for themselves. Care plans informed staff what aspect of care and support they needed to provide.

Is the service responsive?

Our findings

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

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

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; 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

- People received care and support that met their needs and preferences. Visit times were agreed when people started using the service. These were arranged with people and their relatives. People were supported by a small team of staff who knew them well and visited them regularly.
- People told us they received the care and support they needed. One person said, "The service makes a big difference to our lives. They are good at coming on time and they let me know if they are to be late. We agreed care plans and they understand us well. I feel the office and care staff understand our needs and are completely respectful." Another person told us, "I have three visits a week and it helps me with all sorts of things as I'd get muddled up and my family are not near. The office staff have been very helpful in helping me understand and decide what help I need and they sorted out a medicine matter."
- People described how visits were timed to meet their individual needs. One person told us, "The office staff are lovely, if I need the afternoon visit it is easy to arrange. They will even ensure a visit is timed for when I am due to receive a delivery of groceries." Another person said, "Once the office rang on a Friday about a change of carer for the Saturday, and also wanted to change the time. However, when I explained the suggested time would be inconvenient, they worked out how to retain our normal time." Another person told us about their visits and explained, "My Monday visits are for taking me to anything I need or want to do out of home."
- Most people received a rota to tell them who was visiting each week. One person said, "I get a rota. It's reassuring to know they will always come." Some people told us they did receive a rota but it did not always arrive on time. We discussed this with the registered manager who told us they would look into this.
- Staff had enough time to support people in the way they wished. One person said, "I have two and three hour visits and never feel rushed. They do extra little jobs including making homemade soups and hotpots and helping me with paperwork. I have regular carers and their care is excellent and respectful." A family member told us, "Staff ask what else they can do and are happy to do the extra bit. They all chat along with [name], they are cheerful and helpful as well as reliable." One staff member told us, "Spending time with people is just as important as personal care for their wellbeing."

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.

- There was information about people's communication needs in their assessments and care plans. This included whether they wore glasses or hearing aids. There was also information about how to communicate with people, for example one person's assessment informed staff to stand in front of the person and speak clearly and slowly. One person told us, "Staff have a good appreciation of the extent of my deafness and make a point of talking to me face to face."
- The registered manager told us, where necessary care plans could be provided in different formats for people. This included larger print and easy read. They told us how previously they had recorded a care plan for a person who was visually impaired. This enabled them to be fully aware of what was included in the care plan.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Most people told us they did not have any complaints but if they did they would contact the office. One person said, "I can phone the office any time; I don't need to much but they are responsive every time." A family member told us, "Believe me, if [name] had the slightest complaint he would say! Although I don't see the care first hand I feel totally confident."
- People told us that any complaints or concerns raised were addressed appropriately. One person told us about a concern they had about a staff member, they contacted the office and the concern was addressed. The person told us, "So my complaint was resolved."
- During the inspection a family member raised concerns and we spoke to the registered manager about this. The registered manager investigated and told us what actions had been taken to address the concern and ensure it did not happen again.

End of life care and support

- There was information in people's assessments about their end of life wishes about whether they had a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) order. This is a decision made in advance that attempted CPR would not be likely to be appropriate for a person in the event of cardiac arrest.
- Where people were receiving end of life care there was information in their care plans about the care and support they needed. There was an opportunity for staff to gather end of life information from people. However, staff were mindful of the sensitive nature of these discussions and these were only completed when people felt comfortable to do so.

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 Outstanding. At this inspection this key question has now deteriorated to 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

- We found aspects of record keeping and the audit system needed to be improved. People's assessments and care plans did not contain all the information staff may need to provide care. For example, in relation to skin integrity, diabetes care and catheter care. Staff were able to tell us how they supported people, but this information was not always recorded in the care plans or risk assessments. The audit system had not identified the lack of detail in people's records.
- Although improvements were needed to record keeping risks were mitigated because people were supported by a small consistent staff team who knew them well and understood their care and support needs. There was good communication between the office and care staff to ensure updates about people's care and support was shared. Provider audits demonstrated that most people were supported by a team of six staff or less. Staff told us they had enough information to provide support to people. One staff member said, "Care plans are a good guide, if you read through will tell you about people's needs. They also describe the person, family circumstances, likes and dislikes."
- Improvements were needed to some medicine records and the medicine audit. Staff were transcribing the medicine administration records for people. We found these did not always contain all the information about medicines. For example, although liquid medicine included how much to give records did not always include the medicine dosage of how many milligrams per millilitre.
- The audit system had not identified that PRN protocols (as discussed in the safe key question) were not in place. Audits had identified that appropriate gaps had not been left between the medicine for one person. The audit did not determine how many times this had occurred. However, this person had not received more than the recommended dose in a 24 hour period. We discussed this with the registered manager who told us they would investigate this.
- We saw that the medicine policy did not include reference to the current best practice guidance. We discussed this with the quality manager during the inspection. They told us this had been identified by the provider and the policy was currently being reviewed and updated.
- The registered manager told us the pandemic had impacted on the service and more recently the petrol crisis. This had meant that on occasions audits had not been completed in a timely way. There had been a focus of ensuring people remained well looked after, happy and safe whilst ensuring there were enough staff to meet people's needs.
- The service was due to transfer to an electronic care plan and medicine system. Work had started and was

due to be completed in the next two months. They told us that most other services owned by the provider were using the system. However, as this branch was large they had decided to learn from the experiences of other branches before they made the change. This would help to ensure a more positive experience for staff who were using the system.

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

- There was a positive culture at the service. All people, relatives and staff spoke highly of the registered manager and the service. People told us they could contact the office at any time. One person said, "The office are good at sorting things out." Another person told us, "Office staff give immediate response to anything. They know what's going on." One person's relative said, "The office staff are brilliant, they always phone if they have any issues."
- Staff feedback included, "I love my job, it's a nice place to work, it's nice to wake up and not dread going to work. There's always someone on hand you can call or talk to, manager, office and colleagues." Another staff member told us, "They (management team) are very approachable, you can talk to them about everything. Everyone works as a team. During Covid we have had staff meetings on Zoom, group chats on WhatsApp, we're always checking on each other, if we have enough PPE and if we need any support. It's such a supportive team, making sure we are all okay." A further staff member said, "It's a nice place to work, more like a family run service. We know everyone and everyone knows us. We can always contact someone (office) at any time. The office staff are very good, anything brought to their attention is actioned straight away."
- The registered manager knew people and staff really well. In addition to managing the service she visited people to provide care and support. This helped demonstrate to staff they were not expected to do anything she wouldn't. She was clear that the success of the service was due to the whole team and not down to individual staff members. However, individual staff members were recognised for their extra contributions to people and the team.

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 their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.
- We saw examples of discussions with people following incidents. For example, a staff member had tested positive to COVID-19 and people who the staff member had visited had been contacted and testing was provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People were regularly asked for their feedback about the service. This included feedback surveys, calls as part of the provider audit and through discussions as part of their regular reviews. Feedback from people was consistently positive. Where issues were identified, they were responded to and addressed, either immediately, for example a change in visit times, or as part of the provider action plan. A small number of people said office staff did not always return their calls. Therefore, changes were made so that voicemails also went to office staff emails to ensure they were not missed.
- Staff were regularly asked for feedback through surveys and supervision. The provider also developed an action plan to show staff what they had done in response to the feedback. This included developing career pathways and developing a wellbeing centre to provide wellbeing and financial support to staff.
- Staff had regular meetings to keep them updated about the service. One staff member told us,

"We have regular staff meetings, we're about to start group supervisions again. We had supervision over teams during the pandemic. These are not always satisfactory, it is much better face to face you can really see what the staff members thinking and it's easier to chat."

- Accidents and incidents were recorded, audited and analysed to identify any themes or trends. Individual incidents were responded to prevent a reoccurrence. For example, supervision and retraining for staff when appropriate.
- The registered manager and office staff were positive and proactive about making changes to improve and develop the service. During the inspection we discussed areas where improvements were needed. Immediately the staff team took the feedback on board and looked for ways to make changes. For example, we identified there was no information about the correct settings for pressure relieving air mattresses. Contact was made with the district nurses to develop a way of ensuring this information was available and used in daily practice.