

Alina Homecare Specialist Care Limited

Alina Homecare Specialist Care - Poole

Inspection report

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Date of inspection visit:
19 May 2021

Date of publication:
10 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alina Homecare Specialist Care – Poole provides care and support to people living in a number of 'supported living' settings, so they can live in their own home as independently as possible. The service is also a domiciliary care agency. Its supported living and domiciliary care services are provided to people with a learning disability.

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

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgement about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximised people's choice, control and independence. People made choices about all aspects of their lives. Staff fostered their independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff treated people with respect. People's equality and human rights were upheld.

Right culture:

- The ethos of the service and the values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

We received some mixed feedback regarding how well-led people felt the service was. This was dependant on which scheme people lived in, or whether they were a sole or duo package of care. The registered managers and provider communicated with staff. However, relatives, staff and healthcare professionals told us the communication was poor and needed to be improved.

People and relatives told us they were happy with support staff and felt safe in their care. They described

staff as kind and caring and in some cases, a part of the family. People's independence was supported. They were happy with the way risks were managed. However, relatives and staff told us there were not always enough staff to support people in smaller packages of care to enjoy activities, such as going out in the community for walks or for drives. People told us this had impacted on how they felt.

Managers and staff told us how they had worked hard over the COVID-19 pandemic to manage risk to keep people safe. The branch staffing structure was strengthened with the introduction of new roles and a "Lets Talk" facility for stakeholders to use. They told us how they facilitated group activities in their larger supported living schemes to keep people engaged and how they had worked together in working bubbles to prevent the risk of cross infection.

The provider had an up to date infection prevention and control policy. They had introduced procedures to manage the risks COVID-19 posed to everyone connected with the service. Staff had access to the correct personal protective equipment (PPE) and were using this correctly.

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.

We raised the concerns we found during the inspection to the registered managers. At the end of the inspection the registered managers sent us a service improvement plan. This will be checked upon at our next inspection to ensure improvements have been made and maintained.

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

Rating at last inspection

The last rating for this service was Good (published 19 January 2018)

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and management of the service. A decision was made for us to inspect and examine those risks.

We received concerns in relation to the staffing levels and management of the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective 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 have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We have made recommendations that the service reviews its systems to ensure there are enough competent staff to meet people's needs. We recommend the service reviews its systems to ensure medication audits are effective, reviews its system to ensure good communication with healthcare professionals and to improve governance systems at all packages of care to ensure the service remains consistently well-led.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

The service provided us with a service improvement plan at the end of our inspection identifying areas to improve this will be reviewed at our next inspection to ensure the improvements are followed and maintained.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alina Homecare Specialist Care - Poole

Detailed findings

Background to this inspection

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 team consisted of two inspectors, one assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Its supported living and domiciliary care services are provided to people with a learning disability, across Poole and Bournemouth

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the we had received numerous concerns about this service and wanted to ensure the registered managers would be available.

Inspection activity started on 19 May 2021 and ended on 2 June 2021. We visited the office location on 19

May 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 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 people who used the service and ten relatives about their experience of the care provided. We spoke with 26 members of staff including the nominated individual, the two registered managers, five other managers and senior staff, and 18 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. These included seven people's care records, six people's medication records, and four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including training records and policies and procedures.

We received written feedback from six healthcare professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 deteriorated to 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.

Staffing and recruitment

- There were not always sufficient numbers of suitable staff to safely support people to meet their needs.
- Nine staff we spoke with told us there were enough staff to meet people's needs. However, 12 staff told us there were not enough staff and this meant some people's needs were not met. One staff member said, "In some of the packages that I work in there is not always enough staff to support the service users. Not having enough staff means that the service users cannot go out into the community either on their own or as a small group."
- Healthcare professionals had visited one of these packages of care and told us "[we] attended the property of [person] only to discover one member of staff present. The package is meant to have two members of staff in the morning - this was not the case and by all accounts happens often."
- We checked the records for one person living in these packages of care and found they had been in the community ten days out of 26. Their care plan stated, "Weekday afternoon routine - [person] likes to access the community and enjoys people watching." This means there was a risk people's care needs were not always met.
- Three relatives we spoke with raised concerns there was not enough staff to take people out for activities. One relative said, "No [they do not have enough staff], this does not impact on [persons] care though as staff are very good. [Person] does miss out on days out in the car because they do not have enough staff able to drive."
- We discussed concerns about the staffing issues with the registered managers. They told us additional staff were in the process of being employed and there was a process of ongoing recruitment.

We recommend the provider reviews their system to ensure there are always enough competent staff on duty so that people's care needs are safely met.

- Recruitment practices were safe with the relevant checks being completed before staff worked with people in their homes.
- Where possible, support was provided by a consistent, team of staff who knew people well and knew how they preferred their care and support to be given. One relative told us, "I have no worries, they know [person] so well" and one relative said, "I can't fault it, they look after [person] like family"

Using medicines safely

- Staff recorded when medicines support was provided. When staff gave medicines, they recorded this on a medicines administration record (MAR). MARs were not always fully completed to show why people might have missed doses. This had not been identified by the provider during their regular quality monitoring

checks.

- People's capacity to make decisions about their medicines was assessed and recorded. When staff made decisions about medicines, these were in their best interest and were the less restrictive option. Best interest decisions were recorded and reviewed.
- People's individual medicines risks were assessed and the level of support to be provided to people was recorded. This was reviewed regularly and kept up to date with any changes in medicines or people's personal circumstances.
- Information on people's current prescribed medicines was available and staff could access guidance on when it would be appropriate to administer any medicines prescribed to be given 'when required'.
- Additional guidance was in place for staff or people to safely and effectively apply external preparations, such as creams and lotions.
- Staff received training in safe handling of medicines and were checked to make sure they were competent to give medicines safely.
- Medicines policies and procedures were available to staff. Medicines incidents were recorded, and learning put in place to avoid any further issues.

We recommend the provider implement a system for ensuring medicines audits are effective in addressing issues we found in line with best practise guidance such as NICE guidelines.

Learning lessons when things go wrong

- There was a system in place to monitor accidents and incidents. Accidents or incidents were graded by severity and reviewed by the appropriate manager to ensure emerging themes or trends could be identified and lessons learned.
- Learning was shared and discussed through clinical governance meetings then cascaded to staff through effective communication with all staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff understood their role in protecting people from abuse and had appropriate training on safeguarding adults.
- We asked staff what they would need to do if they needed to report potential abuse One member of staff told us, "In a situation regarding someone being hurt I would raise a safeguarding to my line manager, I would also send a writing statement to them and if this does not get sorted then will go up higher until the matter has been sorted."
- The management team knew when to raise safeguarding alerts to the local authority. Safeguarding alerts and had been raised appropriately to the safeguarding team.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place. Risks had been considered in relation to the persons environment as well as risks to peoples care and support needs such as falls, skin integrity, medication and medical needs including epilepsy.
- The service regularly attended multi-disciplinary meetings to review risks to people and support them from crisis to living more independently.
- People had positive behaviour support plans. These were up to date and in line with best practice. They gave clear guidance for staff on what may trigger anxiety or incidents the person and how to safely de-escalate a situation.
- Personalised fire assessments were in place to consider risks in relation to the persons environment in case of a fire. Personal emergency evacuation plans had been completed for people using the service providing clear guidance to staff on how to assist the person in the event of an evacuation.

Preventing and controlling infection

- All the people we spoke to told us staff wore personal protective equipment (PPE) One relative said, "PPE is evident, and staff are tested weekly" another relative told us, "They wear aprons and masks"
- Staff had received up to date Infection Prevention and Control training and knew their responsibilities with regards to preventing the spread of infection. One staff member said, "The PPE I am currently wearing at work is apron, gloves, mask and face shield, I am kept up to date with government guidelines by [provider software] and Alina also send new guidelines through the post."
- There was a large supply of PPE stock available to staff to collect from the office and staff were aware of the up to date government guidance one staff member told us "

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- Staff within and across organisations did not always work together effectively to deliver timely care and treatment. We received written feedback from four healthcare professionals who raised concerns regarding poor management of care packages, communication and record keeping.
- One healthcare professional said, "[Staff are] not communicating effectively with primary care services resulting in confusion regarding the clients physical state and what [we] are doing to support the client." This meant people were at risk of not receiving timely support and care to meet their needs.
- One healthcare professional said, "I noted that of the five weeks monitoring only 23 days were completed - all of the records were undated and not one sheet was signed. The information was poor, and the content lacked any detailed information." We requested daily logs for one person and found the information lacked detail. This meant healthcare professionals did not always have the information they needed in order to make clinical decisions regarding people's care. We discussed this with the registered managers who agreed this was not the standard they wanted and planned to improve. We were informed staff were due to complete a course in report writing.
- One healthcare professional was concerned that they were not updated when incidents occurred and did not receive requested documentation to provide support to people using the service. They told us, "Incident forms do not get sent through despite asking, nor do they advise us when there has been an incident." A further healthcare professional also fed back, "[there is a] lack of implementing professional's advice." We fed this back to the registered managers who plan to seek feedback from professionals and put systems in place to improve communication.

We recommend the provider continues to review the way local teams communicate effectively to ensure staff work collaboratively across all packages of care to understand and meet people's needs and ensure this is maintained.

- One healthcare professional working with the service to provide support to one complex package of care told us, "[they] are doing a fantastic job helping [person] grow, empowering [person] to look after self and maintain safety, be independent." "I have worked with the directors and most of the care staff. They are dedicated, committed, knowledgeable, caring, sensitive and safe."
- People were supported to access healthcare services when they needed. This included support from GP's, community nurses and occupational therapists.

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

- People's care needs, and choices were assessed before the service started to provide any care or support and were then reviewed on an ongoing basis.
- We spoke to the registered manager about this who said, "Care plans are reviewed with people's social workers and updated when any changes are required."
- Staff told us people's care plans and assessments were accessible and they had time to read them.

Relatives and people told us they were happy with the care they received according to their assessed needs.

Staff support: induction, training, skills and experience

- Alina homecare specialist care have their own training academy. New starters completed a full induction to include the care certificate and received refresher training regularly. One staff member said, "The training at Alina is very good." another member of staff said, "The training is quite detailed at Alina with refresher courses. Everyone has to do a care certificate when they join. The courses are mostly interesting and informative."
- Families felt staff had the right training and skills to care for their relatives. One family member said, "They always ask for training and make sure staff are always being trained."
- Staff told us they had supervisions. One staff member said, "I have regular supervisions and find them very effective."
- Most staff told us they felt supported to do their job roles by their team leaders and field care supervisors. One staff member said, "I am well supported by my team and the on-call staff are as helpful as they can be when needed."
- Alina homecare specialist care ran a staff recognition scheme that recognised and celebrated an employee of the month. Staff had received thank you letters from the operations team for their hard work.
- Staff were supported through COVID-19 and lockdown with managers making regular welfare calls and PPE (personal protective equipment) drops.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who understood their food and drink needs and preferences. Staff had received training in how to support people to ensure their nutrition and hydration needs were being met.
- People were supported to maintain a healthy balanced diet and activity was encouraged. For example, using a bike share scheme. People had the choice to attend support groups to maintain a healthy weight.
- People were supported to access the Speech and Language Team (SLT) when they needed additional support to eat and drink. One therapist said, "Each person was supported as required and staff had a good knowledge of each person's needs. They were also open and helpful with my assessment."

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 knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Appropriate mental capacity assessments had been completed with the appropriate power of attorney and decisions had been made in the best interest of the person in the least restrictive way.
- Training records showed staff had undertaken training in relation to the MCA.

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 requires improvement. At this inspection this key question has remained the same. 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

- The registered manager and provider did not always have systems in place to check notifications to CQC were made without delay and when required.
- Governance systems were not always effective. We brought this to the attention of the registered manager on the day of the inspection and this was rectified by the end of day.
- Quality and performance were not monitored through site visits within each home as this had been affected due to the COVID-19 pandemic. The registered manager told us they would be reinstating a system to effectively monitor the service being delivered and had an action plan to address shortfalls.
- We received feedback from staff, relatives and healthcare professionals that consistency of staff required improving. This meant that people's health needs were at risk of deterioration as information was not always passed to healthcare professionals in a timely manner. A relative told us staff change and they don't introduce themselves and said, "That's what really gets to me they are always leaving as it's a busy role, but the new ones do not introduce themselves or seek time to meet with me." This meant vital information about the person may be being missed by the service.
- The service was not always co-ordinated effectively. Staff were often asked to work over their contracted hours and told us they felt they had to do this to ensure people were cared for. Relatives told us rotas were either missing or inconsistent. One relative said, "The rotas are not true." Another relative said, "I never see a rota, they move staff last minute." We discussed this with the registered managers who told us managing the rotas were difficult and this was an area they had identified they needed to improve upon.

We recommend the provider continues to review their monitoring systems to ensure the service is able to maintain clear and effective governance, management and accountability arrangements for all packages of care throughout the organisation.

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; Continuous learning and improving care

- Notifications to other relevant agencies had been appropriately made. We discussed with the registered managers and nominated individual their approach for making notifications to CQC to ensure they met their legal obligation to act in an open and transparent way in relation to care and treatment.
- During the inspection we found areas that required improving. The registered managers told us they had

areas they wanted to improve upon and provided us with a detailed service improvement plan following the inspection to show how they planned to make those improvements.

- There were quality assurances in place and audits were carried out on medicines, health and safety and finances. We were shown new audits had been created to monitor and improve the quality of the service that just needed time to become established.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had established working relationships with health and social care professionals. Whilst we did receive negative feedback from health care professionals, the service provided us with positive feedback they had received from one healthcare professional after they provided emergency support to a person in crisis. They said, "The positive 'can do' attitude, caring, positive approach and hard work on a bank holiday was a credit to Alina care and has ensured a much more constructive and also least restrictive outcome for this [person.]"
- We asked people if they felt their manager was approachable, staff we spoke to thought of their field care supervisor or team leader as their manager and said they were approachable and fair. One staff member said "The current manager listens and wants changes, but these do not always materialise. We feel supported because she will say often, you are doing a great job. This helps even when we are tired. She will also come and do a shift to help out if we are stuck." Staff told us the registered managers were approachable.
- Pre COVID-19 people were involved in the community regularly. People attended job placements, day centre and joining band practice at the local church. The registered managers told us they are looking forward to activities being re started.
- The registered managers had established links with the local provider forums, where they were given opportunities to share best practice.
- The registered managers and providers told us they were proud of their staff and particularly over the past year through COVID-19 ensured they communicated their appreciation and thanks to the staff for all their hard work. We were provided with acknowledgement letters to staff and the recognition scheme.

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

- Staff told us they did not have frequent team meetings even before the pandemic. This was dependant of which package of care they worked in. One staff member said "The frequency of team meetings seems to depend on who the field care supervisor is. In one package in the period of 16 months for one package there has never been a team meeting, despite some dates being booked it did not happen. In other packages they happen about once every two months."
- We discussed this with the registered managers, one told us "in bigger schemes it is easier to have meetings and good communication, it is harder with the smaller packages." "[it is] difficult to get everyone together" Improvement of meetings had been identified and one of the registered managers told us, "Peer group meetings are planned for the future so staff can meet each other share ideas and good practice."
- Staff used a secure message platform to effectively share information about people's health needs or changes in their wellbeing.
- Relatives we spoke with said they felt they were able to speak to the registered manager and told us they would feel listened to. One relative told us "I do feel listened to and I get a response as I ask for one and chase it up if I need to."
- Staff and people's views of the service were sought to drive improvements of the service.

