

Alina Homecare Services Limited

# Alina Homecare - Salisbury

## Inspection report

Unit 4, Centre One  
Old Sarum Park, Lysander Way, Old Sarum  
Salisbury  
SP4 6BU

Tel: 01722273322

Website: [www.alinahomecare.com](http://www.alinahomecare.com)

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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?

Good ●

# Summary of findings

## Overall summary

### About the service

Alina Homecare Salisbury is a domiciliary care service that provides personal care to people 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.

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

People received caring and compassionate support from kind and committed staff. The registered manager and management team led by example.

People and their relatives were highly complementary about the care they received and about the quality of the staff who supported them. People told us staff listened to them and provided care the way they wanted.

Staff recognised what was important to people and ensured an individual person-centred approach that met people's needs. Plans had been developed with people and their relatives and were regularly reviewed.

People were supported to maintain their levels of independence whilst staff also respected people's privacy and dignity.

The registered manager ensured people received safe care and treatment. Risks were assessed and reviewed. Staff managed identified risks well. People felt safe when staff were supporting them in their homes.

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 was well led. The provider's quality assurance systems and processes were effective and there was a focus on continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12/11/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on our inspection schedule.

### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Alina Homecare - Salisbury

## 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 two inspectors and one 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 houses and flats.

The service had a manager registered with the Care Quality Commission.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to check on the status of Coronavirus and because we needed to be sure a member of staff would be in the office to support the inspection.

Inspection activity started on 11 May 2021 and ended on 19 May 2021. We visited the office location on 11 May 2021.

#### What we did before the inspection

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 six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care coordinator and the nominated individual.

We reviewed a range of records. This included four people's care records and 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted eight and spoke with one professional who had regular contact with 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe with the care provided.
- One person told us, "I would trust them explicitly". Another person said, "My sons are happy now, knowing I am safe and being looked after." A relative said, "I feel she is more than safe with all the carers who visit."
- The service had effective safeguarding processes in place. The registered manager fully understood their responsibility to keep people safe and how to manage safeguarding concerns. They had reported any concerns to the local authority safeguarding team and CQC appropriately.
- Staff had received safeguarding training and were knowledgeable about safeguarding processes, how to recognise abuse and who to notify.
- Individual risk assessments were in place for people who were at risk of falls and low mood. As well as for hot water temperature checks and equipment such as smoke alarms and walking frames.
- Environmental risk assessments were also in place which listed the actions needed to enable staff to provide safe care in people's homes. Risk assessments gave guidance to staff on how to minimise the risks identified.
- People had personal fire evacuation protocols recorded as part of their assessment and support plan.
- Whilst risk assessments were in place, they required a matrix to show how the provider assessed the level of risk. A risk matrix shows the likelihood and severity of the risk identified. We discussed this with the provider at the time of the inspection, who acted immediately to make the necessary changes.

Staffing and recruitment

- Staff had been recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity checks. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- Enough staff were recruited to meet people's needs.
- The staff we spoke with told us there were enough of them. One said, "Yes, all our visits are easily covered, and we generally stick to our own run. We cover each other if needed but it's rare."

Using medicines safely

- Medicines were administered and managed safely.
- The service had recently moved to an electronic system to manage medicines. The medicines administration records (MARs) were clear and accurate. The system flagged up any errors or gaps immediately on the manager's system. This meant any errors or gaps could be rectified at the time of the medicine's administration. There had been no further errors since the introduction of the electronic system.

- We saw body charts for the accurate application of topical creams and protocols for 'as required' medicines.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There was a system in place to safely manage any accidents or incidents. These were robustly audited by the registered manager and senior management team monthly. Actions taken, lessons learned, and an analysis of themes and trends was in place.
- There had been one medicines administration error, prior to the electronic system being in place. This was managed appropriately and safely rectified. Reflective practice and competency checks had been undertaken with the staff member.

# 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.

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

- People's needs and choices were thoroughly assessed prior to them receiving care and support, to ensure they could be met.
- The assessments were comprehensive and included people's life history, their routines, their preferences and abilities.
- Individual support plans were developed from these assessments including information from health and social care professionals.
- People were supported to access health services and had their health care needs met. Records demonstrated the service worked with GP's and community health services to ensure people's needs were met effectively.

Staff support: induction, training, skills and experience

- Staff had received regular training, which was face to face but via video conferencing during the pandemic. The training matrix showed staff were up to date, which staff we spoke with confirmed. They enjoyed face to face training and told us this was a better way for them to learn. One staff member said, "The training was what first attracted me to the agency. It's on-line now but I was really impressed with the wide range of opportunities for learning. There is so much training, the list is vast and it's holistic, around what we are doing. If you feel you need more training on a certain thing, they'll find it for you."
- New staff completed a robust induction which included mentoring, shadow shifts and regular contact with the management team.
- Staff benefitted from regular supervision and an annual appraisal. Staff told us they felt very supported by the whole management team.

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

- People were supported by staff to maintain a good level of nutrition and hydration. One person said, "I never go hungry that is for sure they are very, very good at always getting me something delicious to eat." A relative said, "I prepare all our meals, but we do sometimes have a chat about a good diet for our age and such like and it gives me a few interesting ideas."
- People's individual care and support plans detailed dietary needs and preferences.
- A staff member told us, "You cook from scratch for some people and others have microwaved meals. Sometimes you might do extra to go with the microwaved meal or just do a snack. It depends what people want. It's their choice. Sometimes someone might ask for you to get something out of the freezer so they can

have it the next day."

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.

- No-one using the service at the time of the inspection lacked the capacity to consent to their care and support.
- People's consent was gained prior to care starting and consent forms signed.
- The service had appropriate mental capacity assessment documentation in place and staff were knowledgeable about their responsibilities under the Mental Capacity Act (2005). They offered people choice and respected people making their own decisions.

# 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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, compassion and care.
- We received many compliments and positive feedback from people and their relatives about the staff. They said they had a very caring attitude, had treated them with respect and were an invaluable support to them.
- People and their relatives told us, "[The staff are] wonderful caring, kind people", "The staff are nice, well-mannered and kind", "She is hard working, caring and very kind and very polite."
- People's care and support plans clearly identified areas where they could be supported to be as independent as possible. One person confirmed this and told us, "They help and encourage me to be independent in my own home and give me idea on how to cope."
- Staff were clear about how to provide a person they supported with privacy and dignity.
- Staff enjoyed their caring role and were happy to enable people to remain at home which gave them great satisfaction.
- Assessments, care plans and daily records were written using respectful language and terminology.
- People's diverse needs were appropriately reflected in their care and support plans.
- People's records were held securely, and the service used encrypted messaging to liaise and pass on important information.

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

- Staff fully supported people to make decisions about their care. This was well documented in individual records and feedback surveys.
- People's communication needs were assessed and recorded in their care and support plans.
- The service regularly requested feedback and carried out an annual survey. We reviewed many complimentary cards and letters and very positive feedback on national care forum websites.

# 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 and their relatives had been involved in the development of their care and support plans.
- People's care and support plans were person centred, specific to them and set out how they would like their needs to be met.
- People's individual communication needs were recognised, for example one person sometimes required assistance to communicate effectively when out in the community. Another person's support needs emphasised the need for staff to speak clearly and concisely and to face them directly.

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.

- The service was fully compliant with the Accessible Information Standard.

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

- Whilst community access had been very limited during the pandemic, the service continued to support people to maintain relationships and avoid social isolation. For example, one person was supported to have new hearing aids, which meant they could hear people properly. The person was overjoyed with this and their isolation was reduced as a result. Another person was supported to attend a family funeral which meant they were able to meet other family members and pay their respects together.

Improving care quality in response to complaints or concerns

- There had been only one minor concern received by the service at the time of our inspection. This had been managed quickly and effectively with a positive outcome.
- The service had a policy and process in place to investigate and take action should any concerns or complaints be received.

End of life care and support

- People were supported to make decisions about their preference for end of life care. This included the decision to pass away at home with the support of their family and staff.
- Staff had a good understanding of people's needs and were aware of good practice in end of life care.
- The service worked with supportive agencies such as the palliative care team and respected people's

religion and beliefs. The nominated individual told us, "Dying, is person centred as well."

- The service had received very positive feedback from the relatives of people who had passed away. One relative said, "You guys did a truly wonderful job...and made it all a just little more bearable...and in effect made possible Mum's wish to pass away at home. We'll be forever grateful for that. You guys do an incredibly tough job with grace. Well done to you and the whole team. Thanks."

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and care co-ordinator created a culture within the service of person-centred, quality care. They worked with people, their relatives and professionals to develop bespoke care plans to support individual care needs.
- The staff we spoke with were fully motivated to engage in this ethos and were proud to deliver good care and make a difference in people's lives. One staff member said, "We all do everything to the best of our ability. I'm really pleased to be working for them. It has a very healthy culture." Another told us, "I like that [the care co-ordinator] matches people to staff. When she goes to see a new client, she has it in her mind who'd be good to support them. It's a very thoughtful process which works well."
- People and their relatives were also very complimentary about the service. One person told us, "The carers and the office are good at targeting the right and appropriate care without overcrowding or molly coddling me." Another said, "They help and encourage me to be independent in my own home and give me ideas on how to cope."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had effective quality assurance systems in place. These included, reviews of care records, medicine records, care and support plans and quality satisfaction surveys.
- There were layers of quality control and monitoring, from service level to senior management and regular meetings to monitor and analyse the findings. These were used to develop regular action plans and service development plans.
- There were regular spot and competency checks in place to ensure staff were putting their training into practice and maintaining the expected standards of care delivery.
- There was a clear staffing structure and staff were aware of their roles and responsibilities. Staff told us they had very good support from the registered manager and care coordinator. One staff member said, "Nothing's a stupid question. They encourage you to ask and make time for you. There is always someone on call and they answer quickly and give good advice. You can phone them anytime." Another told us, "You're told everything, and the care plans are great, so they give you a lot of information" and "Yes, definitely [feel supported]. [The registered manager and care coordinator] are so accommodating and understanding. They're out there doing calls and spot checks."
- The registered manager was fully aware of their responsibilities under the duty of candour. This was also

fully encouraged with staff. One staff member told us, "If something goes wrong, you have to say, and you're supported. They promote honesty. You can hold your hand up, learn from it and move on."

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

- The service involved people and relatives in a meaningful way. An annual survey was carried out, telephone reviews and regular feedback sought.
- Results from surveys and feedback were acted on and support plans changed accordingly.
- One person told us, "They have asked me what I think about the service and I told them I think it is great and the staff are excellent." Another said, "I have called the office about timings once, but it was sorted out at the time and we haven't had a problem since" and "They do listen and change accordingly. I would say they are completely aware of what is required of them and what our wishes are and act accordingly."
- The staff team met regularly, to share new updates and guidance, and to seek their views. One staff member told us, "They encourage you to contact them. If you're not sure about something, they encourage you to phone up as soon as possible so you don't worry or have it on your mind. They would expect me to share my views." Another said, "They ask you for suggestions, but you can also say at any time. They welcome your opinions. They listen and will take things on board" and "You can raise anything, and it gets sorted. They want to hear your views and suggestions. They will try anything to improve things."

Working in partnership with others

- The service worked well with health and social care professionals to provide multi-disciplinary care and support where required.
- During the Coronavirus pandemic, the service worked closely with the COVID-19 team from the local authority. They also had regular input and guidance from Public Health England specialist nurses. This included advice on the use of PPE and safe infection control practice in the community.