

Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care - Dorset

## Inspection report

Unit 3  
Herringston Barn, Herringston  
Dorchester  
Dorset  
DT2 9PU

Tel: 08455210424  
Website: [www.alinahomecare.com](http://www.alinahomecare.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Alina Homecare Specialist Care - Dorset is a domiciliary care agency. It provides personal care and support to people in their own homes. They provide this service to people with a range of needs including people with learning disabilities, mental health conditions, physical disabilities and sensory impairments. This is either 24 hour support or short periods of support for people on a daily basis. At the time of our inspection there were 25 people receiving personal care from the service.

### Rating at last inspection:

Good. Published November 2016.

### Why we inspected:

This was a planned inspection based on the rating at the last comprehensive inspection.

### People's experience of using this service:

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and governance.

Some risk assessments were not always up to date and some directed staff to protocols and guidance that had not been created. This meant that staff were not always aware of measures to safeguard people from risks. People's positive behaviour support plans did not give staff guidance on how to support people who displayed physical aggression. This meant that people were at risk of staff using approaches they may not have been trained to use or that were not safe or in line with best practice.

Quality monitoring systems were not robust or effective to ensure improvement actions were taken promptly. Some audits were not always completed.

Notifiable incidents and concerns were not always shared with CQC as required by law. Staff were not always respectful in the language they used to describe people's behaviours. However, people, their families and professionals described the staff as caring, kind and friendly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us they were happy with the service, and that staff had a good understanding of their needs and preferences. Staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. Medicines were administered and managed safely by trained staff.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

A full description of our findings can be found in the sections below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 Specialist Care - Dorset

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by two inspectors.

Service and service type:

Alina Homecare Specialist Care - Dorset is a domiciliary care agency. This service provides care and support to people living in their own homes.

Not everyone using Alina Homecare Specialist Care - Dorset received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Inspection site visit activity started on 21 May 2019 and ended on 23 May 2019. We visited the office location on the morning of 21 March 2019 and people in their homes in the afternoon. We returned to the office all day on 23 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that people could be informed of our visit and permissions could be sought to arrange home visits.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

We visited four people's homes and spoke with four people who used the service. We met with three relatives. We received feedback from two health and social care professionals via telephone.

We spoke with the registered manager, operations manager and deputy manager. We met with six staff. We reviewed seven people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

# Is the service safe?

## Our findings

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

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Risk assessments were not always reviewed in line with the providers policy. We found that eight risk assessments for one person which dated back to August 2017. The registered manager confirmed that these risk assessments required review but told us they felt they were still current and did not require any changes.
- Positive behaviour support plans were in place and staff received appropriate training. However, these plans did not give staff clear reactive strategies, guidelines or approaches to use if people displayed behaviours which may challenge staff, others or the service. For example, how staff could safely release themselves from a hold or protect themselves from being hit. This meant that people were at risk of staff using approaches they may not have been trained to use or that were not safe or in line with best practice.
- Risk assessments in relation to epilepsy, travel and behaviour for three people directed staff to guidance and protocols which had not been created by the service. This meant that there were not always clear and consistent measures in place to keep people and others safe from harm. A staff member said, "[Person's name] has epilepsy. I have some understanding of this but I have never read any protocol or risk assessment for it. I think this would be useful". The registered manager, deputy manager and operations manager recognised that these were not in place and started to act on this during day two of the inspection. No evidence was found to indicate that people had been harmed.
- Incidents were not always fully recorded. For example, we read reports of a person displaying behaviour towards staff. These reports did not reflect what actions staff had taken to defuse the situation or keep the person and others safe. The registered manager told us that this had not been identified during their management review or sign off. The management told us that better analysis would take place going forwards.
- Lessons were not always learnt when things went wrong. For example, an incident had occurred due to a staff member insisting a person leave their activity and catch a bus home. This had led to the person displaying behaviour which challenged the staff member, the reason for the behaviour had been identified but this had not been shared with others in the team following this incident.
- The registered manager told us that staff did not always receive formal debrief meetings with management following behavioural incidents. This meant that staff were not always able to reflect on the incident or discuss events before the incident occurred, actions taken or share any learning.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Safeguarding systems and processes, including recruitment.

- There were effective arrangements in place for reviewing and investigating safeguarding incidents.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A professional said, "I have no safeguarding concerns and believe the service to be open and honest".
- People, professionals and relatives told us they felt Alina Homecare Dorset was a safe service. Comments included; "I feel safe. I am happy", "I feel safe, staff support me well" and "The service is safe. I feel I can always trust the staff with [person's name]".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the service.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Using medicines safely

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Clear guidance was in place for staff to follow where people received their medicines through specialist technique, for example, via a Percutaneous Endoscopic Gastrostomy (PEG) This is a tube that goes directly into the stomach to deliver food or medicines. . Staff had received training and had their competency assessed by external professionals. A team leader confidently told us the process they follow to ensure the person receives their medicines safely.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed.

Staffing levels; Preventing and controlling infection

- There were enough staff on duty to meet people's needs. A person told us, "Enough staff". A relative said, "There are a regular group of staff who know [person's name]. There seems to be enough". Staff comments included; "There seems to be enough staff, everyone works well together. I have no concerns" and "I feel there are generally enough staff".
- We were told that staffing levels were reviewed in response to people's changing needs. This had included increases and decreases in staff. A professional said, "Staffing seems appropriate during my visits".
- Staff received training and were clear on their responsibilities with regards to infection control and keeping people safe.
- There was an infection control policy to ensure that risks to people, staff and visitors from infection were minimised. Staff were supplied with Personal Protective Equipment (PPE) which included gloves and aprons.



# 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

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

- There was a clear assessment process in place which ensured that people received pre-admission needs assessments before packages of care were agreed. A professional told us, "The transition process was good. The service acted quickly and professionally".
- People had profiles which gave an overview of important information which included; people's history, choices, needs and preferences.
- There were actions under each outcome of care. Visits including times, routines and preferred methods of support were clearly recorded and available to all staff via an online system which staff accessed via computers. A staff member said, "The on-line system is really good. Quick easy access to documents".
- Staff understood people's dietary needs and ensured that these were met. People's nutritional needs had been assessed as part of their care plan. Clear guidance was given to staff in relation to the support people required including their preferences. One person had a safe swallow plan in place. Staff were aware of this and able to describe how they supported the person safely.
- People were supported to shop, prepare and cook their own meals. A person told us, "I like to cook. Favourite meal is sausage casserole. I'm having hot dogs tonight. I can choose what and when I want to eat".

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. Staff comments included; "I feel supported to do my job. Training is good. I did first aid and medicine refresher most recently both of which were good".
- There was a clear induction programme for new staff. This included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "It's been a fantastic induction so far. I don't administer medicines yet. I did three shadow shifts and completed my first sleep-in last night with and experienced waking night staff member".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings.

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

- People had access to health care services as and when needed. Health professional visits were recorded on the on-line system.
- People were referred to relevant specialists as and when required. For example, this included; community

learning disability teams, epilepsy nurses and intense support teams.

- Multi-disciplinary meetings took place which focused on positive outcomes and best interest decisions.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some people were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place where necessary. Assessed areas included; personal care, use of sound and camera monitors, medicines and finance. A relative told us, "I am very much involved in best interest decisions. The service always involves me".
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.

# 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

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

- People's privacy and dignity was respected by staff. When we arrived at one person's home they were receiving personal care. The staff had made sure doors and curtains were closed and once finished checked that the person was comfortable.
- Promoting independence was important to staff and they supported people to live fulfilled lives. Staff explained that their approach was focused on supporting and empowering people to do things for themselves.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "Staff are nice, everything makes them nice" and "I like staff, nice to me". We asked another person if they were happy with staff. The person looked at us smiled and nodded their head. A relative explained, "Staff are kind and caring. They all know [person] very well". A professional said, Staff have always been kind and caring in their approach during my visits".
- People's cultural and spiritual needs were respected. These were assessed and reflected in people's care and support plans.
- Training records showed that all staff had received training in equality and diversity.

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

- Where people were unable to express their needs and choices verbally, staff understood their individual way of communicating. Staff used text, objects, observed body language and eye contact to interpret what people needed.
- Relatives told us they were pleased with the care delivered by Alina Homecare and that they felt involved in decisions. A relative told us, "The care is very good. I'd recommend Alina Homecare".
- People were supported to make informed decisions by staff who knew people well. Staff told us that involving people and enabling them to express their views was important to them.
- The service recorded compliments received by families and stakeholders. We read one which said, "I would like to extend my grateful thanks for all the excellent care and attention which [name] is receiving from Alina Care". Another read, "I am so impressed with [name] support, seeing them in their house last week, it seems they have a consistent and well calculated care plan in place which has led to less use of [medicine name]. They also seem well accustomed and happy with their current care team, which we know is paramount for his wellbeing. [Person's name] team appear well equipped to deescalate [person's name] behaviours again lowering the need for medication".

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Alina Homecare was responsive to people's current and changing needs. A positive and inclusive culture was observed during the inspection. Person centred care and involving people was usual practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Relatives were positive about the support and outcomes achieved by people with staff support. A relative told us, "Carers follow the care plan and support [person's name] in a positive way". A professional said, "People's needs are well assessed and met". The registered manager was proud to tell us how their consistent support had meant that a person had displayed less behaviours in recent months. This had resulted in fewer incidents.
- People's information and communication needs were identified and assessed by the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. People's identified information and communication needs were met.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), professionals, families and people where possible. A relative told us, "I'm involved in reviews. The service is good at keeping me up to date with how [person's name] is". The management team told us that they regularly discussed people's current and changing needs.
- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone. A person said, "I like going out. Staff take me out". A relative told us, "My relative goes to a day centre most days of the week and staff take them out as well".

Improving care quality in response to complaints or concerns

- Complaints were seen as a positive way of improving current practice and driving the service forward. The registered manager said, "If these are brought to our attention we can act on them. People need to feel listened to and actions seen to be taken".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. All complaints had been dealt with to the satisfaction of the complainant. There had been three in 2018 and two so far in 2019. We found that an easy read complaints procedure had also been created for people.
- People and relatives told us they knew how to raise concerns and make complaints. A person said, "Not happy, speak to staff". A relative told us, "I am confident the registered manager would listen to our concerns".

#### End of life care and support

- At the time of inspection, nobody was receiving end of life care.
- End of life wishes had been discussed with people and those who wished to share their preferences and wishes had done so. The registered manager told us that they were still exploring this with people who had refused to in the past. However, one person had signed a declaration stating they did not want to complete an end of life care plan.

# 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

Service management and leadership did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks; Continuous learning and improving care

- Quality monitoring systems and processes were in place. However, these were not always completed or up to date. We reviewed five people and found that medicine and health and safety audits had not been completed monthly in line with the provider's policy. For example, medicine and Health and Safety audits for one person had not been completed since July 2018 and another person's medicine and health and safety audits were missing between September 2018 and May 2019. The registered manager said, "I try and make sure audits are done but I think there needs to be changes".
- Governance systems were not always robust or effective to ensure actions were identified and taken. The registered manager had not identified that the medicines and health and safety audits had not been completed. The registered manager said, "I need better oversight and not to assume audits are being completed. It is my job to make sure they are". The operations manager suggested that the registered manager had an in tray for audits to be placed into once complete so that they could be reviewed, signed off and filed by the registered manager.
- The service had a live monthly report which was run by the deputy manager. This recorded things like; dates of staff supervisions, training, appraisals, care plan reviews. The registered manager told us they had not utilised the tool but would so going forwards. This demonstrated that the tool was not being used effectively.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had not ensured they had communicated all relevant incidents or concerns to CQC as required by law. We had not received any notifications since the registered manager had started in October 2018. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. A review of records identified that three events should have been reported to us. These included incidents that had been reported to the police and allegations of abuse. The registered manager said, "There is no reason why they have not been submitted. It was an oversight". Following the inspection, the registered manager reviewed the provider guidance and submitted the required notifications.
- Staff were not always respectful in the language they used to describe people's behaviours. For example,

we read in incident reports that staff described a person's behaviour as "kicking off" and "winding staff up". During a conversation with a staff member they described a situation and said, "This made [person's name] go crazy". We discussed this with the registered manager who assured us they would discuss the use of language with staff.

- People, professionals and relatives were positive about the management at Alina Homecare. A person said, "Managers are nice". A relative told us, "There is a new registered manager in place. They seem nice and happy to help". A professional said, "The registered manager is good. They are very amenable".
- Staff comments included; "[Team leader name] is very good. If I have any questions they always answer them, and they are approachable", "The registered manager is so supportive, you can call them anytime" and "They are a really good support network".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Working in partnership with others; Engaging and involving people using the service, the public and staff;

- Alina Homecare worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the Intensive Support Team (IST) and learning disability team. We were told that support from IST and psychology during professionals' meetings was effective, provided an opportunity for open discussion and reflection, and served to upskill staff in the future.
- Regular staff meetings took place and the management team came together weekly to discuss the week ahead, any changes, concerns or developments.
- Staff told us they felt valued and listened to by the management team. We were told that the registered manager often sent out memo's to staff updating them on developments and celebrating success. We found that the operations director also sent staff acknowledgement letters following nominations of good work from the management team.
- We were told by the registered manager that the service ensures the involvement of families and other professionals to ensure best interest meetings and reviews are held and that we all hear the person's voice.
- Professionals fed back positively about partnership working with the home. One social care professional said, "The service works well with us and information is readily shared".
- We reviewed the people and family survey results for 2018. We noted that 100% of people were either pleased or very pleased with the service. 14% of people stated they were not kept informed of changes, service sent out a thank you easy read document which said what they were going to do to keep people informed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks because risk assessments were not always completed or up to date. Incidents were not always fully recorded, and lessons were not always learnt from.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems were not robust or effective to ensure improvement actions were taken promptly. Audits were not always completed or up to date.</p>