

Alina Homecare Services Limited

Alina Homecare - North Bristol

Inspection report

Westbury Hill
Bristol
BS9 3AA

Date of inspection visit:
13 September 2021

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04 November 2021

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 North Bristol is a domiciliary care agency. It provides personal care and support to people in their own homes. The service can support adults of all ages with a range of needs including those resulting from age-related frailty, physical disabilities and people living with dementia. At the time our inspection, the service supported 21 people.

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

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

People and their relatives told us they felt safe when being supported by Alina Homecare North Bristol staff. The provider had systems in place to protect people from the risk of harm or abuse and staff received training and supervision to ensure they had the skills and knowledge required to support people safely. Risk assessments were recorded and regularly reviewed to ensure people were safe.

From the evidence we saw, there were enough staff employed to meet people's needs. The manager was clear that they would not take on new packages of care if they did not have the staff or skills needed to provide safe and high quality support. We received varied feedback about staffing levels from the staff we spoke to. Some staff felt they had to be very flexible or work extra hours to ensure people received the support they needed. There were national challenges to social care recruitment at the time of our inspection. The provider was actively trying to recruit more staff and incentives were in place to retain existing staff.

The provider had managed risks effectively during the recent coronavirus pandemic. Staff received training and updates about infection prevention and control and used personal protective equipment effectively. We were assured that people were protected by the prevention and control of infection.

People were involved in making decisions about their care and were treated with compassion, kindness, dignity and respect. People's needs were assessed thoroughly to identify how their care and support should be provided. Care was personalised to meet people's individual needs and preferences. Staff knew about people's preferences and encouraged them to make choices where possible. Regular reviews of plans ensured the support provided continued to meet people's wishes and needs.

The service worked within the principles of the Mental Capacity Act. People's rights were protected because staff and the management team had a good understanding of the MCA and its practical applications.

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 manager worked in partnership with other organisations to make sure staff followed current practice and people received the right care and treatment when they needed it.

The service was well-led, and staff were committed to providing support to people to enhance their quality of life. We received positive feedback about the care people received from Alina Homecare North Bristol. Staff surveys and feedback demonstrated staff had high levels of job satisfaction overall.

The manager was clear about the responsibilities of their role. They were open and honest and had regular communication with people, their families and other stakeholders.

The provider's governance framework ensured responsibilities were clear and quality performance, risks and regulatory requirements were understood and managed. Regular audits and monitoring supported the prompt identification of any concerns and actions were taken to drive improvement where necessary.

There had not been any formal complaints received in the previous 12 months, but when people raised informal queries, these were dealt with promptly and changes made where necessary or possible. The service was committed to driving improvement and learning from incidents and accidents. The service had received many compliments, and these were shared with staff to support learning and continual development.

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

Rating at last inspection

This service was registered with us on 27 May 2020 and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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?

Good 

The service was well-led.

Details are in our well-led findings below.

Alina Homecare - North Bristol

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats or specialist housing.

The service had a manager who was registering 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 a short period of notice of the inspection. This was because we needed to be sure that the manager or provider would be in the office to support the inspection. Inspection activity started on 13 September 2021 and ended on 20 September 2021. We visited the office location on 13 September 2021.

What we did before the inspection

Before the inspection we looked at key information we held about the service. This included the Provider's Information Return (PIR). The PIR contains information providers are required to send us with key

information about their service, what they do well and any improvements they plan to make. We also reviewed notifications which had been sent to CQC. Notifications describe events that happen at the service which the provider is legally required to tell us about. This information helps to support our inspections.

During the inspection

We spoke with three people who used the service. We received feedback from five people's relatives and eight members of staff, including the manager, co-ordinator and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from another professional who worked with the service. Their comments have been incorporated into this report.

We looked at four people's care records and reviewed medicines records and additional information on the electronic records system. We reviewed a range of records relating to the management of the service. For example, incident records, audits, policies and staff records.

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

- People and their relatives told us they felt safe when being supported. A relative said, "yes, [Name] is safe in their hands." A person who used the service said, "Oh yes, I feel completely safe with them."
- The provider had effective systems in place to protect people from the risk of harm or abuse. Issues were recorded and followed up to ensure action was taken where necessary.
- Staff had received training about safeguarding, and the records we saw confirmed staff training was up to date.
- Staff had a good understanding of their responsibilities and knew what they should do to make sure people were protected from harm or abuse. One staff member described potential safeguarding risks and told us, "Safeguarding is a big section in training. It's important to make sure everything's thought about. I think we all understand that."

Assessing risk, safety monitoring and management

- Risk assessments were in place and regularly reviewed to ensure people were safe and protected from unnecessary harm. These included risk assessments of people's home environment, as well as specific risk assessments such as mobility and falls, managing medicines and supporting specific behavioural needs. The risk assessments we saw were comprehensive and up to date.
- When people required specialist moving and handling equipment, risk assessments were in place to ensure staff knew how to use this safely. For example, one person used a hoist to transfer within their home. Their care record included a risk assessment and photographs to show how the slings should be safely attached and used.
- Often staff worked alone in people's homes, and a lone working policy was in place to provide guidance about staying safe.

Staffing and recruitment

- From the evidence we saw, there were enough staff employed to meet people's needs. The provider was actively trying to recruit more staff so they could support more people. Creative incentives had been introduced to encourage staff to remain with the company. The manager was very clear that they would not take on new packages of care if they did not have the staff or the skills needed to provide safe and high quality support.
- Some staff told us there had been times when they felt it would have been good to have more staff. Two staff members told us they were busy and had been asked to do extra visits at short notice, but other staff had not found this problematic. One staff member explained, "Over the summer there has been staff shortages which has sometimes made it a bit more challenging, however more staff have since been

employed and I can already see a difference." It is of note that there were national challenges in social care recruitment at the time of the inspection. The provider's recruitment and retention initiatives aimed to build and develop the staff team over time.

- People told us they often had support from regular staff but said sometimes different staff supported them. They understood this was unavoidable at times. One survey response noted that a person would like increased reliability with regular carers. The manager told us they matched people with familiar staff wherever possible.
- The provider had systems in place to ensure recruitment practices were safe. This included checks being carried out to confirm staff were suitable to work with people.

Using medicines safely

- Systems were in place to ensure people's medicines were safely stored and administered when they needed support.
- Each person's needs were assessed, and staff could access information about this and people's preferences on the electronic recording system. For example, one person's record stated, "I would like carers to bring my medicines up to the bedroom on arrival with a glass of water."
- Staff were trained in medicines management and administration. All staff had their competency checked regularly to make sure their practices were safe.
- When medicines errors occurred, these were reported, reviewed and action taken to improve practice where necessary. For example, after two incidents, changes were made to the storage of one person's medicines to ensure they took the right medicines at the right time. This was assessed as being in the person's best interest and was done in consultation with them and their family.
- A medicines policy was in place and this included best practice guidance.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection.
- Staff had received training and were kept updated about government guidance to manage the risks of infection relating to the pandemic.
- Staff told us they had access to personal protective equipment and used this effectively and safely. They were vaccinated and carried out regular testing to manage and reduce risk.
- The provider had up to date infection control and coronavirus policies.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from incidents and accidents.
- Systems were in place to record incidents and analyse information for themes or areas of concern. Action was taken to address risks or change practice where necessary.
- The provider invited regular feedback from people who used the service, their relatives and staff. There had not been any formal complaints in the previous 12 months, but the manager was clear these would be taken seriously, and policy followed to manage concerns effectively.
- One relative told us, "We only had one issue when my [relative] didn't get on with one particular carer. We told the office and they responded efficiently, finding a replacement as soon as was practicable."

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

- People's needs were assessed to identify how their care and support should be provided.
- Assessments were thorough and provided personal information which enabled staff to provide individualised care. Staff told us, "We've got all the information we need. If we ever need to check something, we just need to call the office."
- People told us staff knew their preferences and needs. One person said, "[Staff member] always does just what I want" and another told us, "If they're new, I just have to tell them, but they all do things the way I prefer." A relative told us, "They have all put [relative's] needs and welfare first and have done their best to respect and fit in with their ways and habits".
- People's needs were regularly reviewed to ensure information remained current and provided a level of support which maintained independence where possible.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and knowledge to support them well. One person said, "I think they've all been trained. They're very good". A relative told us, "I have been impressed that all the carers have been well trained and are competent in their role."
- Staff told us they completed an induction when they joined the service, then shadowed more experienced staff before working alone. This helped them feel more confident in the tasks they had to undertake and the procedures they were required to follow.
- Staff said they received supervision and training to ensure they were able to effectively provide safe care and support. One staff member said, "I get regular supervision and they do spot checks to make sure we're doing things right." The staff we spoke with told us they felt well supported by the provider.
- Spot checks provided an opportunity to check staff's skills and competency and identify any areas for development. These checks were recorded, and actions were documented and followed up.

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

- Some people were supported to eat and drink and maintain a balanced diet, whilst others were independent in this area.
- People's needs were assessed, and preferences documented in care plans which were personalised. For example, information was recorded about what people preferred for different meals or where they liked to eat. One person's care plan informed staff the person liked 'porridge with prunes and tea with one sugar' for breakfast. Another care plan reminded staff to 'encourage me to eat as much as possible' and 'please ensure there is fruit in the bowl!'. This information helped staff to be aware of people's individual requirements and

provide appropriate support when necessary.

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

- Staff liaised with other agencies to make sure people received the care and support they needed.
- The service was based in a primary care centre which enabled staff to develop good working relationships with a local healthcare team.
- The manager was liaising with healthcare professionals to obtain an additional walking aid for a person because Alina Homecare staff had identified risks in the way the person moved between the floors in their home. This showed staff observed changes and potential risks and worked with other agencies to ensure people were safe and had the equipment they needed.
- People's records gave staff guidance about the level of support required with health issues and wellbeing. For example, one person's file directed staff about how to support them in managing their diabetes. Another record contained background information and guidance about how to care for a person who had an allergy to latex.

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

- People's legal rights were protected because the manager had a good understanding of the MCA and its practical applications.
- Staff understood the importance of gaining a person's consent before providing any care and support. They told us people only received care with their consent. People or their relatives had given consent to the support they received at the time of assessment. This was regularly reviewed.
- An up to date policy was in place and staff received training about the Mental Capacity Act.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff were kind and compassionate. Comments from people included, "They're all lovely. Very good. We have a good old chat" and "I'm quite pleased, they're very kind.". Relatives added, "fantastic carers; kind, considerate and trustworthy ladies" and, "Alina staff bring joy to my heart. They're so sensitive."
- We received other positive comments from people who used the service and their relatives. A professional who worked with one person said, "They have really improved [Name]'s quality of life. The difference has been so brilliant, it's been amazing." Comments from relatives included, "The best in Bristol", "Would definitely recommend" and, "Thank you for taking such good care of my [relative]."
- During the pandemic, relatives told us staff had often gone 'above and beyond' what they had to make sure people were well supported. For example, making additional visits to people to check they had what they needed and explaining guidelines and restrictions to people.
- Staff told us they knew people well. A staff member said, "I like getting to know people. We usually have the time to chat. The clients are nice. They're interesting and nice to work with."
- The provider respected people's needs under the Equalities Act 2010. For example, records described people's preferences, cultural and religious wishes and information about their backgrounds. This helped staff to treat people as individuals with specific needs and requirements.

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

- People or their relatives were involved in making decisions about the support they received.
- Regular reviews took place to ensure the support provided continued to meet people's wishes and needs. Staff told us they were kept informed about changes after these reviews.
- Staff encouraged people to be involved in their day to day care choices and routines. This included making choices about food, clothing, household tasks and activities. One staff member told us, "I personally will continuously offer clients choice even for what colour top they would like to wear, rather than just picking one out without asking them."
- People's records contained information about their preferences. For example, one person's file gave detailed instructions about how they liked their hair to be styled and another described precisely how and where they preferred to eat their meals.
- Staff told us they had enough time to spend with people to make sure they provided personalised support which was not rushed. A staff member said, "We mostly have time to chat with people. We're not rushed, although lately it has been busy with more staff absence."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were aware of the importance of respecting and promoting people's privacy, dignity and independence.
- One person told us staff respected their dignity during personal care. They said, "Carers help me in the shower. They always check what I want then give me privacy." Staff told us, "When toileting/washing and dressing, we cover clients up to respect their dignity and offer them time to complete toileting/washing without rushing them".
- Policies and care records gave staff guidance. For example, describing whether people should be left alone in the shower, or when and how they required support with their continence needs.

Is the service responsive?

Our findings

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

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

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

- People received personalised care which met their individual needs and preferences. People and their relatives told us they were usually supported by staff they knew. One relative said, "Getting to know the person, how to handle the person and their needs can only come from seeing them regularly to get used to their idiosyncrasies." Having regular staff providing support gave people consistency and helped their needs be met more personally.
- Support plans contained information which described how people preferred their needs to be met and details about their routines. These were regularly reviewed, and people or their relatives were involved where possible. This helped to ensure people felt listened to and respected by staff.
- A professional told us the service provided to one individual was very personalised and gave them control in meeting their very specific needs.
- The provider used an electronic software application to record notes, tasks and updates about care or support provided. Nominated people were able to access this system with people's consent. This meant up to date information was available at any time and often provided reassurance and additional details to friends and family. Relatives were very positive about this, stating, "Birdie (software) is very detailed and really reassures me" and, "I like the daily monitoring via Birdie app."

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 provider identified, recorded, shared and met the communication needs of people with a disability or sensory loss. For example, staff realised one person had been admitted to hospital without their hearing aids and arranged to have them delivered. Another person said they were happy to make choices about day to day matters but wanted their family to be involved in larger decisions. Knowing people's individual needs helped to ensure they received information in a way which was accessible to them.
- The manager told us they were happy to adapt the way they provided information, for example by phone, large print or using specialist communication systems.

Improving care quality in response to complaints or concerns

- The manager told us there had not been any formal complaints received in the previous 12 months.
- When people raised concerns or queries, the management team said they dealt with these promptly and

made changes where necessary or possible.

- People and their relatives told us they would feel confident in raising complaints with the management team. They said staff were approachable and listened to them. One relative said, "We have no issues in raising concerns and working with the management team who are extremely helpful."
- Policies and procedures were in place to investigate and respond to complaints.

End of life care and support

- The manager told us when end of life care was required, they worked with other professionals and sought specialist support as needed.
- Relatives had sent cards after their family members had passed away thanking staff for their compassion and care. One relative told us about ways in which staff had supported them when a relative became more seriously unwell, and then came to pay their respects when the person died. They appreciated the emotional support and practical assistance staff provided at the end of their relative's life.

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

- There was a positive culture within the service. The provider had values and a vision which focused on providing compassionate care and support to people which enhanced their quality of life and independence. The staff we spoke with respected these aims. Staff told us, "I love knowing I've made a difference" and, "One person's family told me [Name] would have been in residential care years ago if it wasn't for us."
- People and their relatives praised the care and support they received from Alina Homecare North Bristol. One person said, "They're happy to adapt and adjust to new requests. The carers are lovely." Other comments include, "They're absolutely brilliant", "I am very happy with Alina" and, "I couldn't rate them highly enough."
- People and staff felt valued and respected by the provider. People using the service were given birthday cards and staff received small tokens of appreciation. This helped people and staff to feel included and appreciated and helped to support the positive culture.
- Staff were generally positive about working for the provider. Comments included, "This is the nicest firm I've worked for" and, "I love the job." One staff member was less satisfied and told us they felt, "Rushed, stressed and unsupported." They had raised their concerns with the manager and CQC, and these were discussed during the inspection.
- A staff survey and feedback demonstrated staff had high levels of job satisfaction. Feedback included, "I have never felt so welcomed in a workplace before. I know my work is valued" and "You have helped me more than you know. I am honoured and proud to be a part of 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 manager was open and understood their responsibilities about informing families and different organisations when incidents occurred.
- Incident and accident records were kept and showed that the management team was open with people using the service and their families, in line with the duty of candour.
- We saw that other agencies, such as local authority safeguarding teams, had been informed when there were concerns and action was taken where necessary.

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

regulatory requirements

- A manager was in post and they were clear about the responsibilities of their role. They knew people well and demonstrated commitment and flexibility to ensure people consistently received a high quality service. For example, when necessary, members of the management team carried out visits to provide care and support to people. This gave people consistency and ensured visits were not missed.
- People and their relatives were positive about the management team. One person said, "[Manager] is lovely, she's the sort of person I can talk to." Relatives told us, "The staff are easy to contact, by phone or email and are helpful and supportive" and, "Management are responsive." Regular contact with the management team helped to monitor quality and satisfaction and make responsive changes where necessary.
- Staff performance was monitored through spot checks and individual supervision sessions. Team meetings were held to ensure communication was clear and people received an effective service. It had been challenging to hold team meetings as regularly during the pandemic, but staff told us they felt informed and supported.
- Weekly checks were carried out to monitor the quality of the service and drive improvement. This included surveys, audits and regular quality reviews. These were clearly recorded and overseen by senior managers. This meant concerns were quickly identified and themes could be explored. Where necessary, action plans supported the service to remain compliant with regulations and meet standards.
- Systems, training and policies incorporated best practice guidance and nationally recognised standards. This supported all staff to work towards providing high quality care and support.
- The manager had notified CQC of incidents in line with regulations.

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

- People and their relatives were asked for their views of the service on a regular basis. Informal feedback was requested throughout the year, and a more detailed survey was carried out annually. The feedback we saw from people and their relatives was positive.
- Staff were asked for their views, feedback and suggestions regularly. This included in surveys and team meetings, but staff also told us they were able to make comments or present ideas to the manager at any time.

Continuous learning and improving care

- The service had received many compliments from people and their families. This included cards, emails and ratings on home care review websites. The manager ensured good practice was shared and learned from throughout the service.
- When people had needed change or given constructive feedback, they told us this was acted on and changes were made quickly whenever possible.

Working in partnership with others

- The manager received support from other managers in the organisation. This enabled them to share ideas, seek support and discuss developments and improvement.
- The manager worked in partnership with other organisations to make sure staff followed current practice and people received the right care and treatment when they needed it.
- People's records showed they were supported by a range of professionals including GPs, district nurses, dementia specialists and social workers. This supported care provision, service development and joined up care.