

Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care - Somerset

## Inspection report

Suite 27, Yeovil Innovation Centre  
Copse Road, Lufton Trading Estate, Lufton  
Yeovil  
BA22 8RN

Tel: 01935513136

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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

Alina Homecare Specialist Care Somerset is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It also provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service was supporting 12 people with their personal care needs in Dorset and Somerset.

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

People were safe with the care and support of Alina Homecare Specialist Care Somerset. Feedback about the service was positive. Staff received safeguarding training and knew what signs and symptoms to look out for and who to report those concerns to. Everyone was confident any concerns would be addressed immediately and taken seriously.

Medicines were managed safely, and people's risks had been thoroughly assessed. Infection control procedures were robust and additional measures in place due to the coronavirus pandemic. Information in easy read supported people's understanding of the restrictions due to COVID-19 such as for social distancing and keeping their home clean. Accidents and incidents were managed and created an opportunity for the service to learn and improve.

There were enough staff and they had the necessary skills, experience and support to do their job. Staff told us they enjoyed their job and felt appreciated. People had access to healthcare when required and the service worked well with health and social care professionals. People were supported to have enough to eat and drink. Specialist advice had been sought where a person needed nutritional support such as difficulty swallowing and weight gain or loss.

People were treated with dignity and respect and were offered choices. 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.

Staff were kind and caring and told us they had real affection for those they support. This was echoed by relatives' feedback of staff relationships with their loved ones. Staff told us it didn't feel like they were at work. Promoting independence for people was important to staff and they told us ways they tried to do this.

People had personalised care and support plans which were reviewed regularly or as needed. Access to activities had been affected by the coronavirus pandemic so staff had supported people as best as they could with alternatives within the restrictions. End of life care was not always routinely planned for, but the service had provided that level of care recently and had received compliments for their approach.



People knew how to complain and feedback to the service. Complaints had been handled in line with the service policy. The registered manager and management team understood their responsibilities and job roles. Quality assurance systems operated effectively and were used to continually improve the service. The registered manager knew their responsibility to be open, honest and transparent. Notifications and referrals had been made to all relevant agencies as required.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their care and were supported to make their own decisions, and where this was not possible decisions were made in the persons best interest and involved the person and all relevant people. The service aim was to support people to be as independent as possible.

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 1 June 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### 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 Specialist Care - Somerset

## **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 who visited the offices and people using the service and an Expert by Experience who made telephone calls to families of the people using the service. 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 and support to people living in their own homes and 'supported living' accommodation so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 June 2021 and ended on 4 June 2021. We visited the office location on 2



June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We met with three people who used the service and spoke with five relatives on the telephone about their experience of the care provided. We spoke with 15 members of staff including the registered manager, quality manager, operations manager, deputy manager, senior field care supervisor, team leaders, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 12 people's care records and two 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 received feedback from three health and social care professionals who regularly work 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

- People were safe in the care and support of Alina Homecare Specialist Care Somerset. Comments we received were, "I think it is very safe" and, "I have no concerns." A health and social care professional told us, "I do feel people are safe with the service they receive due to the excellent communication and team working I have observed." A staff member said, "I try to ensure they [people] feel safe and happy."
- Staff had received training in safeguarding people. They told us how they would recognise signs of abuse and who they would report them to. Staff told us they were confident that the senior staff would follow up concerns. Safeguarding concerns had been referred to the relevant agencies. A member of staff told us, "From my personal experience the registered manager [name] has always been good at dealing with any issues of safeguarding."
- The service had a safeguarding policy and procedure. Staff were aware of the whistleblowing policy and told us they would be confident to raise concerns outside of the service if needed.
- Information about keeping safe was displayed in people's homes in easy read format. Easy read is a way of taking difficult information and making it easier to understand by using words, pictures and symbols.

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

- People had risk assessments in place for all their care and support. Environmental risks had been assessed. Risk assessments had been reviewed monthly or as things changed.
- Risk assessments gave staff clear instructions on how to keep people safe by reducing or removing the risks for people.
- Staff had a good understanding of people's risks. They knew people well and how to support them in all situations such as when they were distressed.
- The service was creating positive behaviour support plans for people where needed. We saw one that was almost complete. It was detailed and contained many strategies to support the person, keep them and others safe and contribute to improving day to day life for them. The plans focused around behaviour that may challenge the person, their surroundings or others. Clear strategies to help staff support the person with early warning signs and awareness of triggers.
- Accidents and incidents were recorded, and these had oversight at many levels throughout the service. Incidents were recorded with what happened before, during and after. These were then rated into low, medium and high risk and analysed for trends and patterns.
- Learning was shared with staff through meetings, supervisions, email and by updates to the electronic care diary system.

Staffing and recruitment



- There were enough staff to meet people's needs. The service worked on providing a consistent core staff team.
- The registered manager told us they have a 'morning huddle' meeting every other day or more frequent if needed. As an office team they got together and reviewed staff rotas and the tasks required in that week. This meant that they were prepared for the demands on the service each week and could plan accordingly.
- The service operated a robust recruitment process. Checks demonstrated that candidates had the required skills and knowledge needed to care for people. The service had moved to an electronic online recruitment management system to make the process more efficient.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Staff new to the service were allocated to work within a particular house or flat after a period of shadowing with an experienced member of the team. They would assess how well the staff member and person worked together. Knowledge, skills and chemistry were factors in any placement decision.

#### Using medicines safely

- The service managed people's medicines safely. There were arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed regularly.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Twice daily stock counts took place within each person's accommodation.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited monthly.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the coronavirus pandemic.
- Staff had enough supplies of personal protective equipment (PPE) and were observed wearing this in line with current government guidance. A relative told us, "Staff always wear PPE." Another said, "I called in on the off chance with some things and they [staff] are always kitted up when they answer the door."
- Staff had received training in the control and prevention of infections. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.
- The service was participating in the COVID-19 staff testing and vaccination programme.
- People using the service were supported to be informed of keeping safe by staff and by easy read information about COVID-19. These documents helped people to understand the procedures in place to protect against COVID-19, such as staff wearing masks.



# 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 had their needs assessed before they started using the service. Where possible the service worked with the person and those involved to support the transition from one service to another. This included using social stories to explain to the person what was happening. Social stories are a learning tool that supports a meaningful exchange of information, in this case the various stages of moving to a new home.
- People's outcomes were identified and guidance on how staff met them was recorded within their support plans. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, behavioural needs and nutrition.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. They had regular supervision, which they said was useful to them. Records showed the supervisions were two-way conversations that gave staff opportunities to ask questions and receive guidance, feedback and praise for their work.
- Staff told us the training they received and were offered was "amazing". Staff had received a comprehensive induction and assessments of competency where required. Some of the subjects covered were: safeguarding, medicines, epilepsy awareness and infection prevention and control.
- The operations manager and registered manager told us they could request training for specific one-off subjects such as a particular illness or need. This meant they could support the care by educating the staff and helping them feel more confident in their role.
- There was a clear induction programme for new staff to follow, which 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.
- Staff had worked with other staff, people and their families to learn the skills and approaches needed to best support people. A health professional told us, "I think that the care staff I have either met or have communicated with are highly skilled and experienced to work with people with complex needs from my observations and contact."

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

- People were supported to be as independent as they could be with meal and drink choices and preparation. There was menu planning and shopping included in weekly routines. However, this had at times been difficult during the pandemic. Staff supported people with easy read information to explain certain restrictions.
- Menus were planned, but staff told us they were subject to change if a person wanted something different. We observed staff supporting people to make choices with meals. A staff member told us, "This person



[name] really likes cooking with me".

- People's specialist needs in relation to eating and drinking had been assessed by the relevant professionals and guidance was included in their support plans.
- The registered manager told us food and drink was used as a social event and two houses would meet together in the garden for a picnic. All events held adhered to government guidance and restrictions at the time.

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 healthcare services and support as they needed. This had been affected by the pandemic and staff had made calls to relevant professional to get advice over the phone.
- People had individual hospital passports. This was information about the person that went with them should they need to go into hospital. The passport gave detailed information about the person such as, medical conditions, how they preferred to communicate and likes and dislikes.
- The service had a community nurse lead who held a 'virtual care round' each month. Records showed discussions about people's general wellbeing and specific health needs such as epilepsy management, medicines and tissue viability.
- People received an annual health check as per best practice for people with a learning disability. The registered manager told us that this had been supported virtually during the past year, but that people had started to receive appointments for physical tests with the easing of restrictions.
- Records showed input by a variety of health and social care professionals such as, specialist epilepsy nurses, community nurses, doctors and social workers.
- Health professionals told us the service were responsive and followed treatment plans, instructions and advice given. A health professional told us, "Treatment plans and advice are followed with any changes to medicine regimes commenced in a timely manner."

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 who used Alina Homecare Specialist Care Somerset were living with a learning disability, mental health needs or autism, which affected some people's ability to make decisions about their care and support.
- The service had consulted with the person, their relatives and professionals where needed. One person did not have MCA assessments in place for having support with their medicines, but this was in the process of being arranged.
- People were supported to be involved in their decisions and we observed staff asking for consent and explaining everything they were doing for people and offering choice. A relative told us, "They [staff] really



engage with them and tell them everything they are doing."

- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. One staff member told us, "I always ask for consent when working with people and explain all the options available."



# 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

- Staff were kind and caring, according to feedback about Alina Homecare Specialist Care Somerset. Some comments we received were: "The staff are all kind and caring and they treat my loved one [name] well", "It's a very good service", "They're trying their best, the carers are brilliant", "They are everything, they care, they give my loved one [name] friendship and attention", and "The best thing about this service is that they care".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their support plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were supported by a core staff team who understood their needs. In some cases, people were unable to communicate verbally, and so staff had to pick up, understand and act on non-verbal cues. The registered manager told us this was why it was essential to have a consistent, core staff team working with the person.
- People and those important to them had been involved to some degree in creating and reviewing their support plans. The registered manager told us they had started to include photographs to develop the plans further. A relative told us, "They email me or invite me to reviews if they need my input."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed respectful and caring interactions between people and staff. A relative told us, "They always treat them [person] with dignity and respect their privacy, very much so."
- Staff promoted independence for people within their care and support. A staff told us of the importance of independence and said, "It's part of everybody's life, I want to be independent and they [people] do too."
- People were encouraged and supported to do household and personal tasks. This included using reward plans devised by people and staff.



# 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; 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

- Support plans were personalised and detailed, exploring all of the person's physical and emotional needs. Support plans were clear and gave the staff the necessary information to be able to support the person, including the person's goals and desired outcomes. This included temporary care plans where necessary.
- People had additional specific care plans for their medical needs such as epilepsy. Epilepsy management plans had a flow chart showing the 'at a glance' steps to take in the event of the person experiencing a seizure.
- Plans were reviewed regularly and as needed, involving all relevant people. The senior field care supervisor told us that during the month staff made changes to the paper plan and then this was updated on the master copy. This meant that those supporting people could contribute to the support plan. A relative told us, "I get involved in all the reviews."
- Information about people was available to staff. This included people's lives so far, which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- During the past year the coronavirus pandemic had impacted negatively on people's ability to enjoy the wider community and to participate in activities and clubs they had come to rely upon. Staff had worked hard to try and support people through some difficult times. One of those ways was with 'Boredom Busters' which gave staff ideas and activities for people to enjoy. They had in house treasure hunts and had decorated rainbows for their windows in support of the NHS.

### 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.

- People's communication needs were identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others, for example, within their hospital passport if someone was admitted into hospital.
- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format, for example, safeguarding, COVID-19 information and complaints.



#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Records showed the procedure had been followed and outcomes were to the satisfaction of the complainant.
- Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident it would be taken seriously and addressed. A relative said, "I would just ring them up."

#### End of life care and support

- The service did not always routinely plan for end of life needs. However, where this level of care and support was required, they had created an end of life plan.
- We looked at the plan the service had created for someone in the past and it was detailed and personalised. They had involved all the people who were important in the person's life. Including clear plans and contacts to ensure the person was comfortable and pain free.
- Alina Homecare Specialist Care Somerset had received compliments about their end of life care. One health and social care professional wrote, "You and your team can be very proud of the kindness and compassion you have shown [name]."



# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Staff told us they felt supported and valued by Alina Homecare Specialist Care Somerset. One staff member said, "Alina does offer a number of incentives like employee of the month... they do a number of things to make their staff feel appreciated."
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The senior field care supervisor had made improvements and condensed various audits into one for each individual accommodation and was keeping an individual service plan to track actions.
- Audits and incidents had additional oversight by the provider and where trends and patterns were identified these would be brought to the attention of the service. This meant there was an additional level of scrutiny to support their effectiveness.
- Systems were in place to support learning and reflection. The registered manager told us they completed a number of audits including themed audits looking at topics such as risks, medicines and safety. Clinical governance meetings across the provider's services determined which themed audit would be carried out. This could be in response to new guidance, themes identified across multiple services or safeguarding.
- The quality manager completed a whole service audit covering the CQC key lines of enquiry. This audit was completed annually with monthly desk top reviews and the ongoing action plan which was checked at each of their visits to the service.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- Staff felt proud to work for Alina Homecare Specialist Care Somerset. They were complimentary about their colleagues and worked well as a team. Some of their comments included: "It gives me the ability to support a number of amazing individuals. I am able to work with a number of amazing and caring people who really go the extra mile for the people we support", "I feel proud to work for the company due to the team itself and the guys we support", "You know you have done a good job when you get a smile and a wave", "My colleagues are great. It's like one massive family."
- Feedback about the management of the service was positive. Comments included: "The deputy manager [name] is highly supportive of me", "The registered manager [name] has been a good manager, if I ever have



any issues they have been helpful and have improved the quality of Alina Yeovil branch a lot in their time there", "The office staff – over a very trying year they have shone. The whole team has been out supporting people", "The registered manager [name] is prompt and professional", "I cannot fault them [management team] their door is always open. The managers feel like equal colleagues", "The registered manager [name] is supportive and has integrity. They act on things straight away."

- There were various staff recognition schemes in operation at Alina Homecare Specialist Care Somerset such as, 'Thank you Thursdays' where a member of staff was nominated to receive a treat to say thank you. Employee of the month operated across all Alina Homecare services. A member of staff said, "They do a number of things to make us feel appreciated."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood the requirements of the 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. They told us the circumstances in which they would make notifications and referrals to external agencies and records showed they had done this.

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

- The service sought feedback through questionnaires. The results of those were positive.
- Meeting agendas and minutes showed staff meetings were held regularly by the senior field care supervisor and registered manager. They were well attended, covering topics such as good practice reminders, safeguarding and people updates, and gave staff the opportunity to raise concerns. The service communicated through emails and the electronic care planner. Staff told us they were kept up to date.
- The service and the people they supported had some links to the local community. People's neighbours had been generally friendly and welcoming. Due to restrictions of the coronavirus pandemic community access had been limited. However, as restrictions eased staff told us they were keen to support people in their own community.
- Learning and development was important to the registered manager. They attended clinical governance meetings and meetings across the Alina Homecare group.
- The service had good working partnerships with health and social care professionals. A professional told us, "I think they provide a high standard of care and all around are kept updated. I do believe the service is well led due to the excellent communication with all involved in the service users' care."