

Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care- Kent

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Alina Homecare Specialist Care Kent receives 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. At the time of the inspection, the service was supporting 17 people with their personal care needs. People who use the service live in Maidstone, Ashford, Medway and the surrounding areas.

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

People had been supported to live the life they had chosen and, to weigh up the benefits and risks to decisions they made. People told us they were happy living within their homes and spoke highly of the staff, that knew them well. People were at the centre of their care and were supported to be part of their local community.

Potential risks had been mitigated and staff understood each person's specific risks. People were offered the opportunity to be involved in the recruitment of their staff. Support hours were planned around people's activities at times they had specified. Checks and audits took place to promote health and safety within each service. People had been supported to budget with their finances and checks took place to identify any financial discrepancies.

People told us they felt safe and comfortable with the staff. Staff had been trained and were clear on the action to take if they suspected abuse. Potential safeguarding concerns had been reported to the local authority with an audit detailing any actions that required completing.

People had been involved in the management of their medicines. Some people had chosen to store their medicines within a medicine's cabinet in their bedroom, whilst others were kept within a medicine cabinet within the house. Staff had been trained and followed detailed protocols for each person and their specific needs. Staff had been trained and understood the importance of reducing the risk of infection. People had been supported to understand the importance of following guidance during the pandemic.

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.

Feedback and views were sought and acted on from people, staff and relatives. There was an open, inclusive, person centred culture within the organisation where staff felt valued in their role. Services were tailored and developed to meet people's individual needs. Staff worked in partnership with people, relatives and external health care professionals to ensure a consistent approach to meeting people's needs.

Systems were in place to monitor the quality of the service people received. A range of checks and audits were completed to ensure people received a high-quality service. Lessons were learnt and improvements were made when things went wrong. Manager's held debriefing sessions with staff following an incident to identify any potential actions to reduce the risk of reoccurrence.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The 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 made their own decisions, being supported to understand and weigh up and potential identified risks. The ethos of the service and care records was to support people to be as independent as possible whilst, maximising people choices.

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 -

The last rating for this service was Good (published 16 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection control, staffing levels and the culture. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alina Homecare Specialist Care- Kent on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe 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- Kent

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an assistant inspector who made calls to people, relatives and staff.

#### Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that 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 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.

#### Notice of inspection

We gave the agency four days' notice of the inspection. This was because we needed to gain consent from people to be visited in their home to give their feedback and also arrange for the required documentation to

be sent across electronically.

Inspection activity started on 17 November 2020 and ended on 19 November 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. 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.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the care manager (covering the maternity leave of the registered manager), the operations director and four care staff.

We viewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment, staff supervision and training data. A variety of records relating to the management of the services, including policies and procedures, quality assurance checks and audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and happy living where they were living. One person said, "The staff are good, they understand me." A relative said, "I wouldn't have [loved one] anywhere else, they are fantastic, I couldn't ask for a better place."
- Staff received training in safeguarding people and knew the potential signs of abuse and the action they should take if they had any concerns. Staff felt confident the management team would act on any concerns raised.
- Systems and policies were in place to protect people from abuse and avoidable harm. The management team was aware of local safeguarding policies and procedures. Safeguarding referrals had been sent to the Local Authority and actions were monitored by the management team.

Assessing risk, safety monitoring and management

- People were encouraged to make choices about potential risks in their lives, and staff supported them to take risks in a managed safe way. For example, one person had expressed a wish to meet new people and develop potential relationships. Staff worked closely with the person and other relevant health care professionals to ensure the person understood the potential risks involved, and the action to take to become safer.
- Each person had individualised risk assessments detailing the action that should be taken to minimise the risk. Risk assessments were detailed and provided staff with the necessary guidance needed to ensure they supported people safely. Staff were knowledgeable and could tell us how they supported people to take managed risks whilst promoting their choice and independence.
- People were supported to maintain a safe living environment with the completion of regular checks such as, the fire alarm to ensure it was in full working order and finance checks. People were encouraged and supported to increase their independent living skills doing their own cooking, washing and cleaning.
- People's risk assessment regarding Coronavirus had detailed the potential physiological impact of self-isolation and, the actions staff could take to reduce this such as, the use of technology to maintain contact with relatives. A relative said, "Communication has been great, the staff have set up an iPad for us to communicate."

Staffing and recruitment

- People received their commissioned hours of support when required. Staffing rotas were planned in a creative way to enable people choice over their support. For example, if people preferred a certain member of staff to support them during an activity, this had been met. One person said, "Very nice here, especially the staff. They never make me upset."
- People were given the opportunity to be play a key role in the recruitment of staff. Some people sat on

interview panels whilst others had chosen interview questions specific to their needs. People had a consistent staff team they knew well, providing continuity of care. A relative said when speaking about the staff, "I sing their praises. I couldn't ask for a better team. I've got nothing but praise for this company."

- Staff were recruited safely. Pre employment checks were completed such as, references from previous employers and Disclosure and Barring Service (DBS) background checks. Pre employment checks help employers to make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed, safely from staff that were trained and had their competency assessed annually. One person said, "Staff help me with my medicines. If I am in pain, they will give me my pain relief, also they know me and my facial expressions."

- Medicines, including 'as required' medicines were managed safely and stored securely. Care plans and protocols had been completed for all medicines, providing guidance for staff on when people needed these medicines and how to use them.

- Medicines audits were carried out to identify any issues or shortfalls, these were acted on immediately to ensure good practice. For example, if an error had been identified the member of staff would not be able to administer further medicines until they had completed a new competency assessment with their manager. Daily stock checks of medicines for each person had been carried out by two members of staff, and, a monthly audit was completed and authorised by the management team.

#### Preventing and controlling infection

- People, relatives told us and observation confirmed staff wore the appropriate personal protective equipment (PPE). Staff within the service were observed wearing masks during our visit and had access to gloves and aprons if required. One person said, "Staff are good wearing facemasks, I never see them without them on."

- Staff had been trained and understood the importance of using PPE to protect people and themselves from the risk of infection. Pictorial easy read documents had been shared with people to inform them about the Coronavirus and actions they should take to reduce the risk of infection. These social stories had been used to inform and teach people about the potential risks and why new systems had been put into place such as, social distancing and wearing masks.

- People had been supported to clean their house more frequency during the pandemic. The provider ensured people and staff were updated with any changes to the government's guidance.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored by the management team. Investigations took place to identify any patterns or trends with action being taken to reduce the risk of reoccurrence. Staff followed the providers' policy and procedure.

- Debriefing sessions were held after every incident with the member of staff and a member of the management team. This provided staff with an opportunity to talk through the incident and gain any additional support that maybe required such as, any medical attention or additional training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; 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 management team had created an open and positive culture where people had choice and control over their lives. People and staff told us they felt comfortable to speak with any member of the management team and felt confident that any suggestions would be taken seriously. Staff spoke positively about their role and the organisation, comments included, "I do think it's a good company, the best one I've worked for" and, "If we ask a question, we do always get an email or phone back."
- The management team ensured staff promoted an open and inclusive culture within each service, through observation and role modelling good practice. People were at the centre of their care and support and were supported to live the life they had chosen. Comments from people included, "We are very lucky here" and, "I am really happy here."
- Staff told us they felt supported in their role. Staff were given the opportunity to raise any concerns or make suggestions at supervision meetings with their line manager. Supervision meetings enabled staff to meet with their line manager and discuss their role, giving an opportunity to give and receive feedback.
- The registered manager and management team understood their responsibilities in respect of the duty of candour. The provider had a policy and procedure in place which would be followed in the event of an accident or incident where honesty and transparency is required.

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

- Systems were in place to monitor and improve the quality of the service people received. A range of audits were completed within the service and by the senior management team. Action plans were used to track and record any progress against shortfalls that were found. For example, ensuring the care records within the service mirror the records held at the registered office. This action was set in June 2020 and was completed in the same month.
- The entire staff team were clear about their role and responsibilities. This was detailed within their contract of employment. People were empowered and encouraged to do things for themselves and be as independent as they were able. People were supported to complete checks and audits within their own home such as, cleaning checks, health and safety checks and finance checks. Observation showed staff worked alongside people rather than doing things for people.
- Staff and the management team had worked closely with people during the Covid-19 pandemic. Social stories and pictorial information as well as text had been used to explain the current situation and how

people could protect themselves. Relatives spoke highly of the communication and reassurance they had received throughout the pandemic, that their loved one was safe and well.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as, allegations of abuse and serious injuries. The registered manager and management team understood their role and responsibility and had met their regulatory requirements.

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

- People's views were sought and acted on, through regular house meetings and annual surveys that were in an accessible format. One person told us how they had requested a change of colour for their bedroom which had been acted on. Another person said, "I done a survey and I did suggest going out to London and stuff for the museums." Relatives told us they had provided feedback which had been listened to and acted on.

- Staff were asked for feedback about their job role and the organisation. Results from the October 2020 survey had been collated and showed, staff felt they knew what was expected of them, they had been given the opportunity to learn and grow over the past year, and, staff strongly agreed they would recommend Alina as a great place to work.

Working in partnership with others

- People received joined-up care with a multidisciplinary team approach. Staff worked closely with external health care professionals such as, occupational therapists, district nurses and psychologists to ensure people remained as healthy as possible. Care records were written in conjunction with people and professionals to enhance the person's ability to self-care and increase their confidence.

- The provider employed two nurses that were available to provide healthcare advice and support when needed. Specialist training in order to meet people's specific needs was available to staff when required. Case studies were used to develop staff's knowledge and understanding further.