

Alina Homecare Specialist Care Limited

Alina Homecare Specialist Care - Hertfordshire

Inspection report

6a Meadway Court,
Rutherford Close
Stevenage
SG1 2EF

Tel: 01707443933

Website:

www.alinahomecare.com/locations/hertfordshire/

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alina Homecare Specialist Care - Hertfordshire is a domiciliary care service providing personal care to 12 young people with learning disabilities in their own homes and shared housing in the community.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; we have made a recommendation relating to this.

Staff supported people to pursue their interests. However, they were not always supported to develop goals and there was not clear monitoring of progress with them.

People's care plans and risk assessments did not always describe signs people were becoming distressed or how to mitigate this. However, staff we spoke with knew how to support people.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

People's care, treatment and support plans reflected their range of needs.

People's care plans and risk assessments were reviewed but we found areas for improvement which the registered manager had not identified.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People and staff told us there were not always enough staff. We have made a recommendation relating to this.

Right Culture:

The registered manager did not have full oversight of the service to monitor quality and safety.

People's families did not always feel involved in planning their care.

Staff received an induction and training to enable them to meet people's needs. Staff competencies were completed following induction, but there were not annual competency reviews, we have made a recommendation related to this. Staff felt supported by the registered manager. Staff knew and understood people well.

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

Rating at last inspection

The last rating for this service was good (published 8 November 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to monitoring of quality and safety of the service at this inspection.

We have made recommendations related to best interest decisions and staff competency assessments.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Alina Homecare Specialist Care - Hertfordshire

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 5 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2023 ended on 19 May 2023. We visited the location's office/service on 9 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 6 April 2023 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We visited 3 addresses and spoke with 3 people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also spoke with 12 care staff and senior care staff who supported them. We had phone contact with 7 family members for feedback about the service. During the office visit we met with the registered manager, deputy manager, head of quality assurance and 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 5 people's care records and some medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service had enough staff to meet people's commissioned hours. Care coordinators were familiar with people's needs and planned shifts to accommodate appointments and activities and ensured they were supported by people who could meet their needs. Staff confirmed shifts were covered by staff who knew people.
- People's relatives did not feel there were always enough staff. They described people not going out or being supported by different staff which could be unsettling. A relative told us, "They said [person] would always have the same staff because [they] hate change, but the ones they had confidence in move around here there and everywhere and it's not fair." Another relative said, "I know there's always a shortage of staff, the care is fine but there could be more life experience for them...The staff seem to have a pretty good rapport, but there's quite a turnover which is upsetting for [person]." Staff told us there were occasions where they felt understaffed, but it did not impact on people's care, and they confirmed it never felt unsafe. A member of staff said, "No, there's not always enough but we support each other."
- The provider were aware some people's relatives and staff believed people should have more hours than commissioned; where they felt this needed to be reviewed, they would contact the local authority.

We recommend the provider reviews their staffing levels to ensure they provide enough staff to support people safely and meet their needs.

- Staff were safely recruited. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments did not always include details of behaviours people may present, the causes or how to mitigate these. For example, one person was described as becoming overwhelmed when accessing the community but there were no specific causes of this. However, we also saw examples where there was guidance, such as distraction techniques, for staff.
- Staff we spoke with were able to describe people's needs. They were aware of signs people were experiencing emotional distress and knew how to support them. A member of staff told us, "You would look out for shouting, their eyes may be squinting or making a face. The main thing is [person] clenches their fists. This means [person] needs reassurance. They may open up or may not. May ask to have some time. We tend to leave [person] to de-compress."
- Staff assessed people's sensory needs and did their best to meet them. For example, a person disliked loud noises and wore ear defenders. Another person had a sensory need for crispy and crunchie food; staff

often gave them new foods to try.

Using medicines safely

- People's PRN protocols were not always clear. PRN medicines are those administered as and when required. We reviewed one which stated a person would 'communicate they had pain' but did not say how. This meant there was not clear guidance for staff for when to administer it; we fed this back to the deputy manager who confirmed it would be amended.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff only administered medicines when they had been trained and assessed as competent.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included when assessing risks of people taking medicines themselves. We reviewed a self-administration medicines assessment which confirmed areas where support would be required, such as ordering.

Systems and processes to safeguard people from the risk of abuse

- People's families told us they thought their relatives were safe and well looked after. One told us, "Yes I know [person is] safe by visiting and what I see when I'm there." Another relative said, "I do feel [person is] safe and looked after yes. It's as good as it can be."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "Safeguarding is anything that would potentially be a risk for a service user. I would report it, make sure there's a written record and report to my manager."
- People and those who matter to them had safeguarding information in a form they could use.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely. A member of staff told us, "We have gloves, masks and bibs on hand."

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. A member of staff told us, "If I can't handle a situation, I call the house, and someone will come and help." They explained how they reported incidents and found out about other incidents via a message board on the system.
- Staff learned from incidents. Staff described an incident which occurred because staff were unable to understand what a person was trying to tell them. They met with the team leader and manager to discuss how to prevent this happening again. A referral to the SALT team was made and Makaton training arranged.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people assessed as lacking mental capacity for certain decisions, DoLS were not in place. We were told there were 3 in progress but the status of these was unclear. We did not see any applications or approvals. Following the inspection, the provider contacted a person's social worker for an update.
- The service did not always demonstrate best practice when making decisions in people's best interests. It was unclear how people had been supported to understand the decision being made. Some people's medicines and money were locked away and whilst best interests discussions had been held confirming their lack of understanding in these areas, the least restrictive options were not taken.

We recommend the provider ensures capacity assessments and best interests decisions demonstrate people are involved and supported in decisions about their care and reflect the least restrictive option is taken.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means. One member of staff explained they gained consent from most people verbally and described how they supported a person who was non-verbal. They said, "[Person] pushes you away if they don't want to do something, so you would know to leave them."

- Staff respected the rights of people with capacity to refuse their medicines. Staff told us of one person who refused their medicines on occasion. They said, "We report to the office or out of hours and contact 111. The medicines are put in an envelope and returned to the pharmacy."

Staff support: induction, training, skills and experience

- The registered manager did not have a robust process for staff spot checks. We were told they visited all services frequently and highlighted concerns, and whilst we saw some evidence of this, we felt records could be more robust to show staff feedback and follow up.
- Staff received an induction to the service. There was a checklist which included meeting the people they would support, overview of medicines, use of the electronic system etc. Any additional training was identified; we saw an example where it had been identified staff needed to complete epilepsy training prior to supporting a person.
- People were supported by staff who had received relevant training in evidence-based practice. Each person had a list of additional courses which staff needed to complete before supporting them. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. A member of staff told us, "We've had autism training and have Makaton coming up."
- Updated training and refresher courses helped staff continuously apply best practice. The system flagged when refreshers were due, and the registered manager monitored this weekly.
- The service checked staff's competency to ensure they understood and applied training and best practice; we saw examples of these. However, following the inspection we were told competencies were completed during induction but not completed again unless there was an issue, this is not in line with NICE guidance which state staff should have an annual review.

We recommend the provider review their staff competency process to be assured staff are competent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health needs. We saw these were personalised and included medical conditions and support needed with mobility and skin care for example. Some people's relatives did not feel involved in these assessments or felt the information was not correct or staff were not following it. A relative told us, "We had very little input with the support plan." Another relative said, "Yes, there was lots of work done before [person] moved in, but I'm not sure how closely they are following it." However, we saw evidence the provider had sought to involve families and one relative told us, "They're completely redoing it now and my input will be in it."
- People did not always have Positive Behaviour Support (PBS) plans. However, the service had a PBS trainer who was working with people and staff to develop these. We saw suggested actions from the trainer, such as support with external activities being followed.
- People's support plans included some goals, but they were not always personalised. There was little evidence of how people were supported to identify and plan for what they would like to achieve. We did not see evidence of people's progress with goals in their files. However, we saw some team meeting minutes where it had been documented where a goal had been achieved or a new one added.
- People's records contained a profile with essential information to support them. However, there was not a clear communication profile for staff to easily access guidance on what people's sounds and gestures mean.

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

- People were involved in choosing their food, shopping, and planning their meals. We saw each person had a different menu plan for the week. A member of staff told us, "We try to get them involved. We're looking to get pictures of meals [person] eats to help them understand. They all have a say in what they have, it is very

individual."

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. A member of staff told us, "[Person] does their own breakfast. Sometimes helps with lunch. We encourage with things like frying the bacon or adding something, like the seasoning."
- People with complex needs received support to eat and drink in a way which met their personal preferences as far as possible. For example, one person needed staff to cut their food up due to dexterity issues and had special cutlery.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. There was damage to the floor in one of the properties; the registered manager was ensuring suitable housing arrangements were made for people before arranging the repair.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design, layout and furnishings in a person's home supported their individual needs. We saw one person's kitchen and bathroom had been adapted to include lowered sinks, cupboards and raised plug sockets to ensure it was accessible for them.

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

- People were supported to attend annual health checks, screening and primary care services. A relative told us, "We support [person] with some stuff, but staff do the local GP and will take [person] if needed." Another relative said, "They usually take [person] to appointments and I meet them there." However, another relative had concerns about staff knowledge of their relative and told us, "I don't trust the other staff to take [person] because I don't feel like they know them well enough to ask the right questions."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People's files described input from other services including Speech and Language Therapy (SALT), dentists and nutritionists. However, a person's file included guidance for staff on how to assist them if they fell but we found no evidence of occupational therapy input for this. Following the inspection, the service referred the person to occupational therapy.

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 our last inspection we rated this key question good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not always managed incidents well. We reviewed some incident reports and found they did not reflect on what led to the incident and what could be done to prevent it in future. For example, learning following an incident whereby someone went into another person's room focused on helping them understand why not to go in there rather than what caused them to and addressing this. The provider's quality team were supporting the service to improve incident management.
- The registered manager did not have full oversight of people's care plans and risk assessments. Reviews were completed by the team leaders, but we saw little evidence these had been audited to ensure everything was in place. This meant some of the issues we found had not been identified. For example, we did not see evidence of epilepsy medicine reviews.
- The registered manager did not have oversight of DoLS. Whilst the local authority apply for these, we expect the service to be aware of those required and their status. We saw no evidence to show if and when DoLS applications had been submitted. The provider had created a tracker recently to start to monitor these, but at the time of the inspection it remained unclear whether all those required had been applied for.
- The provider's processes to monitor the service were not always effective. The April 2023 medicines audit included an issue we raised whilst on site, meaning it had not been resolved a month later. The tracker to monitor medicines and moving and handling competencies included some staff highlighted as not required, but others had a very old completion date. It was therefore not clear whether staff were very overdue a competency check or it wasn't needed.
- The registered manager tended to monitor the service informally; we were told they visited services regularly, completed staff supervisions, made checks and fed back to staff but there was limited documentation of this. The frequency of spot checks and what was to be checked at each visit was unclear. We were shown a recent example where an improvement had been identified and followed up, but other examples shared were from several months before the inspection. Therefore, we were not assured the process was robust.

The provider's systems and processes to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

outcomes for people

- People's relatives gave mixed feedback about outcomes for people. One relative told us, "They said they'd teach [person] how to cook, do their food shopping and budget for the week, but that never happened." However, we were also told, "Personally I think [person] has fitted in really well and they go over and above. [Person] is in such a good place at the moment and I think that's down to the way they're looking after them."
- People's care plans included language which was childish, such as describing them as "playing" or "being cheeky". A person's care plan stated a person "Played with their toys." This was not age appropriate.
- Management were visible in the service, approachable and took a genuine interest in people. We were told the registered manager visited services quite often. One member of staff said, "[Registered manager] pops in and does a check around, makes sure and sees if anyone needs any support. [Registered Manager] is amazing."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. We were told team leaders were supportive. A member of staff described their team leader as, "Great, very good at listening to feedback from staff and getting stuff done, making changes and is great with clients." Another member of staff said their team leader was, "Very supportive to staff and residents."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- People's relatives gave mixed feedback on management and engagement with the service. Some felt some services lacked manager oversight. A relative told us, "[Team leader] is really good with [person] but they're hardly ever there as so busy." Another relative said, "I think there's a loss of direction from management really."
- People's relatives felt able to raise concerns, but these were not always acted upon. One relative told us, "They do listen yeah, but nothing changes so that's why I get annoyed." Another relative said, "Yes I can talk to them and on the whole they listen but whether they follow through is another thing!" However, some relatives did feel listened to. One told us, "At the moment yes, I can call them whenever I need to and they're listening to me now." Another said, "They're always on the end of the phone."
- The provider sought feedback from people and staff via annual surveys. The provider launched a staff webinar for them to hear from directors and share information about the wider organisation. This was in response to feedback via the staff survey.
- Staff attended team meetings. We saw these included regular agenda items including updates on people supported, health and safety and staff recognition. There was a hot topic, for example a reminder of the on-call procedure and a prompt for feedback on lessons learned following safeguarding concerns.
- The provider was implementing the "Be Inspired" group. People who used the service met monthly and worked on projects such as producing a newsletter. There were plans for people to become involved in interviewing potential staff and staff training.

Working in partnership with others

- The provider worked well with other services. This included district nurses and social workers. A professional told us, "Any tasks I have given them they have quickly put it into place as they really want the best outcome for the people they support."
- A professional had nominated a member of the team for an award, which they won, for outstanding contribution to the people they support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes to monitor the quality and safety of the service were not always effective.</p>