

Alina Homecare Specialist Care Limited

# Alina Homecare Specialist Care - Hertfordshire

## Inspection report

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Date of inspection visit:

16 October 2019

24 October 2019

25 October 2019

Date of publication:

08 November 2019

## 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 Specialist Care - Hertfordshire is a domiciliary care service supporting young people with learning disabilities in their own homes and shared housing (multiple occupancy) 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. Ten people were being supported at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were positive about the service they received. People were kept safe and received effective care from staff who were well trained and supported. Staff were recruited safely, and there were sufficient numbers of staff to meet people's needs at their preferred times. People received their medicines regularly.

Staff were kind, caring, compassionate and respected people's privacy and dignity. People were aware of how to raise concerns, were asked for feedback and this was used to make improvements. Overall the service was well led and managed. There were quality assurance systems and audits to help monitor the overall quality and safety of the service.

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. People's capacity was assessed where required in line with the MCA requirements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 04/10/2018 and this is the first inspection.

### Why we inspected

The inspection was planned in accordance with the date the service was registered.

#### 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 - 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 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 specialist support and personal care to people living in their own houses and multi occupancy specialist housing.

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.

This inspection was announced. 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 16 October 2019 and ended on 25 October 2019. We visited the office location on 16 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included notifications which the

provider is required to send us about certain events. 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 spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the operations director, operations manager, registered manager, and deputy manager. We received feedback from one professional who knows the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

# 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 supported from the risk of abuse and potential harm because staff had received training and were able to demonstrate they knew the process for reporting concerns.
- People told us they felt safe. One person told us, "I feel safe, the staff support me and look after me." A relative told us, "Yes I do feel they use safe practices. All the staff have had training to ensure they have the skills and knowledge to provide safe care."

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Where risks were identified measures were put in place to reduce risks to help keep people safe.
- Risk assessments were kept under regular review to ensure they remained current and up to date. They included assessments related to choking, environmental risks, behaviours and supporting people in the community.

Staffing and recruitment

- People were supported by staff who had been recruited safely with pre-employment checks completed.
- Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Using medicines safely

- People were supported to take their medicines regularly by staff who had been trained in the safe administration of medicines.
- Staff practice was observed to ensure staff followed best practice guidance. Staff received regular refresher training.

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff used effective and safe infection control processes. This included the use of personal protective equipment when supporting people with personal care.

Learning lessons when things go wrong

- The registered manager told us they used 'reflective' practice to learn when things went wrong and shared any learning with staff to reduce the risk of a repeat incident occurring. This is when they consider what they could have done differently.

# 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 a full and comprehensive assessment of their needs prior to the service starting to support them. This helped ensure the service was able to match staff who had the right skills and abilities to care for the person's individual needs.
- This helped to ensure people achieved effective outcomes.

Staff support: induction, training, skills and experience

- We received mixed feedback from staff in relation to support. Some staff told us they were very well supported by the registered manager, deputy manager and senior staff. However, two staff members told us they did not always feel supported by the management team. This was being investigated by the provider's senior management team following our inspection.
- Staff completed an induction when they started working at the service. This included topics relevant to their individual roles.
- One staff member told us, "The training is really good. I completed safeguarding, fire safety, moving and handling and quite a few other topics." Another staff member told us, "I have also done specialist training to give me the skills to care for my clients properly."

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

- People were supported with shopping, meal planning and food preparation. They were encouraged to eat and drink sufficient amounts to maintain their wellbeing.
- Where any concerns about weight gain, loss or swallowing were noted these were monitored and referred to a specialist professional including the speech and language therapy team (SALT).

Staff working with other agencies to provide consistent, effective, timely care

- Staff had developed good professional relationships with other agencies so that people receive joined up care which was seamless and holistic.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to make and attend appointments with healthcare professionals including community nurses, GPs and dentists and opticians to support people in a coordinated way.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. No one was being deprived of their liberty.

# 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 the staff were kind and caring. One person told us, "I like my care staff; they are kind and nice to me."
- A relative told us, "All the staff are really good. We have a small team and they have got to know us and [Name] really well. I think they are very caring, you have to be to do this kind of work."

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

- People and their relatives told us that they had been involved in the development of their care plan and staff asked them about their preferences about how they liked their care and support to be provided.
- Staff told us they provided care to people in a personalised way and ensured support was tailored to individual's needs.
- Staff told us they encouraged people to do as much for themselves as possible to help retain as much independence as possible. This helped people to develop their everyday living skills to help them achieve a better level of independence.
- People were supported to make choices about their care. For example, staff told us they chose the time they wanted their care visits provided, what they wanted to wear and how they wished to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff cared for people with dignity and respect and were mindful of people's privacy. This included ensuring their dignity was maintained when supporting them with personal care keeping doors and blinds closed and keeping people covered up.
- One staff member told us, "When I support [Name] in the shower I always wait outside and talk with them, reminding them to wash and rinse properly. I remind them to cover themselves with a towel when they are coming out of the shower cubicle, so that they get used to having their dignity maintained."
- People's confidentiality was maintained; records and information about people were kept securely.
- People had copies of their care plans and risk assessments in their own home so that they could read them if they wished.

# 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 and, where appropriate, relatives and or family members were asked about people's individual likes, dislikes and preferences. This enabled staff to support people the way they liked and to meet their care needs.
- As part of the assessment process as much information as possible was obtained to help staff understand more about people's lives and their specific needs. One staff member told us, "The assessment process is really ongoing. We are always learning more about each person for as long as we support them."

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 registered manager told us that they have well developed communication methods to help people communicate with staff. Staff members told us they communicated through body language where people were unable to communicate verbally.
- Staff members told us they used easy read documents which people could understand. This was also supported by pictures or symbols.
- A staff member told us, "The people we support do have limited communication abilities, but we have access to a range of communication aids including large print, and care plans can be made available in different languages if this is required."

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

- People were supported to maintain meaningful relationships with family and friends where this was appropriate.
- People were supported to participate in a range of activities both at home and in the wider community. One person told us, "I go to a club and I really enjoy it.". Another person enjoyed making things at home and told us, "I like making a mess with coloured paper and throwing it all over the floor."
- Staff told us people had individual activities planned. This included attending clubs and venues locally as well as shopping and doing individual activities at home.

Improving care quality in response to complaints or concerns

- People and their relatives knew the process for raising a concern. We saw there was a process in place for

reviewing and responding to complaints and concerns. Compliments and comments were also recorded to reflect people's gratitude.

#### End of life care and support

- No one who was being supported by the service was receiving end of life care.
- Where appropriate this was discussed as part of the assessment if they had any specific end of life wishes.
- Staff told us they treated this topic sensitively as all the people being supported by the service were either children or young adults. One staff member told us, "We would take into account individual religious or cultural needs and have this documented in the care plan."

# Is the service well-led?

## Our findings

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

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

- The registered manager had tendered their resignation prior to the commencement of the inspection. However, this was not disclosed by the registered manager or senior managers as part of the inspection of the service.
- We were informed through staff feedback. One member of staff told us, "I feel a little unsettled with [Name] leaving." Several staff members told us about the registered managers imminent departure.
- We spoke to the registered manager to ask why they had not told us about them leaving, as having a registered manager is a requirement of the services registration. The registered manager told us, "I didn't think about it really, it was not intentional."
- We considered this to be a significant oversight and was contrary to the open, transparent culture we would expect the service to embrace.
- The operations manager told us they had appointed a new manager who would be registering with CQC as soon as they took up their post.

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 manager demonstrated they knew their responsibilities under duty of candour and notified the CQC of incidents that they were legally obliged to.
- Staff were able to demonstrate they understood the importance of their roles and responsibilities and the reporting process when things went wrong.

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

- People and their family members told us they had a good relationship with the registered manager and staff team.
- A relative told us they felt the registered manager was approachable. They told us they felt that the service was well managed.
- The registered manager demonstrated throughout the inspection process that they understood the regulatory requirements and had systems in place to manage risks and the overall quality of the service.

Working in partnership with others

- The registered manager and staff team worked in partnership with colleagues from other agencies along with representatives from key organisations. These included GP's and other health and social care professionals to help ensure people received joined up care and support.

#### Continuous learning and improving care

- Feedback was sought from people and relatives and this was analysed and used this to help drive improvement.