

Alina Homecare Services Limited

Alina Homecare - Andover

Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alina Home Care is a domiciliary care service providing personal care to people living in their own homes. 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 our inspection there were 14 people receiving personal care.

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.

At the time of the inspection, the location did not provide personal care for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

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 had completed comprehensive assessments of each person's needs. Staff empowered people to make their own decisions and supported them to maintain an active role in maintaining their own health. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

Right Care

Care was exceptionally person-centred and promoted people's dignity, privacy and human rights. People received kind and compassionate care from staff who understood their individual needs. The support achieved exceptional outcomes for people including helping people to regain skills and independence. Staff understood how to protect people from abuse and people lived as safely as possible because staff assessed, monitored and managed risks. The service had enough staff to ensure that people received a reliable and consistent service that met their needs. Staff recruitment processes promoted safety. Staff used personal protective equipment effectively and safely. The service managed incidents affecting people's safety well.

Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. Staff had received relevant training and underwent an induction which helped to ensure they understood their role and responsibilities. Staff evaluated the quality of

support provided to people. Leaders valued people's views

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

Rating at last inspection

This service was registered with us on 24 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alina Homecare - Andover

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 1 inspector 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 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.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC and sought feedback from the local authority. 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 also sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the provider's office where we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care quality manager and the care coordinator and reviewed a range of records. Following the inspection, we spoke with 4 people using the service and another 4 people's relatives about their experience of the care provided. We also received feedback from 7 care staff. We sought feedback from 3 health and social care professionals but received no responses.

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 of 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

- Staff received relevant training and knew how to protect people from harm and protect them from abuse. The systems within the service supported this. For example, 1 staff member told us, "I am fully confident in my management team regarding any concerns whether abuse or safeguarding and just general concerns that these are dealt with immediately and taken seriously".

Assessing risk, safety monitoring and management

- People told us they felt safe. Comments included, "I feel very safe with my carers and they are all very nice, treat me very well and are ever so nice" and another said, "Their observation of the whole of me is excellent, I find this very reassuring and make me feel safe and extremely well supported".
- The service assessed, monitored and managed safety well.
- Risks associated with people's home environment were assessed and managed to help keep people and staff as safe as possible.
- Risk assessments were in place to identify and mitigate risks associated with falls, moving and handling, diabetes, and catheter care.
- Detailed information was available about the signs, symptoms and triggers for a potentially life threatening condition that 1 person lived with, along with guidance on the emergency protocols to follow.
- Where needed and to support understanding of risks, photographs were used within the care plans.
- The service helped people keep safe through facilitating the sharing of information via their electronic care planning platform. For example, with relevant consent, health care professionals could use a code to log in to the care planning system to see key information about a person's needs, risks and medicines.
- Family were also able to use this system and they told us this helped to provide them with assurances about their family member's care which they really valued. For example, 1 relative told us, "Having access to [Electronic care planning system], is incredibly important to me and enables me to check on mum and what times the carer has arrived and left". Another relative told us, "The level of detail that the staff write is very extensive, this enables me to be reassured and confident that my parents are safe and happy".

Staffing and recruitment

- People spoke positively about the consistency and reliability of the service. Comments included, "I receive a weekly rota with my call times and who is coming, and if they are running late for any reason I always get a call to tell me and a sorry" and "The time keeping of the carers is really impressive, as I have experienced other services (before Alina) when they would just arrive at different times throughout the morning and I did not know when they were coming, however, having Alina they are really impressive in their time keeping, they arrive when they say they are going to".

- The service had enough staff to ensure people received a reliable and consistent service that met their needs.
- Staff told us their schedules were mostly realistic and allowed them sufficient time to make sure people received their planned care without feeling rushed or visits being cut short. For example, 1 staff member said, "Yes I'm happy with the schedules that I receive and have plenty of time to arrive at my rostered times for each visit. I don't feel rushed in my visits and feel I'm giving enough time to complete the visits giving full care that is required".
- If there was a problem with scheduling of visits, staff assured us they could bring this to the attention of the registered manager who would make adjustments. For example, 1 staff member said, "If we find that more time is needed during a care call, we raise this with the service user/next of kin/council and get this actioned so that the carer can give person centred care without rushing".
- Staff told us that overall, they provided support to the same group of people which helped them to build positive and trusting relationships with people and their families.
- There had been no missed visits, but if a visit was missed, or was more than 15 minutes late, then the office or on call person, received an alert, allowing them to investigate this further.
- The provider was very clear they would only take new referrals if they had capacity within their team to accommodate the person's needs.

Using medicines safely

- Staff had received training in the safe administration of medicines, and they received regular checks of their competency.
- The level of assistance people needed with their medicines had been assessed and planned for and detailed protocols were in place to ensure that 'as required' medicines were administered safely.
- The electronic medicines administration records (eMARS) viewed, provided assurances that medicines had been administered as prescribed.
- The eMAR system provided alerts should a person's planned medicines not be administered allowing office staff to take remedial action. We saw this was happening in practice.
- Staff were clear about how they would respond should a medicines error occur. One staff member said, "If I made an error in medicine, I would call the individuals GP or 111 to get advice on how best to help the [person]. I would then let [Registered manager] know as soon as possible". Where medicines errors had occurred, these had been managed appropriately.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections. One person told us, "Ooh YES!! They are extremely fastidious with their mask wearing, glove changing, hand washing and apron changing" and another said, "They are always wearing masks on arrival, and washing their hands, sanitising their hands, and changing their gloves and aprons all the time in between each task... all I can say is that they are rigorous".

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- An incident reporting system allowed the registered manager and provider to have oversight of all incidents to ensure appropriate actions had been taken in response.
- A range of actions had been taken in response to incidents, such as escalating concerns to the GP and updating risk assessments.
- Whilst incidents and accidents were reviewed monthly, the analysis of this for themes or trends would benefit from being more robust.

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 holistic care plans in place which covered a wide range of areas and included very detailed, step by step, visit plans which explained how people wanted their care and support to be provided.
- A common thread throughout care plans was the importance of supporting people to stay independent and feedback from people and their relatives assured us that this approach was used in practice.
- The care plans had been co-produced with people and those important to them. This helped to ensure people got the support they needed and wanted. One person told us, "Yes I had a very full and great experience in developing my own care and support plan...I felt fully listened to".
- Care staff confirmed the care plans provided a good understanding of people's needs. One staff member told us, "The care plans tell us about the clients likes, dislikes if they like to be known as a different name, medication needs, allergies, and things clients feel is important to them".
- The quality of people's records was commented on by family members. Comments included, "The quality of notes and in depth detail really is impressive, this gives me and my family full confidence in the service our mum receives" and "The quality and detail to the notes are excellent...this enables me to be a daughter and not a carer for my mum".

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training and induction which helped to prepare them for their role.
- Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were also provided with shadowing opportunities and underwent an assessment of their competency by 'ambassadors' who were more experienced care workers who had demonstrated a commitment to supporting their newer colleagues to apply best practice in order to improve the quality of care people received.
- Updated training and refresher courses were available to help ensure staff kept their knowledge up to date in key areas. Future courses planned included end of life care training and practical training in moving and handling.
- More advanced training was also being rolled out to ensure staff were suitably skilled at supporting people with a learning disability and/or who were autistic. This was due to be completed by the end of March 2023.
- Staff received regular supervision, felt well supported and were positive about the training provided. One staff member told us, "Yes we are given ongoing training and long term support throughout so we are fully

trained and able to support [people]" and another said, "Yes, if I am unsure about anything the management team, ambassadors and other carers who have been with the company a long time are always helpful, we are provided with plenty of training opportunities in different areas".

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

- Where this was part of their assessed needs, people were supported to eat and drink in their preferred way.
- People were also supported to be involved in planning, shopping and preparing their meals.
- Care plans gave guidance on people's dietary requirements and preferences.

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

- The service worked collaboratively with health and social care professionals to support people with their healthcare needs, their medicines, to promote rehabilitation and provide end of life care. For example, we saw staff had sought a medicines review for 1 person who was experiencing dizzy spells.
- Staff monitored people's health and people told us that staff recognised if they were unwell and took action to ensure their health and wellbeing. For example, 1 person told us, "I know if I was feeling unwell my carer would recognise this and support me to seek medical help" and a relative said, "The carers do recognise if mum is unwell and will support mum to seek medical attention, and will seek advice and implement what advice is given and collect any medication if they are prescribed".

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.

- Staff empowered people to make decisions about their care and support.
- Staff were knowledgeable about the MCA. One staff member said, "We are always to assume an individual has capacity until proven otherwise. We are to allow a [person] to make their own decisions and provide all of the information needed so that decision can be made" and another said, "The MCA is vital to our roles every day at every visit, this helps us promote independence for our clients in the safest way possible depending on their mental capacity, we do not assume somebody lacks capacity and we give choices in whatever we do whether it is food choices, clothing, what they want to do, their right to refuse etc".
- Staff demonstrated best practice around assessing mental capacity and there were clearly recorded, inclusive, assessments to support this along with evidence of best interests' consultations.
- Care plans also included an assessment of whether there were any restrictive practices being used so that these could be reviewed.

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

- Each person and all the relatives we spoke with, told us staff were exceptionally kind, caring and compassionate, knew people well, were able to anticipate their needs, understand their mood and provided sensitive and supportive care. For example, 1 relative said, "The carers really understand and know [Family member] and when the staff see that my mum appears a little low, they will sing and dance around and involve mum, this really lifts her moods and makes such a difference to her...this understanding and personalisation of a service is excellent. To see my mum's mood, go from very low to joy and happiness is wonderful and for her care staff to know and do this for her truly shows that really do care about my mum".
- Staff understood the importance of taking the time to develop trusting relationships. They understood the impact that isolation could have on people's mood and wellbeing and did all they could to compensate for this. For example, 1 staff member told us the most important part of their job was, "Seeing all the clients, hearing all the stories they have to tell and just knowing that you have made a difference to someone's life even if it's just for an hour and seeing them smile" and another said, "I believe the clients trust me and feel they can be themselves around me, we have a good giggle".
- Staff maintained detailed daily notes which not only described the care delivered, but also demonstrated that staff valued the individuality of the person and understood how their actions contributed to the person's wellbeing and promoted their dignity.
- The caring culture within the organisation was embedded at every level with the registered manager role modelling an approach which focused on the importance of providing people with care that was compassionate and kind and made a difference to their lives.
- When assessing people's needs, staff ensured people's unique personal histories and cultural or spiritual beliefs were explored.

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

- Staff understood the importance of enabling people to direct their own care. For example, 1 staff member told us, "[People] are fully supported from the start as to how they would like their care package set out with their likes and dislikes and how things are to be done in their homes when and where possible. We respect their views, their choices and decisions and do not make assumptions on how they want to be treated" and another said, "We are guests in [people's] homes, and we are to respect their wants and wishes".
- We heard about how 1 person had been involved in developing questions for use at the recruitment stage to help ensure that new staff were going to be compatible with his preferences and needs. These questions were subsequently incorporated into all interviews of new staff.
- Whilst staff took action to keep people safe through the sharing of information, both formally and informally, they also understood that people with capacity, could refuse care however unwise the care

worker felt this might be. This demonstrated that staff understood the importance of respecting people's human rights and their day to day choices.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. One person told us, "The carers really understand me...they do not come in and take over they understand that I am a private person especially during personal care support and they respect this and allow me time to complete these tasks myself but I know if I struggle they will be there to support me if I ask".
- Respect for people's dignity was central to the way staff provided care, for example, 1 staff member said, "On double up calls I observe carers providing dignity and respect by talking through with the [person] what they're doing, obtaining permission during personal care, covering needed areas, shutting curtains, etc. This puts them at ease and makes them feel comfortable during care".
- People confirmed this approach was used in practice with 1 person saying, "When I first started having care, I was very shy with my personal care support, but now I am not this is because my carers have made me feel comfortable and not embarrassed, and I have regained my self-respect and dignity back".
- Staff demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence. For example, 1 care worker told us, "If I go to clients who want to make their own breakfast/ sandwich then I allow them to by offering to help open packets or jars, I let them know I'm proud of them trying".
- Another care worker said, "We promote independence where possible. We ask [Person living with dementia] to help with daily tasks in her home to help her feel like it is still her house and that she is able to do it. She enjoys helping us cook food and wash up... we help guide her with tasks and prompt her to do things safely".
- In another example, staff told us about a person who liked to go out on their mobility scooter but needed practice. The staff member said, "We do this with him when he wants to so that when he goes out, he can do this himself instead of needing assistance in a wheelchair and not being in control himself".

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care planning was focused on people's individual needs and preferences and care plans contained very detailed and personalised information about people's needs, their likes, dislikes, hobbies, life history and aspirations. This helped to ensure that staff knew people well and were really able to tailor how they delivered the support.
- This person centred care planning helped to ensure that the support achieved exceptional outcomes for people including helping people to regain skills and independence despite life changing injuries and disabilities. An example of this was how staff worked with 1 person's occupational therapist and physiotherapist to learn how to fit splints the person needed to help support them when learning to walk. Staff took photos of each step of this process and included this in the care plan to ensure that all staff were confident with the task which in turn meant a wider team of care workers could assist the person to practice their walking.
- Staff went out of their way to support people to carry out extra, thoughtful acts, which were not part of the person's planned care, because they knew this would have a positive impact on the person's mood and wellbeing.
- For example, the registered manager developed a step by step guide, with 1 person who used to be a chef, on how staff could cook poached eggs exactly the way they liked them.
- Staff helped another person to go shopping for an air fryer and learn to use this to cook a wider range of meals so that they were no reliant upon just microwave meals.
- A relative told us, "The staff go the extra mile. For example, they offered to get my parents fish and chips from the chippy, as they could call in on the way back from their next call, my dad was over the moon with this and now has chosen to have fish and chips every Friday, this is really personally special to my dad and makes him so happy."
- Staff had advocated for additional funding to support a couple, living in an extra care setting to attend the social events taking place within the complex. The staff member told us, "This was great for their mental health as it can be hard for both [people] not being able to get out and about independently".
- One carer had got her arms covered with bin bags and had unblocked 1 person's toilet when no tradespeople were available. They received flowers from the person's family for going above and beyond.
- Staff had an excellent understanding of people's mood and emotional wellbeing, and this knowledge was used in a way, which exceeded expectations, to contribute to improving people's sense of self-worth and mental wellbeing. Daily notes documented any changes in people's mood. These were carefully monitored by the senior team to look for trends that might indicate a person's mood was lower than usual. In one example, this review led to staff raising concerns about the person's mood in a timely way to a range of

healthcare professionals. As a result, the person began to be supported by a mental health worker and their mood and emotional wellbeing is improving.

- There were multiple other examples of staff providing person centred care. This included staff making visits in their own time to people who were isolated on Christmas day to ensure they had a home cooked Christmas lunch and someone to pull a cracker with.
- People told us the individual approach to care planning had a positive impact on the quality of care they received. A representative comment was, "[Staff] know me and have a really good understanding of my personal routine and how I like things to be done".
- Feedback from people and their relatives indicated there was a really strong focus on people being empowered to make decisions about how they wanted their care and support to be provided. This ensured they retained choice and control over their care. For example, 1 relative told us, "[Family members] were fully involved in the process and they also involved me in the development of the care and support plan, it was very robust and reassuring to see that my [Family members] views, thoughts, wishes and feelings were at the heart of the care and support plan".
- Another relative said, "The carers and the service constantly go above and beyond, they go out of their way in any way they can to get and support my [Family member's] choices and wishes wherever they can".
- Staff told us how their rotas allowed them to develop a strong bond with people and meet their individual needs, wishes and goals. For example, 1 staff member said "Yes, I see my clients regularly which allows me to understand their needs and also get to know them on a personal level whether that be how they like their routines to be, likes and dislikes and even have a good conversation about their life, family, even singing along together to songs they enjoy. I think this allows our clients to feel more comfortable when receiving care and builds a trusting relationship".
- This responsiveness and flexibility of the service was praised with 1 person saying, "I never feel afraid to ask, if I require anything extra they are so happy to help" and a relative told us, "There is nothing that I cannot ask, whether it be extra call times, extra tasks such as collecting medication, shopping all at short notice, I know it will be done". This was echoed by a second relative who said, "The service is exceptional and has the flexibility to change to support my parent's changing needs and is so swift to support these changes".

End of life care and support

- Staff worked alongside healthcare professionals to provide end of life care which was holistic, and person centred and helped to ensure people had a dignified death that was as comfortable as possible.
- Feedback and comments from family members indicated that the end of life care was exceptional. For example, one relative had fed back, "In [Person's] final days. ... they excelled and, when he died, holding my dad's hand in those last moments was just everything I could have hoped for being 125 miles distant. Simply put, just highly recommended".
- The registered manager told us about 1 person the service had provided end of life care to saying, "We tried to fulfil everything he wanted to do. . . We got him home from the hospice, he wanted to be at home with his wife, we managed to do that for him". We heard how staff had skillfully supported this person to explore and plan for how they wanted their end of life care to be provided.
- Relatives felt staff were particularly skilled at providing end of life care with empathy and compassion which exceeded expectations. For example, we heard how staff often went back at the end of their shifts to spend some time sitting with 1 person who was receiving end of life care to ensure they were comfortable and to limit the time they were alone.
- A relative said, their family members end of life care had been "A revelation in compassionate and kindness", "Sympathetic and understanding".
- Staff paid attention to the smallest of details and understood the impact such small gestures could have for people receiving end of life care. For example, staff had supported one person to rearrange their home so

that they were able to see their favourite plants that were positioned outside their window.

- Staff were also skilled at providing relatives with emotional support and practical assistance following a person's death. One relative had said, "I also felt that they gave me time to ask questions at a difficult time, which was greatly appreciated as her main carer".
- Staff felt supported by the service and received empathy and understanding when a person they cared for passed. The service had commissioned a free counselling helpline for staff to access emotional support following the loss of people they had cared for. One staff member told us, "The manager regularly sends out messages to us to let us know they are available to talk to if we need anything especially after a client passes away".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff recognised the positive impact effective communication could have on people's mental health & well-being and they worked with people and other professionals in a proactive and innovative way to overcome any barriers to communication. any barriers.
- In 1 example, the registered manager had created tools for new carers to use when communicating with one person. The tools included prompts about the topics that the person enjoyed talking about to get him involved with more engagement which had a positive affect.
- In another example, staff had used a creative and innovative approach to communicating with one person who was not able to express their needs. Staff developed cards which the person could point out to highlight their needs. Later this was progressed, with support from the speech and language team, into the use of simple sentences that could be understood by the person to aid communication.
- Information could be provided in different formats when 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

- Staff understood the increased impact that isolation had had on people since the pandemic and did all they could to compensate for this through providing companionship and supporting people follow their interests. For example, 1 staff member told us, "I take [people] out for lunch either by walking or going in my car. We take them on day trips out to places of interest to them, we watch a film with someone, do jigsaw puzzles or painting with them or just having a cupper and some companionship if that's what they like".
- Staff supported people to continue to feel involved in their local community. For example, 1 care worker told us, "Last week I took 1 of my clients out for coffee and lunch. He is unable to walk but can transfer using a [Hoist], I got him in his wheelchair and pushed him to his favourite restaurant which is only 5 minutes away from his home. You could see his mood increase and that he was happy to get some fresh air and a bit of freedom".

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people and those important to them could raise concerns or complaints easily.
- Whilst there had not been any formal complaints, comments or concerns were taken seriously and addressed and resolved. For example, 1 relative told us how it was really important their family member had their care visit before a certain time. When this did not happen on 1 occasion, the relative told us "I was

happy and comfortable to bring this up with the manager and this was addressed immediately, and I felt heard, respected and supported. The response time to any information, or suggestions are acted upon immediately and all I can say that it is top class".

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 care and support being provided helped to promote people's quality of life and to achieve good outcomes for people. An example of this was described by 1 relative who told us, "Mum is in her own home and where she wants to be and if it was not for Alina and its staff this could never be achieved". Another relative told us, "The positive outcome for [family member] is that the care staff have been able to support them to maintain their independence in getting dressed" and a third said, "The care staff have been brilliant and have been encouraging my dad to stand and mobilise a little and this has enabled and empowered his mobility and confidence".
- During the inspection, we were told about 1 person, who, through the support provided by staff and healthcare professionals as part of a rehabilitation programme, had been able to regain their mobility.
- The registered manager fostered a culture within the service where staff felt valued and where people's individuality was promoted. A number of staff spoke about this, with 1 saying, "The relationships built with the service users are special and we have a great team of carers and office staff. It is always enjoyable to come to work".
- Another staff member said, "I do feel valued as an employee. I am praised when I do well and work hard, I have access to our 'Alina rewards' scheme". This scheme gave staff access to discounts at local shops and leisure facilities. A third staff member said, "They [Management team] take you seriously and listen to your opinion on things as well...The management always show their gratitude when picking up extra calls or going that extra mile. They talk to you about things rather than dictating to you. You are asked your opinion on things and taken seriously. We are like a big family in our branch. The management are always praising us as a team for the work we carry out daily".

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 and registered manager encouraged an open and honest culture at the service and acted in a manner that was in keeping with the spirit of the Duty of Candour.

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

- Governance processes were effective and helped to ensure that people received safe care and good quality care and support.
- People's care and support was regularly reviewed as their needs changed.

- The registered manager had a clear vision for the direction of the service and a desire for people to have the best quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- The registered manager needed to continue to develop their knowledge around some areas of national best practice policies and approaches, but we were assured that they were committed to doing this to ensure they continued to perform their role to the best of their ability.
- Staff told us the service was well led. Comments included, "I think our manager ... is great, is really supportive, and if necessary, we can talk to her about our rotas, any problems or concerns we may have, we are listened to" and "The registered manager is amazing. She is responsive and takes action when needed... She is approachable, friendly and enthusiastic about her role as a manager and always strives for better for our service users and Alina".
- People and their relatives spoke very positively about the registered manager and senior team, comments included, "The manager and the team are exceptional" and "Absolutely amazing, the management and team is just brilliant...Communication with the office, and my care team is fantastic".

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

- The provider sought feedback from people and those important to them and used this to develop the service. For example, we saw additional training had been put in place in response to feedback from 1 person.
- Staff told us they were encouraged to share their views and that these were listened to which helped to foster a positive culture within the service. For example, 1 staff member said, "We have regular staff meetings and supervisions which give us the opportunity to do this. I have personally never had any problems or needed anything to change and I feel positive about the way the branch is run".

Working in partnership with others

- The leadership team and staff worked effectively with health and social care professionals to meet people's needs. This included GPs community nurses, occupational therapists, physiotherapists and pharmacists.