

Allfor Care Services Limited

Allfor Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Allfor Care is a domiciliary care agency providing care and support to 104 people at the time of our inspection.

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

The provider had made improvements to their quality assurance processes since our last inspection. However, we found there were no systems in place for the monitoring of care visits. Late or missed care visits were followed up by a telephone call. However, there were no records of reasons, nor actions taken to address late or missed visits. Some monitoring of people's care records had taken place, but this was limited. The records we saw showed that while some people's care records were audited on a monthly basis, there had been no auditing of other people's records. This meant we could not be sure the provider had accurately assessed the quality of the service provided to people.

Staff had been recruited safely. They underwent appropriate checks before starting work at the service. The provider had made improvements in relation to ensuring criminal record checks had been sought for all staff. There was evidence of risk assessments being carried out for staff with previous criminal convictions. However, a risk management plan for a staff member was not being followed. The registered manager acknowledged the risk assessment and management plan should have been reviewed. A record for an agency staff worker showed there had been checks in relation to identification documents and records. However, the dates when their identification documents were verified were earlier than the dates on the documents. This meant we could not be sure the provider systematically reviewed staff records.

People and family members said that they received their medicines appropriately. The provider had made improvements to medicines administration records (MARs) since our last inspection. The daily MAR records were now being initialled by staff members prompting people with their medicines.

At our last inspection of the service, we found records were not accessible. During this inspection we were able to view the records we requested, including staff files, people's care records, quality assurance records and staff rotas. The provider had installed a key safe in the office to ensure access to records in the absence of a key holder.

Staff had received training to ensure that people were safe. For example, training on safeguarding and infection prevention and control. Staff told us they had received training in relation to Covid-19 and they were given personal protective equipment to carry out their tasks safely. People said that they felt safe with

the care they received.

People were asked for their views about the service on a monthly basis. The provider maintained a record of actions taken in relation to issues and concerns people had raised.

People and family members told us they received safe and effective care from staff. Staff members said they felt supported by the provider and received the information and support they required to do their work effectively.

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.

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 Requires Improvement (Report published 16 March 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for the key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service is now Requires Improvement.

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

You can read the report from our last focused inspection, by selecting the 'all reports' link for Allfor Care on our website at www.cqc.org.uk.

Follow up

We will request an action plan for 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. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Allfor Care

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We gave the provider 24 hours' notice of our second visit to the service.

Inspection activity started on 22 July 2021 and ended on 13 August 2021. We visited the office location on 22 & 27 July 2021.

What we did before the inspection

Before the inspection we looked at records we held about the service. These included notifications the provider had sent us to report incidents, and information received from commissioning local authorities and other professionals. We spoke with two professionals from commissioning local authorities. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with six members of staff including the provider, registered manager, office manager, care co-ordinator, administrator and quality assurance officer.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven people and three family members. We also had contact with seven care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found the provider had not always safely recruited staff. Criminal records (DBS) checks from previous employers were outside the three-month period before recruitment which was a requirement at the time of this inspection. Risk assessments had not taken place in relation to staff where there was a previous criminal record. This was a breach of Regulation 19 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

- We found one staff member had a DBS check from a previous employer. The requirement that these should be within a three-month period before recruitment had changed since our last inspection of the service. This meant there was no longer a specified time period for use of DBS checks from previous employers. However, during our inspection, the provider made an application for a DBS check for the staff member and showed us evidence of this.
- The provider had carried out risk assessments for staff members with previous criminal records. However, the risk management plan for a staff member specified they should always work alongside another staff member. Our review of the service's rotas showed that the staff member had worked alone when providing care on 24 care visits during a two-month period. We discussed this with the registered manager and quality manager who agreed that the risk management plan had not been carried out and should have been reviewed.

We recommend the provider carries out regular reviews of risk management plans in relation to staff.

- The other staff files we reviewed showed that staff had been recruited safely.
- We looked at the staff file for an agency worker who had worked regularly for the service. Dates of checks in relation to identification and other records had been erased with correction fluid. These were replaced by other dates that were earlier than the dates on the staff members identification records. Although we had no concerns about the information contained in the agency staff member's file, the issues around erasing dates, and incorrect dates entered in relation to checks reflected poor record keeping that had not been identified by the provider in the service's checks of staff files.

We recommend the provider carries out regular audits of staff files, including agency staff records.

Using medicines safely

At our last inspection we recommended the provider ensured medicines administration records were

accurately completed with staff initials. The provider had made improvements.

- People's medicines administration records were completed correctly. Staff had initialled where they had administered or prompted people to take their medicines.
- People had up-to-date medicines risk assessments. They, or their family members where they did not have capacity to sign, had consented to being supported to receive their medicines.
- The provider had a medicines policy and procedure. This was up to date and reflected good practice guidance.
- Staff members had received training in safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- We looked at the service's safeguarding records. These corresponded with information notified to CQC by the provider.
- Staff had received safeguarding training. They were able to describe their understanding of safeguarding risks and knew how to identify and report any suspicions of harm or abuse.
- People's risk assessments identified if there was potential of harm or abuse. Their care plans included guidance for staff on minimising identified risks.

Assessing risk, safety monitoring and management

- People had individual risk assessments. These had been reviewed within the last year and updated where people's needs had changed.
- We saw that information about risk had been transferred to people's care plans and included guidance for staff on minimising risk. However, we found that the epilepsy risk management plan for a person did not reflect the fact they used a wheelchair. The registered manager acknowledged this and said they would update the person's risk assessment.

Preventing and controlling infection

- Staff members had received training in infection prevention and control. This was confirmed by the staff we spoke with.
- People and their family members said staff used personal protective equipment (PPE) when entering people's houses and providing personal care. One person said, "Staff always wear a mask now when they come here. They use gloves and aprons when they help me."
- Staff said they had sufficient supplies of the PPE they required to do their jobs. A staff member said, "We are not going to the office much now, but one of the office staff brings the PPE to us."
- The service's office was set out to ensure staff were able to socially distance as much as possible. The registered manager told us that, in order to minimise the risk of cross infection during the current COVID-19 pandemic, most training, team meetings and staff supervisions took place via the internet. This was confirmed by staff.
- The provider's policies and procedures relating to infection prevention and control were up to date and reflected current guidance. Regular testing for COVID-19 had taken place for staff.

Learning lessons when things go wrong

- The service had acted to address issues raised by people during monthly satisfaction monitoring. For example, when people complained about staff lateness, this had been immediately addressed with the relevant staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection we found the provider had not provided evidence the service was carrying out quality assurance processes and meeting regulatory requirements. Staff did not have access to the electronic call monitoring system; people's care records were not accessible; records of quality assurance monitoring was limited. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements. However, not enough improvement had been made and the provider was still in breach of Regulation 17.

- We saw that an electronic call monitoring system was in place for care visits. We were told telephone calls to staff were made where they had not logged in electronically to ascertain the reasons why. We were shown an on-call phone with a list of calls that had been made. However, there was no system for on-going monitoring of care visits that had been late or missed. Records of reasons why staff had not logged in were not kept and therefore no means of analysing reasons or patterns and taking actions in relation to these. The registered manager acknowledged the lack of a monitoring system and said they would ensure that reasons for late or missed calls were recorded and monitored on a monthly basis in future.
- We saw monthly monitoring audits of care and medicines records had taken place. The monitoring system showed some people's records had been audited regularly but others had not been audited at all. The registered manager told us auditing of care and medicines records had focused on the records of people with significant needs or where there were concerns about care. She acknowledged there was no system for ensuring the quality of other people's care records was regularly monitored.
- There had been a failure to ensure a risk management plan in relation to a staff member's previous criminal convictions had been carried out and reviewed.

The above is evidence of a continuing breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager told us they would ensure quality assurance systems were put in place in relation to monitoring of missed or late calls, auditing care and medicines records, and reviews of staff risk assessments.

- People's care records were accessible to office staff and inspectors. The provider had installed a key safe to ensure that office-based staff had access to people's records in the absence of keyholders.

- Regular monthly reviews of people's satisfaction of the service had been carried out. The findings of these had been analysed. Where people had raised concerns, there was a record showing actions had been taken. For example, where people had raised concerns about staff lateness for care visits, there was a record that immediate supervision meetings were held with the staff. A person said, "They asked me if I wasn't happy about anything. I told them my care staff were late. Their timekeeping has improved since then."
- Spot checks of staff practice were being carried out.

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

- Staff told us they felt well-supported by the registered manager and office-based staff. They said they received the training, support and information they required to carry out their roles effectively.
- People and their family members spoke positively about the service. They told us they knew the registered manager and said they were in contact with them regularly. They said they received information in advance if they were having a change in their care staff. One person said, "I like my regulars but the other people they send when they are off seem quite good."
- The provider had policies and procedures that set out how a person-centred service should be delivered. The service's compliments file showed positive feedback from people, family members and health and social care professionals.

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 sent us notifications about care matters as required by legislations. We were shown records of these which corresponded with the information we had received from the provider.
- The registered manager understood the importance of reporting concerns immediately to CQC and relevant commissioning local authorities.

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

- People's care plans included information about their cultural and communication needs and preferences.
- People said their care staff understood their needs and supported them appropriately. A family member said, "The staff they send are sensitive and supportive to [relative]'s needs. We spoke to them beforehand and they listened."
- People and family members confirmed they were asked for their views of the service on a regular basis.

Continuous learning and improving care

- The provider had developed staff training and support to reflect guidance in relation to COVID-19.
- The provider had made improvements following our previous inspection of the service.

Working in partnership with others

- People's care records showed staff had engaged with other health and social care professionals to support their needs.
- The registered manager had participated in provider forums facilitated by commissioning local authorities.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a). The provider had failed to ensure quality assurance processes were systematically used to identify concerns.