

Allura Care Ltd

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Inspection report

Crown House
North Circular Road
London
NW10 7PN

Tel: 02036204327

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Allura Care Ltd is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was providing up to 24 hour care and support to 3 older people living physical needs and dementia.

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

Relatives spoke well of people's care and how staff treated them. A relative said, "They've been nothing but good since the day they have been involved."

However, the systems in place to monitor the quality of the service and make improvements when required had not always been effective. People's care plans were not always up to date, sufficiently personalised or reflective of the care and support people received. The provider had not always maintained accurate and complete records of people's care, incidents or staffing.

Staff who knew people well provided them with consistent care and support. Staff supported people to avoid risks of harm and abuse and the provider worked with other agencies to promote this. There were arrangements in place for preventing and controlling infection. Staff supported people with their medicines safely.

Staff felt supported and listened to. However, we have made a recommendation about conducting staff supervisions.

Relatives felt able to raise issues or make complaints and that they would be listened and responded to. Relatives and staff felt involved in the service and spoke well of the registered manager and how they led the service. The registered manager audited the service and checked on people's care regularly.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 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 we found the provider remained in breach of regulations. The service remains rated requires improvement. At our last inspection we recommended that the provider consider current guidance on the provision of staffing. At this inspection we found they acted on this and addressed this.

Why we inspected

We carried out an announced focused inspection of this service on 18 November 2021 and found breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment, person centred care and good

governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. As such, this report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to person centred care and the good governance of the service. We have made a recommendation about staff supervision. 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 responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Allura Care Ltd

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

1 inspector conducted the inspection.

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 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 3 March 2023 and ended on 15 March 2023. We visited the location's office on 8 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included speaking with a relative of a person who uses the service. 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 all this information to plan our inspection.

During the inspection

We spoke with the registered manager and we reviewed a range of records. This included 2 people's care and risk management plans, medicines support and care records. We looked at 3 staff files in relation to recruitment and supervision and a variety of records relating to the management of the service. We spoke with 2 relatives of who use the people, 2 staff and 2 professionals who have recently worked with the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found that medicines support was not always managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- The provider had processes in place to support people to take their prescribed medicines.
- Information about people's prescribed medicines was set out in their care plans and staff used medicines administrations records to note when they supported people to take these.
- One person was prescribed pain relief medicine to take only 'when required' and the community nursing team visited to administer this. The person was reliant on staff contacting the team for them when needed and a professional told us staff did this appropriately. However, this arrangement was not set out in the person's care plan. We discussed this with the registered manager so they could address this.
- Staff completed training on how to administer medicines to people safely and the provider had assessed their competency to do so.

Assessing risk, safety monitoring and management

- The registered manager had assessed risks to people's safety and wellbeing. People's care and risk management plans considered issues such as falls and skin integrity and set out basic actions for staff to keep people safe.
- People's plans also considered if there were any hazards in the person's home so this was safe for staff to provide care. The registered manager ensured people's care was reviewed regularly.
- The provider had assessed the competency of staff to provide assorted moving and handling support safely.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on managing staff working and recruitment practices. At this inspection we found the provider had reviewed and maintained safe staffing levels.

- There were suitable recruitment processes in place to help make sure the provider only employed appropriate staff. These included obtaining Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, records

for one care worker did not sufficiently account for their previous employment history. We discussed this with the registered manager and promptly addressed this after our visit.

- There were enough staff to meet people's needs. Staff we spoke with said they found their shifts manageable and these suited their daily living arrangements.
- Service records indicated the same staff visited people regularly and relatives confirmed this. This meant people could develop relationships with staff who they trusted and understood their care needs and a relative commented that this was "the biggest reassurance for my [family member]."

Learning lessons when things go wrong

- The registered manager had a system in place for recording and responding to incidents and accidents and there were none recorded since our last inspection. However, other service records showed that an incident when a person's home utilities failed had warranted recording. We discussed this with the registered manager and, while we were assured they had taken appropriate action in response to this at the time, they recognised this should have been recorded appropriately.
- Staff we spoke with knew how to report issues to the registered manager or office staff and were confident that they would be listened to.

Systems and processes to safeguard people from the risk of abuse

- The service had effective processes in place to protect people from harm and the risk of abuse.
- The registered manager and staff knew how to respond to safeguarding concerns. Staff had training on how to recognise and report abuse and they knew how to apply it, including using whistleblowing procedures. Staff felt confident the registered manager would listen to any concerns they raised.
- We saw the registered manager worked with other agencies to respond to and investigate concerns. A professional we spoke with told us the registered manager worked well with them to do this.
- The registered manager promoted safeguarding awareness by talking about this with staff in supervisions and in team meetings.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE), such as masks, gloves and aprons so they could support people safely. The registered manager made sure staff had sufficient supplies of PPE and they had enough to meet ongoing service requirements.
- Care staff completed training on infection prevention and control and on how to use PPE and their supervisors checked they did so appropriately.
- The registered manager had arrangements in place for supporting staff or people who use the service in the event of a person becoming ill due to an infection, including access COVID-19 testing in line with national guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met in a planned manner.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection, we found that people's care plans did not always reflect a person-centred approach to supporting people, their actual care needs and the care they received. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The registered manager had not ensured people's care plans always recognised and reflected their care provision, their individual needs and some of their preferences.
- While the registered manager had ensured people's care was reviewed periodically and when there was a change in their needs, some people's plans were not up to date about the care they received. For example, staff provided regular food shopping support for one person, but this was not set out in their plan of care. Similarly, a person's plan did not include where staff supported them to take fortified drinks to promote their nutritional well-being. Another person's plan stated they required support with their medicines in the evenings but this was not the case.
- Care plans did not always reflect people's likes, dislikes and preferences for their care and support. For examples, where staff prepared food for people their plans did not provide sufficient information on these being either freshly cooked, ready meals that had been bought for the person or food previously provided by family or friends. For instance, although the registered manager explained a person's specific food brand preferences and how these were respected, this was not set out in their care plan.
- The registered manager and staff described with confidence people's hobbies and interests, like music on the radio, but this person-centred information was not set out in people's plans.
- There were not always appropriate end of life care plans in place.
- The service and other agencies provided palliative care to a person and a professional told us staff worked well with them to do this. However, the person's care plan did not make reference to this or set out the person's wishes and preferences for their end of life care.

We found no evidence people had been harmed however, these issues indicated the provider did not always ensure care plans set out how to meet all people's needs and achieving people's preferences for their care. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager and they acknowledged some people's plans had

not been updated to always reflect people's up to date care and preferences. They visited the person promptly after our visit to discuss their end of life care preferences and recorded these clearly in their care plan.

- People's plans did also contain some personalised information about their care, such as the name they preferred to be called and how they liked their personal and bathing care to be provided.
- Care plans set out basic information about people's protected characteristics including their ethnicity, religion, gender and sexuality.
- Relatives told us people received personalised care from staff who were kind and attentive and respected people's choices. A relative commented that staff "have real affection" for their family member.

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.

- The service supported people to meet their communication needs.
- People's care plans set out basic information about their communication or sensory care needs, such as if a person needed support to wear glasses.
- People and relatives told us they felt staff communicated well with people in a respectful manner.

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 supported people to maintain relationships with their friends and family and be meaningfully engaged at home.
- Relatives and professionals told us staff worked well with people and those important to them. A relative told us staff and the registered manager "are part of the family."
- Staff we spoke with described how they supported people around their interests. This included playing games, watching and discussing television programmes together and chatting. One care worker explained how they felt prompting a person to discuss the music they listened to together helped to keep the person engaged during the day.

Improving care quality in response to complaints or concerns

- The registered manager had not received any complaints since our last inspection, but they had a process for recording, handling and learning these.
- Relatives we spoke with said they had not needed to raise any complaints or concerns and could contact the registered manager whenever they needed to.



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 requires improvement. The rating for this key question has remained requires improvement. This meant that while the service management, leadership and the culture they created were consistent, some systems did not always ensure people received high-quality, person-centred care.

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

At our last inspection, we found that systems were not consistent and robust enough to demonstrate safety and quality was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvement had been made, improvements were still required and the provider was in breach of regulation 17.

- The registered manager continued to conduct some checks and audits to monitor the safety, quality and make improvements when needed. However, they had not always operated these systems effectively so as to identify and address the issues we found.
- Their checks had failed to identify and address that people's care plans were not always up to date or reflected their current care provisions, medicines support and care preferences.
- We found the service did not always maintain accurate records about the care and support provided to people. For example, staff kept basic daily notes about some of the food they supported a person to eat at mealtimes, but these records did not always account fully for those meals or for the snacks and drinks provided to the person at other times.
- We found the registered manager had not made sure other records were maintained as accurate, timely and complete. For example, they had not sufficiently recorded their working with a person's GP to help address a person's health needs. Staff recruitment and incident records were also not always up to date.

We found no evidence that people had been harmed however, these issues indicated systems were not consistent and robust enough to demonstrate safety and quality was always managed effectively. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager, which they acknowledged and responded promptly to after our visit. For example, staff told us the manager had introduced new meal recording systems.
- The registered manager and senior staff conducted periodic, unannounced checks on care staff when they worked in people's homes. These monitored care workers' approach and relationship with people, how they

followed the care plans, and their use of PPE.

- The provider periodically called and visited people and their relatives to check they were happy with people's care. Records indicated they were.
- A professional gave us positive feedback about the registered manager and said they were "very proactive" in contacting them with issues and queries.

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

- Staff, people and their relatives were involved in people's care.
- Staff said they felt supported by the office staff and the registered manager who was in regular contact with them most days. However, while staff received periodic supervision sessions with a senior, staffing records indicated these did not always take place regularly throughout the year.

We recommend the provider consider current guidance on providing practice-based supervision discussions to staff and take action to update their practice accordingly.

- Staff felt involved in the service and told us, "If I think there are things need improving I will let them know - they will listen and do something about it." There were periodic team meetings with staff to discuss the service, including issues such as safeguarding adults, punctuality and personal development.
- Relatives said they felt involved in their family member's care and the staff and registered manager staff communicated well with them about this. Relatives told us, "They update me if I need to know anything" and "[The registered manager] knows us so well, [the registered manager] is one step ahead of us with our preferences."

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

- There was a positive culture at the service. The registered manager and staff were focused on meeting people's care and support needs and demonstrated a good understanding of these. Relatives spoke positively about people's care experiences. One relative commented, "We are happy with what they do for [the person]."

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 a good awareness of their duty of candour responsibilities.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care, such as social workers, district nurses and GPs. A professional described how the registered manager had worked effectively with them as "a really positive experience." Another professional told us, "They're good at letting us know if there are any problems."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.</p> <p>Regulation 17(1)</p>