

Allfor Care Services Limited

Allfor Care Alpha Care Recruitment West and Home Care Service Limited

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

Allfor Care Alpha Care Recruitment West and Home Care Service Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The provider offered a service to adults with disabilities as well as children and young people with autism and/or disabilities. At the time of our inspection, 97 people were using the service.

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

Records had not always been updated when people's needs changed. Therefore, staff did not always have the most up to date information about how to care for people, or the risks associated with their care. We discussed this with the registered managers and reviewed information of care provided and feedback from stakeholders. Whilst information suggested people's needs were being met, failure to keep accurate and clear records meant there was an increased risk of staff providing inappropriate or incorrect care.

The provider's systems for auditing how medicines were being managed were not always operated effectively. Staff completed records to show when they had administered medicines and any problems associated with this. However, the management team did not regularly check these records and therefore could not identify if any improvements were needed.

People using the service and their relatives told us they were happy with the care they received and were cared for by the same familiar staff who they had good relationships with. People who had raised concerns felt these had been dealt with well and they were happy with the outcome.

Risks to people's safety and wellbeing had been assessed and planned for. These assessments and plans had been regularly reviewed and updated since the last inspection.

The provider had systems to make improvements when things went wrong. For example, following accidents and incidents, they had reviewed what had happened, discussed this with the staff involved and provided information for all staff to learn from these.

People's needs were recorded in care plans. They had been involved in developing these, and their preferences formed part of the planned care. There was evidence the provider had liaised with other professionals who supported people, such as doctors and schools for the children. Records of care provided by staff showed care plans had been followed and people's needs were being met.

The provider had effective systems to capture the views of people using the service and their families. They

regularly contacted them and obtained detailed feedback. Where people had expressed concerns, we saw the provider had acted on these and made improvements. The majority of people had given positive feedback and were happy with the service they received.

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 29 April 2020). At our last inspection we found the provider was breaching two of the Health and Social Care Act 2008 (Registration) Regulations 2009 because they had failed to send us notifications of all significant events and had not clearly displayed their CQC rating on their website.

We also identified breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, person-centred care and good governance. We issued warning notices telling the provider they must make improvements to these areas.

At this inspection, we found improvements had been made. However, further improvements were needed, and the provider was still breaching the regulation relating to good governance.

Why we inspected

We undertook this targeted inspection to check whether the warning notices we had served in relation to Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on warning notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found that although there were still concerns relating to some areas, there had been improvements so we widened the scope of the inspection to assess all of the key question of well-led and were able to award a rating to this key question. But we have not reviewed the rating of other key questions and therefore, not overall.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

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 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. We will 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Allfor Care Alpha Care Recruitment West and Home Care Service Limited

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulations 9 (person- centred care), 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 to people living in their own houses and flats.

The service had two managers 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

We gave the service 20 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

What we did before the inspection

We looked at all the information we held about the service. This included the last inspection report and warning notices we had issued. The provider had also sent us notifications of significant events and we reviewed these, along with information from other stakeholders, such as complaints and safeguarding alerts.

We contacted representatives of two local authorities who commissioned care with the service.

During the inspection

We met with both registered managers. We looked at the care records for six people who used the service, records of complaints, accidents, incidents and safeguarding investigations. We also looked at the provider's systems for monitoring quality, which included records of telephone monitoring they had carried out with stakeholders and staff meeting minutes.

After the inspection

We reviewed additional information which we had requested, which included information about staff training and support as well as risk assessments for one person.

We spoke with one person who used the service and the relatives of four other people over the telephone to ask for feedback about their experiences.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our inspection of 18 February 2020 (Published 29 April 2020), we found medicines were not always being 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 this part of Regulation 12.

- There was no indication that people had not received their medicines as prescribed, however, the provider had not carried out sufficient checks to make sure this was the case. The provider showed us medicines administration records they had collected from people's homes which they had audited. They were only able to supply us with the records for four people, although they told us the staff supported more than four people with medicines. The staff were required to complete records to show they had administered medicines as prescribed. Without checking these the provider was not able to make sure this had happened.

This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service and their relatives told us they were happy with the support they received with medicines.
- The provider had appropriate policies and procedures relating to medicines management. Staff received regular training and had been assessed as competent to administer medicines.
- Care plans included information about people's medicines and the support they needed with these. They also included assessments of any risks associated with people's medicines and assessments about whether people could safely manage their own medicines.

Assessing risk, safety monitoring and management

At our inspection of 18 February 2020 (Published 29 April 2020), we found risks were not always assessed, monitored or managed. 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 this part of Regulation 12.

- People using the service and their relatives told us they felt safe being cared for by the agency. One person told us, "I feel absolutely safe."
- The provider had assessed the risks to people's safety and wellbeing. Records included details about what the risks were and how people should be supported to mitigate these. Where people had specific healthcare needs, there was enough information about these to help staff to recognise the signs of when additional medical assistance would be required.
- The provider had assessed people's home environment and the equipment being used to make sure these were safe for the person and the staff who were supporting them.
- Some people were supported to access the community. There was information about how to support them in the community and risks associated with this, for example road safety and interaction with members of the public.
- Care records also included information from other professionals (when relevant) to state how people should be supported if they became aggressive or agitated. This information included early warning signs, triggers and proactive strategies to help prevent situations escalating.

Learning lessons when things go wrong

At our inspection of 18 February 2020 (Published 29 April 2020), we found systems for learning when things went wrong were not always operated effectively. 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 this part of Regulation 12.

- Following incidents, accidents and safeguarding alerts the provider analysed what had gone wrong. They discussed this with the staff involved, families and the person using the service. We saw records to show they had taken action to reduce risks and protect people from further harm. They shared information with staff through regular meetings and other communication to make sure all staff could learn from incidents.
- Staff had received training in how to safely support people who may become aggressive. Care plans also included de-escalation techniques for staff to follow to help avoid incidents.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

At our inspection of 18 February 2020 (Published 29 April 2020), we found people did not always receive personalised treatment which met their needs. This was a breach of Regulation 9 (person-centred care) 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 this part of Regulation 9.

- People using the service and their relatives told us they received personalised care which met their needs. They told us care workers usually arrived on time and carried out the required tasks. They had good relationships with care workers and were usually cared for by the same familiar staff.
- The provider had reviewed care plans and improved the information within these, so they were clear, and staff knew how to care for people. People using the service and their relatives had been consulted and their views and preferences were recorded. There was evidence of regular reviews and checks with people to make sure they continued to be happy.
- Records of care showed staff followed plans and provided the support people needed.
- Some people were supported to access the community and leisure pursuits. There was information about what they liked to do, how they accessed the community and any risks associated with this. Staff supporting people were familiar with their needs and made sure they took part in a variety of different appropriate activities.
- People's religious and cultural needs were recorded in care plans and people told us the staff respected these.

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.

At our inspection of 18 February 2020 (Published 29 April 2020), we found the provider was not always meeting people's communication needs. This was a breach of Regulation 9 (person-centred care) 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 this part of Regulation 9.

- The provider had created communication care plans for people which described how they communicated and any problems with this. For people who did not communicate verbally, there were photo cards and symbols which the staff used to help with understanding. Care plans also described how staff could use touch and objects of reference to support communication.
- Where people had specific sensory needs, these were described in care plans, along with the support they needed. For example, where people had hearing difficulties, the care plans described how and where staff should position themselves to make sure people heard them clearly and understood.
- One of the registered managers told us they had worked with people's families to help create 'social stories' for children and young people who had learning disabilities and autism. Social stories are visual guides designed to help people understand what might happen in certain situations. The registered manager told us the staff used these with people who needed them.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our inspection of 18 February 2020 (Published 29 April 2020), we found systems for monitoring and improving the quality of the service were not always operated effectively. 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 improvements had been made. But further improvements were needed, and the provider was still breaching Regulation 17.

- Records were not always accurate. One person's care package had changed significantly in October 2020. Their care plan had not been updated with these changes, which included new tasks for staff which they had not previously been involved with. We discussed this with the registered managers and saw staff had received some updated guidance about how they should care for the person by email. Feedback the provider had received from the person's relative indicated their needs were being met. However, their care plan should have been updated to reflect these changes.
- Care files sometimes included information which should not be there. For example, one person's care file included guidelines for the administration of an 'as required' injection for use in the case of a severe allergic reaction. The person was not prescribed this medicine and did not need it. Another person's file included reference to a decision not to be resuscitated in the event of cardiac arrest. Other sections of their care plan stated they had not made this decision and there was no evidence it had been agreed by the person. Misfiled information such as the above examples, increased the risk of people being given inappropriate care or treatment, or for care to be inappropriately withdrawn. The provider removed these records when we identified them.
- Some records were held on a computerised system and some were in printed files. We found not all information was duplicated across both systems. This meant there was a risk of important information being missed. For example, one person required the use of bed rails. There was no assessment of these within the person's file. The provider told us this was in place but had not been printed and forwarded us a copy the day after the inspection.
- Some people using the service required support with their medicines. The registered managers were unable to give us an exact number of people who they currently supported in this area. However, they showed us a file which held medicines administration records which had been audited. There were only records for four people using the service. The registered managers told us more than four people were

supported with medicines, but they had not collected records relating to this or audited them for other people. This meant there was a risk that errors or problems with medicines management were not being identified or responded to.

Failure to effectively operate systems and processes to monitor and improve the quality of the service was a continuing breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers had conducted audits of the service. They had created plans for improvement where they had identified these were needed.

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

At our inspection of 18 February 2020 (Published 29 April 2020), we found the provider was failing to display their rating on their website. This was a breach of Regulation 20A (display of ratings) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

During the inspection, we found the provider remained in breach of Regulation 20A. This was because their website did not display the rating of this location. Since the inspection visit the provider updated their website and it now displays their CQC rating.

- There were two registered managers at the service. They had a good awareness of the service. There was a range of training for all staff to help make sure they understood their roles and responsibilities.
- The provider had policies and procedures for the service. These were regularly reviewed and updated. Staff had access to these within a handbook and via the provider's online portal.

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

- One person told us they sometimes found it hard to get through to the service at the weekends when they needed to speak with a manager. People and their relatives were generally happy with the contact they had with the agency. We saw the provider undertook monitoring calls with people and their families. These calls included asking a series of questions about their experiences. The records of these showed most people were happy. When people had raised concerns, the provider had investigated these and responded appropriately.
- Information about aspects of the service was provided in easy read and different formats for people.
- There were regular meetings with staff to share information. The provider also sent staff messages about their work and any changes they needed to be aware of.

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

- People using the service and their relatives told us they were happy with the service. They said they had the same regular care workers who they liked. They also told us the staff respected their choices and listened to them. Some of their comments included, "They are good as gold", "They are all lovely" and "They are very nice."
- The provider's own quality monitoring feedback showed people felt their needs were being met and they had good outcomes.

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 investigated adverse events and had apologised when things had gone wrong. One relative confirmed this when they explained how the provider had investigated and responded to a complaint. We saw evidence of this in the way complaints and incidents had been handled.

Working in partnership with others

- The provider worked closely with other organisations, such as healthcare professionals and schools, to make sure people's needs were being met. There were records to show their involvement in review meetings.
- The registered managers told us they attended local authority forums to share ideas and worked closely with Skills for Care (an independent organisation for workforce development in adult social care).

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had not always effectively operated systems and processes for monitoring and improving the quality of the service.</p> <p>Regulation 17(1)</p> |