

Allfor Care Services Limited

Allfor Care

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection of Allfor Care took place on 28 June 2017 and was announced. 48 hours' notice of the inspection was given because staff members may be out of the office undertaking assessments or reviewing care in people's homes. We needed to be sure that someone would be available when the inspection took place.

Allfor Care is a domiciliary care service based in Kingsbury that provides a range of support to adults and young people living in their own homes. At the time of our inspection the service provided care and support to 26 people. The majority of these were older people living with dementia and physical conditions associated with ageing. The service also supported younger people with physical and mental health conditions and learning disabilities.

The current location Allfor Care was re-registered with The Care Quality Commission on 8 July 2016 due to a change of address. This was their first inspection under their new registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People who used the service told us that they were satisfied with the care that was provided to them. The staff members we spoke with also talked positively about the people who they supported.

People were protected from the risk of abuse. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training had been provided to staff and records of safeguarding concerns showed that the service had taken appropriate actions to address these.

Risk assessments for people were regularly reviewed and amended where there were changes in their needs. These contained guidance for staff members on how to manage risks.

the service had arrangements in place to ensure that people's medicines were given and recorded. Staff members had received training in safe administration of medicines.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable and of good character. Staff training met national standards for staff working in social care organisations and additional training had been provided to ensure that people's individual needs were met.

Staffing rotas were designed to ensure that there were enough staff on duty to meet the current support needs of people using the service and people said that they were supported by staff that they knew. There was an electronic system for ensuring that care calls were managed and monitored. Staff and people who

used the service had access to management support outside of office hours.

The service was meeting the requirements of the Mental Capacity Act 2005. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided.

People's care plans showed that religious, cultural and other needs and preferences were supported. People told us that staff members respected their wishes and treated them with dignity and respect. Care plans included information about people's communication needs along with guidance for staff on supporting people to make decisions about their care.

People who used the service told us that they knew what to do if they had a concern or complaint. We saw that complaints that had been received by the service had been investigated and resolved to people's satisfaction.

People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits and spot checks of care practice and documents, along with surveys of people's satisfaction with their care and support.

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. Risk assessments were detailed and up to date. Where a risk assessment had not been completed information in relation to risk was contained within the person's care plan.

Medicines administered by staff were recorded.

Staff members had received training in safeguarding. Safeguarding concerns had been reported to the local authority..

Is the service effective?

Good ●

The service was effective. People who used the service were satisfied with the support that they received.

Staff members received regular training and supervision.

The service was following guidance linked to the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members spoke positively about the people whom they supported and described sensitive approaches to care.

Care plans contained guidance for staff members around supporting people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about how people should be supported and had been reviewed regularly and updated where there were changes in needs.

Care assessments contained information about people's expressed needs and how they wished to be supported.

People who used the service knew what to do if they had a

complaint.

Is the service well-led?

The service was well led. People who used the service and staff spoke positively about the management of the service.

Quality assurance processes were in place including satisfaction surveys of people who used the service. The service had taken actions to address any concerns.

The service liaised with other organisations to ensure that people's needs were effectively met.

Good ●

Allfor Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 28 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by a single inspector.

We reviewed records held by the service that included the care records for six people using the service and five staff records, along with records relating to management of the service. We spoke with the registered manager, the field care co-ordinator, the office manager and administrator. We also spoke with a director from the provider organisation who was on site during our inspection. We also spoke with three members of the care team, five people who used the service and a family member.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from or about the service. We also spoke with a professional from a commissioning local authority.

Is the service safe?

Our findings

People told us that they felt safe. Comments included, "The carers seem very capable," and, "I always feel very safe with the regular person who comes to help me."

Some people received support with taking their medicines. We looked at medicines administration records (MAR) for two people. These showed that staff members had signed when people received their medicines and recorded where people had not received or refused them. We saw that completed MAR charts were audited on a regular basis. We asked about records of the stocks of medicines that people received as this information was not always clear from the MAR sheets that we viewed. The field care co-ordinator showed us how information about people's medicines was maintained in their homes. Staff members administering medicines had received training to enable them to do so. Monitoring records showed that competency checks in relation to medicines administration had taken place.

The service had policies and procedures in relation to safeguarding of adults and children. The staff members that we spoke with were able to describe their understanding of how to identify safeguarding concerns and their responsibilities in relation to reporting. We looked at the safeguarding records maintained by the service. These were in good order and showed that appropriate actions had been taken in response to any safeguarding concerns. The provider had also sent notifications of safeguarding concerns to CQC.

We looked at the risk assessments for six people supported by the service. Risk assessments covered, for example mobility, moving and handling, use of hoists and other equipment, pressure area care, epilepsy, falls, personal care and behaviours. These were person centred and included risk management plans contained clear guidance for staff members providing care and support. The risk assessments that we looked at had been reviewed and updated within the six months prior to our inspection. We saw that there had been immediate reviews of risk assessments where people's needs had changed, for example for a person returning from a hospital stay.

The staffing rotas showed that there were sufficient staff members to support people's needs. The provider maintained an electronic monitoring system for care calls and we saw that late calls were immediately followed up and addressed. People told us that care staff usually arrived on time and that they were informed if they were going to be late. One person said, "They are much better than they used to be. They are always on time now."

We looked at the recruitment records for five staff members. These included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service (DBS). New staff members were required to undertake literacy and numeracy tests as part of the recruitment process. The director told us that this had been introduced because there had been issues in the past around the ability of staff to accurately complete care records.

Staff received information about infection control through training and the staff handbook. Staff members that we spoke with confirmed that they understood how to reduce the risk of infection. Supplies of personal protective resources such as disposable gloves, aprons and hand gel were maintained at the service and staff members told us that they picked up fresh supplies when they called into the office.

The service had emergency procedures in place. There was an out of hours on call system that ensured that staff members and people who used the service were always able to speak with a senior staff member outside of office hours.

Is the service effective?

Our findings

"One person told us, "I can't fault the ladies who come. They ask me if everything is OK and do things the way I want." A family member said, "They have supported us for some time now and they work with [my relative] really well."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate which is a training programme for workers new to health and social care and also included time shadowing more experienced staff members. The provider had identified mandatory training that was provided to all staff members and included sessions on safeguarding, moving and handling, medicines, health and safety, food hygiene and infection control. We saw that a programme had been put in place to ensure that training was 'refreshed' on a regular basis. Additional training had been provided for staff members working with people with specific needs. For example, we saw that training in pressure area care and supporting people with a behaviour that challenge others had been provided, along with sessions provided by a qualified nurse for staff supporting people using a PEG feed. A PEG is a tube that is inserted into the stomach of a person through which they receive a special type of food and is for people who are unable to swallow food appropriately. The service supported people to undertake training towards the achievement of a qualification in health and social care and records of achievement were contained within their staff files. Staff members said that they found the training that they received to be valuable. One staff member told us, "Most of the training is in groups and we can talk about problems and get new ideas about how to do things."

We looked at four staff files and noted that there were records of regular periodic supervision meetings with the registered manager. The supervision programme also included spot checks of care practice that took place in people's homes. Records of supervision sessions and spot checks were detailed and identified any follow-up actions where required. The staff members that we spoke with told us that they felt well supported by the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this.

People had signed their individual care agreements to show that they had consented to the care that was being provided by the service. Some people were unable to sign their consent to care due to physical or cognitive impairments. One person had refused to sign any forms and this was recorded. Family members

had signed to show that they had been involved in any discussions about people's care in line with the provider's policy and procedure.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation for some people. We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and how and when people should be supported. People's records of care described the food and drink that was prepared and provided to them by staff.

Is the service caring?

Our findings

People spoke positively about the support that they received from the service. One person said, "It's usually [staff member] who comes. She knows me well now and we get on very well." Another person said, "The carers are very nice. They ask me how I am and how I want them to do things."

The staff members that we spoke with talked positively about the people who used the service and indicated that they understood their needs. They told us that they worked on a regular basis with people and that this helped them to get to know what their needs and preferences were. One staff member said, "I love working with them. Sometimes it's a bit difficult but it always works out." Another told us, "We work with the same people, but when it's someone new the manager takes us to meet them first so it's much easier for them."

The registered manager told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw from people's care plans and the staffing rotas that care was provided by regular staff members. Everyone we spoke with confirmed that they received consistent support from the same care staff.

People's care plans contained information about their social and cultural needs and important relationships and preferences, and the staff members that we spoke with were knowledgeable about these. Where people had communication needs these were clearly identified and guidance for staff on how to communicate effectively was contained within the care plans. All the care plans that we viewed contained guidance for staff about how they should communicate with people to help them make decisions about their care.

Information about supporting people with dignity and respect was included in their care plans. One person told us, "They always make sure that I am happy with what they are doing," and another said, "They always ask me first." Staff members also described to us how they supported people's dignity and privacy. One staff member told us, "It could be me one day so I always think about what is important to them."

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in secure cabinets within the service's office. Copies of assessments, care plans and risk assessments were also maintained within the person's home.

People told us that they were satisfied with the information that they received from the service. One person said, "They call me from time to time to check whether I am happy with the care." Another person told us, "One of the managers comes to see me. She asks me if I am happy and explains things to me."

Is the service responsive?

Our findings

A person said, "They have changed things for me when I asked." A family member told us, "They're really good at changing times if we need. Sometimes it's difficult because we want the same staff and they might be busy, but we always work something out."

We looked at the care plans for six people. We saw that these contained person centred assessments that included information about people's expressed needs and interests, and how they wished to be supported. The assessments were linked to people's care plans which contained detailed information about people's care needs, such as mental and physical health, behaviours, mobility, health and personal care needs. They contained clear guidance for staff about how support should be provided. Information contained within the plans was specific to the person. The plans were regularly reviewed and we saw that, where a person's needs had changed their plan had been immediately updated to reflect this. The people we spoke with told us that they knew about their care plans and had been asked how they wanted to be supported.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in.

We asked about how information about any changes in people's needs were communicated to staff. The provider told us that they had issued staff members with smart phones. In addition to using these to operate the electronic call monitoring system, staff members also received alerts in relation to any new information or changes via these. The office manager showed us how the service's secure 'What's App' group was used to disseminate urgent information. We saw examples of recent messages to staff members and noted that they would receive an alert on their phones when these were sent. A staff member confirmed that they used the smart phone and said, "It's good now because I know about changes straight away."

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The service had a complaints policy and procedure. This was available to people in easy read and picture assisted formats. People we spoke with told us that they knew what to do if they needed to make a complaint. One person said, "I have no complaints but I know what to do if I have." Another person said, "When I complained the manager came to see me straight away to sort things out." We looked at the service's complaints log. We saw that complaints had been appropriately logged and addressed quickly and

to people's satisfaction.

The service liaised with other health and social care providers involved with people's care to ensure that there was a consistent approach to meeting their needs.. We saw that copies of emails, letters and records of telephone calls maintained in people's care files demonstrated this. During our inspection we heard office based staff speaking on the telephone to health and social care professionals regarding people's needs.

Is the service well-led?

Our findings

People told us that they were satisfied with the management of the service. Two people referred to the registered manager and the field care co-ordinator by name. One person said, "They phone me up or visit to check if things are OK." Another person said, "The manager is very nice. She has helped me a lot in the past."

The registered manager was supported by a field care co-ordinator, an office manager and a team administrator. During our inspection we spoke with them and noted that they were knowledgeable about people's needs and the day to day operation of the service. The director spent time at the service and the registered manager told us that she was very supportive.

The staff members that we spoke with told us that they received support from the management team in order to help them in their roles. One said, "I can phone them up any time for support." Another staff member told us, "I think we are all a good team and the office is very helpful."

Staff team meetings had taken place on a monthly basis. The records of the meetings showed that a range of quality assurance and practice issues had been discussed.

The service had a range of quality assurance processes in place. They had recently introduced an on-line system for recording of quality monitoring. We saw that this provided alerts when monitoring reviews of, for example, people's care plans and risk assessments were due. The care records that we looked at showed that monitoring took place within timescales specified within the provider's procedures. We saw that reviews of some people's care plans and risk assessments had taken place more frequently where there were changes in their needs. The system also identified when staff supervision or training was due and we saw that training and supervision sessions had been arranged within set timescales. Notes of communications, incidents and concerns, such as safeguarding concerns and complaints were recorded in in this system along with actions taken to address these. The director told us that the service used this information to identify if there was a need to change how care was delivered or to report concerns to a local commissioning authority.

Regular audits and reviews had taken place. These included quality audits of care notes and medicines administration records. Where actions were required these were recorded with details of how they had been addressed.

The provider regularly sought information from people regarding their views of the service. A quality assurance survey had taken place during early June 2017. Feedback from the survey recorded high levels of satisfaction. The feedback had not yet been collated. However we noted that there was a summary of findings from a previous survey that had taken place in December 2016. This included an action plan which showed that the provider had taken action to address concerns raised by people in relation to staff lateness and the timeliness of invoices.

We looked at the service's policies and procedures. We saw that these were up to date and included current

regulatory and good practice requirements.