Allfor Care Alpha Care Recruitment West And Home Care Service Ltd

Allforcare Trading Alomcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Allforcare Trading Alomcare on 13 and 15 April 2015 this was an announced inspection: 48 hours' notice was given because the service is small and the manager is often out of the office. We needed to be sure that they would be available when the inspection took place.

At the previous inspection of this service on 24 July 2013 we found that the service was compliant with the outcomes assessed.

Allforcare is a domiciliary care agency that provides a range of care supports to adults and young people living in their own homes. At the time of our inspection the service provided personal care to 33 people.

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.

Summary of findings

People who used the service and their family members told us that they were generally happy with the care that they received. However two people raised concerns about late or missed calls.

Staff members that we spoke with demonstrated that they understood how to safeguard the people whom they were supporting. Training and information was provided to staff regarding safeguarding, and this had been discussed during recent staff supervision sessions.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Some people told us that their carers did not always arrive at the agreed times.

We have made a recommendation about monitoring of care calls.

Staff recruitment procedures were in place and most staff records showed that appropriate checks had taken place prior to, and during employment. However, some staff files did not contain references from their previous employers, and evidence of eligibility to work in the United Kingdom was not available for all staff.

Staff received regular training and support and were knowledgeable about their roles and responsibilities. Staff members were positive about the people what they supported, and told us that they enjoyed working for the service and received the support that they required to enable them to do their work effectively.

Care plans and risk assessments were in place for people who used the service, detailing how they wished to be supported. However, these were not always accurate or up to date. Risk management plans did not always provide safe guidance for staff members, for example in supporting people with epilepsy. A number of care plans lacked guidance in respect of how support should be provided by staff. They had not always been updated to reflect current information about people who used the service that might have a significant impact on their care, and one care plan contained information that related to a different person.

Staff received training in administration of medicines prior to providing support to people. We saw that records had been signed to show that medicines had been safely received.

Staff members that we spoke with understood the importance of supporting people to around choice and decision making, and we saw that information about consent was included in people's care plans. All staff members had received training in The Mental Capacity Act (2005).

Information regarding people's dietary needs was included in their care plans, but there was limited guidance for staff on how people should be supported with eating and drinking. A family member raised a concern about food safety.

We have made a recommendation about food safety.

People who used the service and their family members told us that they knew how to contact the office and what to do if they had a complaint about the service. Some people told us that they had provided feedback to the service and were satisfied that that action would be taken to address any issues that they raised. However two people that we spoke with were unsure that any concerns would be appropriately addressed.

The provider had failed to submit regulatory notifications to CQC following two recent safeguarding concerns. Although we saw evidence that the local safeguarding team were aware of these concerns, the provider had failed to meet the requirements of their registration in not formally notifying CQC.

Staff members, people who used the service and family members spoke positively about the registered manager of the service.

A range of processes were in place to monitor the quality of the service, and there was evidence that concerns raised through these were acted upon. However, quality assurance processes were not in place to monitor, for example, the quality of care plans and risk assessments, and this might have an impact on the care and support provided to people who used the service.

We found four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of The Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe.

Risk assessments did not always clearly identify risks, and some risk managements plans did not contain correct guidance on how risk should be safely managed.

Staff files did not always contain references from previous employers. Evidence of eligibility to work in the United Kingdom was not available for some staff members.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a care worker that they were unfamiliar with should a regular care worker be absent.

Staff we spoke with understood the principles of safeguarding vulnerable adults, how to recognise the signs of abuse, and what to do if they had any concerns.

Medicines were managed and administered safely.

Is the service effective?

Requires Improvement

Aspects of the service were not effective.

There was a concern about staff not disposing of out of date food from the refrigerator of a person who could have been placed at risk as a result of this.

People who used the service told us that they were generally happy with the support that they received.

Staff members received training and support to help them meet people's needs.

Staff members received training in The Mental Capacity Act and understood what to do if they had concerns about people's capacity to consent to any care activity.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively about their regular care workers.

Staff members that we spoke with spoke positively about the people whom they supported and described positive approaches to care.

There was evidence that people's personal and cultural requirements were recorded and addressed.

Summary of findings

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

Care plans lacked details about how care should be delivered and did not always include significant or correct information about people's needs.

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

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

The service had not provided regulatory notifications to the Care Quality Commission in relation to safeguarding concerns.

People who used the service, their family members and staff spoke positively about the management of the service.

A range of quality assurance procedures were in place, but these did not cover all aspects of the service.

Allforcare Trading Alomcare

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 was planned to check 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.

We inspected Allforcare Trading Alomcare on 13 and 15 April 2015 and reviewed records held by the service that included ten people's care documents and eleven staff records, along with records relating to management of the service. We also talked with staff on site on the days of our visits. In addition to this we made telephone contact with other staff members and people who used the service and family members. The inspection team consisted of a single inspector.

Before our inspection we reviewed the information that we held about the service. This included the report of the previous inspection of this service, notifications that we have received from the service and safeguarding referrals relating to the provider. We also made contact with commissioners and social workers from the local authority.

We spoke with four people who used the service, four family members, the registered manager, the provider and five staff members.

Requires Improvement

Is the service safe?

Our findings

The majority of people who used the service and family members that we spoke with told us that they felt that the service was safe. Comments included, "my carers are really good and I think that they are well trained.", and, "the carers are really professional. I get texts from the manager to let me know if there are any problems." However, one person who used the service told us that, "my carers sometimes come 30 minutes late," and another said that, "my main carer is brilliant, but if she goes off sick I don't always get the back-up care that I need." A family member said, "the last time we visited, we stayed for most of the day and the carer did not come at lunchtime."

Risk assessments were in place for people who used the service. These included, for example assessments in relation to the home environment, moving and handling, falls, epilepsy, administration of medicines and bathing. Risk management plans were variable in detail, and some did not include appropriate information in relation to the person's needs and safety. For example, one person's care file contained copies of correspondence with the local authority regarding behaviours that the service considered to be challenging. However, their risk assessments did not include information about these behaviours or how they should be managed. The risk assessments and care plans for two people with epilepsy contained detailed information about situational risk. However, the guidance in relation to managing seizures specified that they should be "placed in recovery position" prior to receiving medicines or calling for an ambulance. This was not consistent with guidance provided by The Epilepsy Society and Epilepsy Action which is clear that people should not be put into the recovery position until the seizure has ceased.

This demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at eleven staff files. These contained staff files contained recruitment records, copies of identification documents, references and application forms.

The provider had kept a record of dates and numbers of criminal record checks made by the Disclosure and Barring Service (DBS). However, for three staff files that we viewed, we were not able to ascertain whether or not these had been satisfactory. The DBS certificate held on file for one staff member related to a previous employment. A number of staff members originated from countries outside the European Union, and we saw that, in three files that we looked at where this was applicable, there was no evidence of their current eligibility to work in The United Kingdom, although there was evidence in one case that the staff member's visa status was under review.

Although there were two references in each staff file, these were on a form provided by the service and it was not always clear who had provided these. We saw that the reference information for two staff members were not the most recent employers identified within their application forms. A further three staff references were identified as being provided by a colleague, rather than a manager from their previous employment.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had an up- to-date safeguarding policy and procedure. Staff that we spoke with were able to describe types of abuse, the signs and indicators that might indicate abuse and what they should do if they had a safeguarding concern. Training records showed that staff had received training in safeguarding of adults and children. The most recent staff supervision records showed that the supervision sessions had been used to provide individual coaching on safeguarding procedures.

The service had a policy and procedure for administration of medicines. The medicines policy and procedure was detailed and referred to the current Royal Pharmaceutical Society's guidance on the management of medicines for domiciliary care organisations. Care staff received training in administration of medicines prior to any support that they provided in this area. We saw that detailed medicines information was in place for each person who used the service. Staff signed a medicines administration record for the person whom they were supporting when medicines had been received.

Staff members had received manual handling training prior to working with people who required this support. We were told that this included an on-site observation by a manager, and that new workers were not "signed off" to work with a person who required support with mobility tasks until this had been carried out. We saw recorded evidence of both moving and handling training and on site-observations in staff training records.

Requires Improvement

Is the service safe?

People's care records showed that they were supported by the same staff members wherever possible. The registered manager told us that the service planned for absences to ensure that staff who were familiar with the person covered these. The provider had in place a computerised system which monitored times of arrival and departure of care staff at the home of the person who was using the service. If a staff member had not arrived within three minutes of the due time, an immediate alert was raised with the service. We saw copies of weekly monitoring that took place in relation to this system. The provider told us that some people did not wish staff to use their home phones to log in and out when making home visits, so the system was not accessible for all calls.

One person who used the service and a family member of another told us that care staff did not always arrive at the arranged times. This showed that the provider's monitoring system was not working for everyone who used the service, and people could be put at risk through late or missed calls.

All staff had received training on infection control procedures and were provided with disposable gloves and aprons, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and, during our inspection, staff members who came into the office collected new supplies.

Records of accidents and incidents were viewed and we saw that these had been reported immediately to the service, and that appropriate action was taken.

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they knew what this was and would use it if they had any concerns and needed to speak with a manager. The provider also had a business continuity plan in place, which included, for example, actions to be taken in case of severe weather conditions, office closure and significant traffic delays.

We recommend that the provider puts in place a call monitoring process for people who do not wish to use the computerised call system.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their family members were generally positive about the support that they received from staff. We were told, "my regular carer is excellent," and, "they are very good at providing us with information." However, one person who used the service told us that, "the carers they send when my regular carer is off don't always know my needs."

We saw that staff members had received a classroom based induction training prior to working with any person who used the service. This followed a competency based framework that was linked to the Skills for Care Common Induction Standards for workers in social care services. The registered manager and provider were aware of the new Care Certificate for staff working in health and social care, and we were shown a folder containing a procedure for delivering this to new staff members. We spoke with one staff member who had recently been employed by the service, and they told us that the training had helped them understand the work that they were doing. The training records showed that training in core skills and knowledge was regularly updated for workers, and we saw that additional training was provided. For example, during our inspection, a number of staff attended the office to participate in a session on bed making. The provider told us that the service supported staff to achieve Qualification Diplomas in Health and Social Care, which have replaced the National Vocational Qualification Awards (NVQ). The staff files that we viewed showed that a number of staff had already achieved this qualification, and there was evidence that others were currently undertaking it.

Staff members who we spoke with were able to describe the training that they had received, and were positive about the fact that they had been supported to undertake qualification training.

Staff supervision by a manager took place regularly and these meetings were recorded. Staff members that we spoke with confirmed that they received supervision on a regular basis. One staff member said, "I can phone my manager for a chat if I need to talk to them urgently." The staff records that we viewed also showed that annual staff performance appraisals had taken place.

Staff team meetings took place every two months. Topics discussed during the last team meeting in February 2015 included service user issues and concerns, The Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding, policies and procedures, and staff training.

The service had a policy and procedure on Capacity and Consent that followed the requirements of The Mental Capacity Act (2005), and included recent guidance on Deprivation of Liberty Safeguards. We viewed ten care files for people who used the service and saw that information about the person's capacity was contained within these. The majority of care plans had been signed by the person or a representative. However, three care plans that we saw had not been signed by the person receiving the service or a representative, so it was unclear if they had agreed to their plan of care. There was no evidence to show why they had not signed. We discussed this with the provider who showed us a new consent form that they were about to introduce, and told us that reasons for people not signing would be recorded in future.

Training records showed that staff had received training on The Mental Capacity Act. The provider told us that further training was planned for all staff that would include the current guidance on Deprivation of Liberty, and we saw evidence that this was being progressed. We asked staff members what they would do if a person appeared to lack capacity to consent to any decision. Staff members who we spoke with told us that they would try their best to find ways of communicating with the person to enable them to make the decision. One staff member told us, "sometimes people can't always tell me what they need, but I know to give them time and support." Another said, "I know I have to try all ways of supporting my client to understand and make their choices. If there was still a problem, I would ask my manager for advice."

Detailed information about people's health needs was contained within their care files. These also included information about key health professionals. The care notes that we viewed showed that there had been liaison with, for example, general practitioners and community nurses where appropriate.

The care plans provided information about people's eating and drinking needs where this was appropriate, although there was little guidance for staff on how people should be supported to eat and drink. One family member that we spoke with told us that they had concerns about their

Requires Improvement

Is the service effective?

relative who had dementia. “Sometimes we visit and the food in the fridge is weeks out of date. The carers are supposed to manage their shopping and food. We have to throw it away in case (the person) tries to eat it. We bring food with us as we are not sure that they get to eat properly.” This family member was concerned that the person, whom they said was capable of going to the fridge to get food, might become ill through eating out of date food. The family member told us that they had not raised this concern with the registered manager for the service as they were, “worried about what might happen.” The service had a policy and procedure on infection control, which included information about safe handling, preparation and storage of food.

We recommend that the provider considers current guidance on food safety and takes action to ensure that staff members are advised to amend their practice accordingly

Good

Is the service caring?

Our findings

People and family members that we spoke with told us that they considered that the service was caring. One person said, “My regular carer is excellent. She understands my needs and helps me in a positive way.” A family member said, “we have never had any problems. The carers are really good.” Another told us that their relative, “did not want to accept care at home, but they really appreciate the carers now.”

The care plans that we looked at contained information about people’s history, interests, cultural needs and preferences. Where people had specific religious or cultural needs this was recorded. One person told us, “my care staff understand my religion.”

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. One told us, “I really like the person that I work with.” Another said, “my client chats with me and tells me really interesting stories about their life, and that helps me to know them better.”

The service had policies and procedures on privacy and dignity, non-discriminatory practice, personalised care and rights. The people who used the service and family members who we spoke with were generally positive about staff approaches towards this. One family member told us, “I cannot fault the care that they give them. The staff are very professional and are happy to accommodate changes in need.” People that we spoke with were positive about the support that was provided to them if they were uncomfortable or unhappy. We were told, “my usual carer knows what to do if I have a problem,” and, “the staff seem to know how to support (my relative) when they are in pain, and let me know about this.”

People who used the service and family members told us that they were generally satisfied with the information that they received from the service, although one person told us, “they don’t always remember that I am blind, but my carer helps me out with information that I receive.”

The registered manager told us that, in the main, people received care from regular care staff and this was generally confirmed by the people who used the service, their family members and staff who we spoke with. The registered manager told us that, wherever possible, absences would be covered by staff already known to people who used the service, although one person who we spoke with told us that this was not always the case. The care files and staff rotas that we viewed showed that people generally received support from the same staff members. The registered manager told us that, sometimes, at short notice, for example, due to illness, the service would provide staff who had not worked with a person previously, but that they would try to avoid this wherever possible. One family member told us that, “we are told if a staff member is going to be away, and who will be covering for them. This is always someone they know.”

The service had a policy on advocacy and held information about local advocacy services. At the time of our inspection, nobody was using an advocate, but the registered manager told us that the service would try to arrange for this support should it be necessary.

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person’s needs and establish a relationship with them. One staff member told us that they had shadowed a staff member as part of their introduction to working with the person. They said, “this was really helpful.”

The staff team meeting records that we saw showed that concerns about care of people who used the service were discussed regularly.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and family members told us that they were pleased with the way that they were supported. One person said, "my regular carer is really good and understands my needs" A family member told us, "when we have asked for a change, the manager has helped us very quickly to make this happen.

Whilst people had care plans, they were not always accurate or provided enough detail which meant there was an impact on people receiving personal care responsive to their needs. Care documentation included assessments of people's care needs that were linked to the local authority care plan. These also contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

The quality of the care plans that we viewed were variable in the level of detail that they provided. The care plans that we looked at had contained information about needs and tasks to be undertaken by care staff. However, only two of the ten plans that we looked at contained detailed guidance about how tasks should be carried out. We raised this with the registered manager and provider, and they told us that they would ensure that plans were updated to ensure that guidance was included in how care should be delivered.

Care plans had been reviewed on a regular basis. However we did not see evidence that people's plans had been updated in relation to identified changes in need. For example, although other documentation in a person's care file related to behaviours that staff considered challenging, there was no reference to this in their care plan. The care plan for another person who received two support calls a day was accurate in its description for the morning activity, but described a different activity for a differently named person in respect of the afternoon.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed these concerns with the registered manager and provider who told us that they would review and revise these care plans.

Records showed that people who used the service, or their family carers where appropriate, were contacted regularly by telephone or through a personal visit to assess their views about the care provided by the service. The registered manager also undertook spot checks of care through unannounced visits to the person's home just before, or at the time care were due to be provided, and we saw records of these checks. People that we spoke with confirmed that the manager kept in touch with them.

The service had a complaints procedure that was supported by a leaflet outlining the process that was provided to people who used the service. People that we spoke with said they understood the complaints procedure and told us that if they had a complaint about the service, they would raise this with the manager. When asked about what they would do if they felt a complaint hadn't been addressed, we were told, "I would talk to social services." One family member told us, "when I had a complaint. I contacted the manager and she sorted things out for my relative immediately." However, another person told us, "I know how to complain, but don't complain because I don't think they would do anything."

The record of complaints, concerns and compliments maintained by the service showed that recent complaints had been addressed appropriately.

Requires Improvement

Is the service well-led?

Our findings

The majority of people who used the service and their family members spoke positively of the management of the service. We were told, "We can always contact the manager if we have any concerns," and, "they call us regularly to check how things are going. However, one person told us, "I don't think they listen to me," and a family member said, "I don't feel I can say anything if there is a problem."

The service had not provided statutory notifications to The Care Quality Commission in relation to two serious safeguarding concerns that were reported to us during February 2015 that were under investigation by the relevant local authority at the time of our inspection.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We discussed this with the provider and registered manager, who told us that they did not provide the notifications as they had been told that social services would contact CQC. They assured us that notifications would be provided in the future.

The care files that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by the registered manager to check on people's views of the service had been increased. People that we spoke with told us that the registered manager had been in contact to establish their views about the service.

Although quality monitoring processes were in place, these did not address a number of concerns that we raised within our inspection. For example, there was no formal audit of care plans and risk assessments, nor a process for ensuring that eligibility of staff to work in the United Kingdom was fully identified and monitored.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw evidence that service satisfaction questionnaires had been sent out to people who used the service or family members where appropriate. The returned questionnaires that we saw indicated high levels of satisfaction with the service. Where the responses indicated dissatisfaction with the service, there was evidence that action had been taken to address these. For example, in one case, a home visit took place to discuss and address concerns, in another, an immediate supervision of a staff member took place to discuss their lateness.

The registered manager told us that monitoring of staff recording of visits was in place and there was some evidence of this. Monitoring of call times in relation to the computerised call system took place weekly and we saw documentation showing that this was the case. However, there was no formal system for monitoring calls to the small number of people who had chosen not use this system.

People who used the service and their family members were aware of who the registered manager was and generally spoke positively about them. Staff members were also positive about the registered manager, and felt that they were well supported.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person failed to have suitable processes in place to ensure that the care and treatment of people who used the service were appropriate and met their individual needs. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used the service were not being protected against the risks of unsafe or inappropriate care by means of risk management plans that followed good practice guidance. Regulation12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person failed to fully assess, monitor and improve the quality of services provided. The registered person failed to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The registered person failed to ensure that records relating to service users were accurate and complete. Regulation 17(2)(a)(b)(c)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person failed to have suitable arrangements in place for ensuring that all staff were fit to carry out the duties required of them. Regulation 19(2)
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person failed to notify the Commission of incidents which occurred in the carrying on of a regulated activity. Regulation 18(2)(e)