

Allerton C&S GL Limited

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Inspection report

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10 March 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Allerton C&S GL provides domiciliary care services to people who require care and support in their own homes. The service provides personal care as part of a reablement service to enable people to regain independence. Not everyone who uses the service may receive personal care. The Care Quality Commission (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. At the time of the inspection the service was providing personal care to 2 people.

Adwell Supported Living changed its company name on 24 March 2021 to Allerton C&S GL. The location was previously registered at office 1.39, building 2, Croxley Business Park, Watford, WD18 8YA. The address changed to 49 Clarendon Road, Watford, WD17 1HP on 24 March 2021 during this inspection.

People's experience of using the service and what we found.

People were protected from harm and abuse, however we found one serious incident that had not been robustly investigated. Staff knowledge about reporting their concerns outside of the organisation was variable. Learning from incidents was not fully embedded into staff practise.

Individual risks were assessed to help keep people safe and reviewed as people's needs changed. However, we found for one person decisions taken to monitor their safety impeded their privacy.

People were not assessed or supported to manage their medicines independently.

People felt safe and were happy with the care provided to them. People were referred to health professionals when needed and this guidance was followed.

Systems and processes in place to monitor and oversee the quality of care people received were not always effective. Audits and checks of the service were not routinely completed.

Arrangements were in place to prevent and control the spread of infections

People were not supported by sufficient numbers of staff who knew them well. Staff were employed following the required staff recruitment checks being completed.

People and staff were positive about the support given to them by the provider and newly employed manager.

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

Rating at last inspection

The last rating for this service was Good

Why we inspected

We received concerns in relation to people not receiving safe care and a lack of management and oversight. As a result, we undertook a focused inspection to review the key questions Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allerton C&S GL on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Allerton C&S GL

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.

As part of this inspection we looked at the infection control and prevention, safe care and treatment, recruitment, how the service kept people safe from harm and overall governance of the service.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Allerton C&S GL is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and had begun their registration with CQC during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 10 March 2021 and ended on 17 March 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided, the manager, team leader and two staff members. We observed staff supporting people and reviewed a range of records. This included medicine records, care records and further records relating to the quality assurance of the service, including accident and incidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed two people's care records and reviewed a range of documents relating to the management of 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider's policy to reduce the potential risk of abuse, identified the processes staff should follow and how to report concerns. Overall incidents were identified and reviewed. For example, staff reported behaviours that may place others at risk of harm.

- However, there had been an allegation regarding financial mismanagement of a person's money. Staff had recorded this in the communication book, but not reported to the previous registered manager or provider. The regional operations manager and the service manager locally had investigated and taken some remedial action, but not referred to the police or local safeguarding authority as required. Subsequent to this inspection a full review of incident and safeguarding management was being undertaken by the provider to minimise a similar issue recurring.

- Staff told us how they kept people safe and what they would report. However, one staff member did not consider the above concern, regarding a person's money, a safeguarding concern that required reporting. They also were unaware of how to report to external agencies such as the local authority safeguarding team.

- The newly appointed manager identified this prior to this inspection and took action to report the incident appropriately. They also reviewed the policy and procedures around managing finances to mitigate the risk of recurrence.

- Although most incidents were reported, and staff discussed people's care needs and incidents at weekly meetings, there was not an embedded practice of lessons learned. Records showed that staff discussed incidents as stand-alone events, as opposed to looking at themes, trends or how staff could adapt their own approach.

- The manager provided us with evidence after the inspection that showed how they would embed lessons learned as part of the service culture.

Assessing risk, safety monitoring and management

- The person we spoke with told us they were happy with the care provided. They told us they felt staff supported them well and responded promptly to their changing needs.

- Staff knew people well and were aware of their support needs. Care records identified people's support needs or risks to their health but lacked detail about how to meet those needs. For example, staff identified that one person needed support and monitoring due to their epilepsy. However, there was no specific care plan to inform staff about how to identify when this person may be at risk of a seizure. Staff spoken with however were clear and consistent in how to provide appropriate support when needed.

- For a second person, staff recorded in the risk assessment, "[Person] can be physically challenging at times and staff should understand [Person's] needs and find solutions for the reason they are agitated."

Care plans did not address this and provide staff with consistent guidance in how to support this person. Incident reports showed that although there had been challenging situations, staff managed these positively and kept the person and others safe from harm. Staff spoken with had developed a good relationship with the person and were able to tell us how they monitored the person's mood and supported them positively.

- People were not always encouraged to be independent and supported to take positive risks. The team leader adopted a risk adverse approach to supporting people which imposed on this person's privacy, but also did not consider their wishes.
- The new manager had identified this as an area for improvement. They showed us how they were reviewing care plans to ensure they were reflective of people's needs and were person centred.
- Staff referred people to health professionals and attended regular meetings with GPs, psychiatric teams and neurologists for example. Actions arising from these were communicated to the team, discussed in meetings but not updated in the care record.
- Where people required equipment to keep them safe, or to enable staff to monitor them safely this was in place. We saw for one person a mattress sensor was in place to alert staff to any seizures.
- Staff had received training in areas to support people safely and to ensure they had specific knowledge of people's conditions. For example, in relation to mental health and managing behaviours that challenge.

Using medicines safely

- People were not supported to manage their medicines independently. All people's medicines were stored and administered from the office. The team leader told us this was because, "They will forget, or people are at risk of forgetting." However, people's views about managing their medicines or risk assessments in relation to this had not been considered.
- There were protocols in place for medicines prescribed on an as needed basis. However, these lacked detail and required more information to instruct staff when to administer, side effects and other actions to try before considering use of medicines.
- Staff were trained to manage and administer people's medicines safely. Medication administration records (MAR) were completed accurately. Physical medicine stocks checked against the records were correct. This demonstrated that people received their medicines as the prescriber intended.

Staffing and recruitment

- Staff told us there were enough staff to keep people safe. One member of staff said, "We have good staff, and it's enough staff for us to do what we need. We support them to do things they cannot do."
- People were provided with extra funded hours of support, for example to go out supported specifically by one or two staff. These people had these additional hours included and provided as part of their care package.
- Staff spoken with told us they were employed following a formal interview, verification of references and criminal records checks, and checking they were entitled to work. Once employed staff underwent an induction which included training relevant to their role.

Preventing and controlling infection

- Arrangements were in place to prevent and control the spread of infections. Staff understood the need to observe social distancing with people
- Staff understood the need to wear personal protective equipment [PPE] and when to change it. Staff were observed to be wearing the appropriate PPE for the task they were undertaking. One staff member emailed, "No amount of words can describe the good work done by the management team. By providing us all the necessary PPE to ensure we are safe as staff and service users during this pandemic." However, we discussed with the manager that staff must have their arms bare below the elbow to reduce potential spread of infection.

- Other infection prevention and control (IPC) guidance were followed, for example in relation to testing and cleanliness. The provider's IPC policy was up to date.

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 good. At this inspection this key question has now deteriorated 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.

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

- The service did not have a registered manager in post. The current manager started in their role in February 2021. In the absence of a registered manager, the team leader was not clear about their role and how to monitor the quality of care provided. For example, they were not aware of how to monitor trends and themes emerging around incidents, identify when to report safeguarding concerns or carry out regular audits.
- There was not an embedded system of learning from incidents or events to continually learn and develop good practice. Staff were unable to demonstrate to us where care practice had changed or been developed following learning events or discussions.
- Systems and processes in place to monitor and oversee the quality of care people received, were not always effective. Weekly services carried out in the service did not cover sufficient areas to ensure the quality of care was monitored. For example, a weekly audit reviewed medication and some areas of health and safety. It did not review care records, incidents, themes, trends or infection protection which we found as areas requiring improvement.
- The provider had carried out quality monitoring within the service just prior to our inspection. This audit had identified a number of areas found at this inspection, however the results of this audit had yet to be developed into a service improvement plan. We were shown where audit tools had been developed as a result of this audit to monitor the service. For example, a full infection prevention audit, monitoring themes and patterns from incidents, greater monitoring and control over finances and redeveloped care plan templates.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the home. This was an area that required improvement.

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

- Staff felt well supported by the team leader and newly appointed manager. One staff member said, "I can see the energy in [manager]. I think they will be a very good manager to us. They have much to do to help us, but I think they will."

- Staff morale was good. A recent staff survey showed that staff enjoyed working in the service although staff fed back that changing management had been unsettling. One staff member told us about the management changes, "This change needs to be consistent. There is no problem with us, [staff] but for the residents it needs to be familiar. I think they are a good manager, they listen to us and respond. They visit us a lot and are always on the phone."
- The provider met the requirements of the duty of candour.

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

- Regular meetings continued to be held for people using the service. These discussed household matters, activity planning and topical issues.
- Staff meetings were held, and a recent staff survey showed that staff enjoyed working in the service. Staff felt listened to and through completing a recent survey identified areas they would like to develop, for example with more specific training.

Working in partnership with others

- The team leader and newly appointed manager were working in partnership with health professionals to review the quality of care provided. They were looking for new ways to support people. For example, staff were working with professionals to develop a better way of working to communicate with a person who found verbal communication difficult.
- During the COVID-19 pandemic, the team leader and provider had been working with Public Health England to help ensure they were up to date with guidance.