

Allfor Care Services Limited

Allfor Care

Inspection report

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Date of inspection visit:
07 December 2020
22 December 2020

Date of publication:
19 March 2021

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

Allfor Care is a domiciliary care agency providing personal care to 90 people at the time of our inspection. This is help with tasks related to personal hygiene and eating.

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

The majority of care staff had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service. However, we found a criminal record check for a staff member was from another employer and was a year old when they started working for the provider. This was outside the three-month limit for use of such checks from previous employers. Where criminal record checks had come from previous employers, information had been deleted so we could not see if the staff members had any previous criminal records. Furthermore, the provider had not maintained a record showing that they had discussed and assessed any risk related to staff declaring previous convictions or cautions on their job application forms. This meant we could not be sure that the provider had accurately assessed staff suitability and safety in relation to the work they were required to undertake.

People and family members said that they received their medicines appropriately. We were unable to view records of people's medicines during our inspection, so we requested copies to be sent to us. Medicines care plans and risk assessments appeared detailed and up to date. However, we were only sent two recent medicines administration records (MARs). The daily MAR records had not been initialled by staff and each entry was recorded with a P (for prompting). This meant the provider could not assure us that staff providing care had supported people with their medicines at the correct times or if the charts had been completed later by another staff member.

During our inspection we found that records were not accessible. On the first day of the inspection we requested to see all staff records. We subsequently reviewed the service's rotas and found that we had not been shown records for a significant number of staff. We sent the provider a list of these to be available when we returned. On the second day of our inspection we found that some staff records were not available to us. When we asked to see people's care plans, we were told that the registered manager who was unwell had the only key to the filing cabinet. This meant that, if the registered manager was away, office-based staff did not have access to people's care records should there be an enquiry or concern.

Rotas were unavailable to us to view when we visited. We were told that this was because the staff who managed the 'on-line' rota system were not at work. We were not shown copies of manual rotas and there appeared to be no system for other office based staff to have access to the on-line rotas to check that staff had attended care calls.

The service's policies and procedures were up to date and reflected good practice guidance, but we found a lack of evidence to show that they had always been followed.

There was an absence of evidence to show that the provider's quality assurance procedures were robust. Information about quality assurance monitoring was limited. The records of monitoring of people's satisfaction with the service did not appear to have been carried out regularly or consistently and there was no record of any actions taken to address concerns. Spot checks of staff practice had been carried out, but these were not collated and reviewed as part of the quality assurance process. People and family members told us they received safe and effective care from staff. Staff members said they felt supported by the provider and received the information and support they required to do their work effectively.

Staff had received training to ensure that people were safe. For example, on safeguarding and infection prevention and control. Staff told us they had received training in relation to Covid-19 and they were given personal protective equipment to carry out their tasks safely. People said that they felt safe with the care 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

The last rating for this service was Good (Report published 19 March 2020).

Why we inspected

We received concerns in relation to staff recruitment and the management of the service. As a result, we undertook a focused inspection to review the key questions of 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 Allfor Care 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 ●

Allfor Care

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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.

Inspection team

The inspection team comprised two inspectors and an inspection manager.

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 a manager 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

The first day of this inspection was unannounced. We gave 24 hours notice of a return visit to the service but the office was closed for cleaning due to a suspected outbreak of Covid-19. We therefore made a further unannounced visit two weeks later.

Inspection activity started on 7 December 2020 and ended on 19 January 2021. We visited the office location on 7 and 22 December 2020.

What we did before the inspection

Before the inspection we looked at records we held about the service. These included notifications the provider had sent us to report incidents, and information received from commissioning local authorities and other professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with four staff members including the registered manager, the office manager and other office-based staff.

We reviewed a range of records. We looked at 38 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke by telephone with six people, one family member and five care staff. We continued to seek information from the provider in relation to records that we were unable to access on the days we visited. We looked at seven care plans and multiple medicines records. We spoke with two local authority professionals.

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.

Staffing and recruitment

- During this inspection we found that checks of staff suitability for the work they were undertaking were not always safe.
- Two staff records showed that the service had used criminal records checks from previous employers. In one case the record that was on file was a year old when they commenced working at the service. This is outside of the Disclosure and Barring Service guidelines for providers which specifies that checks from previous employers should be no more than three months old when a staff member takes new employment. The file records for both staff members did not show if there were any previous convictions as this part of the disclosure had been 'blanked out'.
- Two job applications showed that staff had disclosed previous convictions that had taken place in another country. Although these staff members had clear criminal records checks in the UK, there were no records that the provider had requested information about their disclosures in their interview records or elsewhere in their files.

The above is evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the day of our first inspection we had asked the registered manager to ensure that the records for a list of staff members were made available to us when we returned to complete the inspection. Although we were able to see some of these files on our return, we were told that others were at another office.
- The services' rotas showed that people received support from regular staff. Staff logged in and out from care visits using an electronic system via their smart phones. Failure to log in was generally monitored and followed up immediately with the staff member concerned. However, during our inspection we found that access to the online monitoring system was not available as the staff responsible for doing so were not in the office. This meant the provider could not assure us that care visits were accurately monitored.
- People and family members told us that staff were reliable. One person said, "Sometimes they are late but they always let me know."

Using medicines safely

- At this inspection we looked at medicines records sent to us by the service. We did not receive all the medicines administration records (MARs) we requested. This meant the provider did not assure us that MARs were always completed. The two MARs we did see showed that prompting of medicines had not been initialled by staff. The MARs showed P which is a code for "prompt medication" included on the service's

MARs. This meant that people's medicines records did not show which staff members had prompted people with their medicines at the correct time and potentially could have been completed by another staff member later.

We recommend the provider acts to ensure that MARs are accurately completed with staff initials.

- People had medicines risk assessments in place. They, or their family members where they did not have capacity to sign, had consented to being supported to receive their medicines.
- The provider had a medicines policy and procedure. This was up to date and reflected good practice guidance.

Preventing and controlling infection

- During the first day of our inspection we saw that office arrangements had been made to ensure social distancing. Staff members based in the office wore masks. However, we observed that staff did not always follow social distancing rules when speaking to each other. Following this visit a number of office-based staff were reported to have tested positive for Covid-19.
- Staff received infection control training, including Covid-19 training. People told us staff followed appropriate infection control measures when they were being supported. PPE (Personal Protective Equipment), such as disposable face masks, gloves and aprons had been made available for staff to use. Staff told us that they had been supplied with the PPE they required. The registered manager said that PPE was delivered to people's homes or collected by staff when they visited the office.
- One person said, "The staff come into my house with masks on and use aprons and gloves." A family member told us, "The staff seem to take good precautions. We get the same staff, so I feel reassured."

Systems and processes to safeguard people from the risk of abuse

- We looked at the service's safeguarding records. No recent safeguarding concerns had been raised. This corresponded with information we held about the service.
- Staff told us they had received safeguarding training and described that they understood how to identify and report any suspicions of harm or abuse.
- People's risk assessments identified if there was potential of harm or abuse. Their care plans included guidance for staff on minimising identified risks.

Assessing risk, safety monitoring and management.

- People had individual risk assessments. These had been reviewed within the last year and updated where people's needs had changed.
- In most cases we found that information about risk had been transferred to people's care plans. However, the care plans that we viewed did not contain information about risks related to Covid-19 and associated guidance for staff. The provider subsequently sent us an example of a Covid-19 risk assessment for a person using the service.

Learning lessons when things go wrong

- The records that we viewed did not provide information regarding changes or improvements to the service to ensure that lessons were learnt following any incidents or concerns.
- The registered manager assured us that improvements were made following incidents or concerns, and we noted that people's care plans and risk assessments were regularly reviewed and updated.

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

- The records of quality assurance checks were limited and did not demonstrate that the service was audited in such a way as to enable the provider to identify areas for improvement and put things right. Equally, apart from the compliments file there was no system to allow the provider to identify good practice.
- There was a clear quality assurance policy and procedure which included sections about staff and recruitment, the culture of the service and corporate and social responsibility. However, we were only shown the following records of audits. A telephone survey file; care worker spot check forms; the notifications file; and, the records of compliments. We were also shown the complaints file and the accident and incident file but these were blank suggesting that there had been no recent complaints, accidents or incidents.
- We asked to see how the provider's electronic monitoring system worked. This is a system that records when care visits to people are made. It usually gives providers monitoring information about care visits so that any late or missed visits can be quickly addressed and trends identified. However, the provider was not able to show us their system. We were told that it was being monitored by a member of staff from their home and was not available to anyone in the office. It was simply not possible for us to see how this aspect of the provider's service worked. The provider could not assure us that the system was operating effectively.
- We asked to see other aspects of the running of the service. The office manager, who was otherwise helpful, was not able to find some documents or able to demonstrate how the provider's systems worked. On paper there was an adequate quality assurance policy and procedure, but the provider was not able to demonstrate that this system was operating effectively. Where we did see quality assurance records these were sparse. There were only 11 telephone survey calls made in October and November 2020, eight in March 2020 and two in December 2019. There was no analysis of these calls. The provider subsequently sent us a monitoring summary of care calls in relation to one commissioning local authority. However, we have not been assured that a similar exercise was carried out in relation to people living on other local authority areas.
- The care worker spot checks were kept on each care worker file but not documented in an easy to read file or record. To review these checks would have meant looking at each care worker file.
- Staff at the office could not access people's records should they need them to address any queries or concerns. We were unable to view people's care records when we asked for these on the second day of our inspection. We were told that the registered manager had the key to the cabinet and there was no other key in the office.

The above is evidence of a breach of Regulation 17 of The Health and Social care Act 2008 (regulated Activities) Regulations 2014.

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 had been sending us notifications about care matters as required by legislation. We were shown records of these which we noted were in accordance with what we knew about events at the service.
- The provider's systems needed improvement though in relation to contingency planning in relation to the Coronavirus pandemic. The service had been affected with staff isolating but there was no clear system in place to allow for the smooth running of the service. Records were not always available for us and the replacement systems were also not clear or not working smoothly. For example, staff files were not always available when we requested them, and office staff were unable to access care rotas and care documents.

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

- The provider's staff were helpful, although they found it difficult to provide us with the documentation and records we required, as well as evidence that systems were operating smoothly.
- The care staff we spoke to told us that they felt supported by the registered manager and provider. They told us they received the information and support they required to carry out their roles effectively.
- People using the service said that they were satisfied with the service. People spoke positively of the registered manager and office staff. However, one person said, "Sometimes I when I try to phone them no one answers the phone."
- On paper there were policies and procedures setting out how a person-centred service was to be provided. In addition, we were shown the compliments records which showed a level of appreciation from people using the service and other health and social care professionals. However, overall, we were not shown evidence of good standards in this area or such evidence was not available at the time of the inspection.

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

- We were unable to view people's care plans when we asked for these on the second day of our inspection. However, we were sent the care plans for seven people when we requested these.
- The care plans that we viewed showed that information about people's communication needs included guidance for staff on ensuring that people were engaged. For example, information about people's preferred language, capacity and understanding and requirements in relation to written and verbal information was included in their plans.
- Although some telephone monitoring of people's satisfaction with the service had been carried out, we were unable to see evidence that this was carried out for everyone receiving care and support from the service, nor how frequently individual monitoring had taken place.
- A person told us, "They do sometimes phone me to check if I am happy with the carer. I'm not sure what they do with the information I give them." A family member said, "We haven't had much regular contact with them since the pandemic started."

Continuous learning and improving care

- An on-going programme of staff training was in place. The registered manager told us that training had been updated to reflect current guidance and the Covid-19 pandemic.
- Staff told us that they had received training and information that reflected changes in the support that people required.

Working in partnership with others

- Following our inspection we spoke with a professional from a commissioning local authority. They said that people had provided positive feedback about the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b)(c)(f) The provider had failed to ensure that information was accessible to appropriate staff at all times. The provider had failed to maintain and act on quality assurance.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 19(1)(a)(2)(a) The provider had failed to carry out or record appropriate checks on all staff employed