

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Allfor Care is a domiciliary care agency providing care and support to people living in their own homes. The service was supporting 99 people at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Staff had been recruited safely. They underwent appropriate checks before starting work at the service, including reference and criminal records checks. There were sufficient care staff rostered to ensure people's needs were met. The provider monitored people's care calls and we saw recorded evidence that lateness was discussed with the relevant staff members.

The provider had carried out person centred risk assessments for people and we saw these were regularly reviewed. People's risk assessments were linked to their care plans which included guidance for care staff on reducing identified risks.

People's medicines were managed appropriately. Staff administering medicines had received relevant training. People's medicines administration records were audited regularly.

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

The provider had made improvements to their quality assurance processes since our last inspection. Systems had been put in place for monitoring of care calls and auditing of people's care records and staff files.

People were asked for their views about the service on a monthly basis. The provider maintained a record of actions taken in relation to issues and concerns people had raised.

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2021) and there was in breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no systems in place for monitoring care calls, care records, and staff risk assessments. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider carried out regular reviews of risk management plans in relation to staff. We also recommended the provider carried out regular audits of staff files, including agency staff records. At this inspection we found the provider acted on these recommendations and improvements had been made.

Why we inspected

We carried out an announced focused inspection of this service on 23 October 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve <state the breach header such as safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 May 2023 and ended on 28 June 2023. We visited the location's office on 31 May 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 office- based staff members including the registered manager, care co-ordinator, office manager, administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 3 people, 7 relatives and 6 care workers.

We reviewed a range of records including the care records for 10 people and 7 medicines records. We reviewed 9 staff records. We looked at a variety of records relating to the management of the service including quality assurance audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider carried out regular reviews of risk management plans in relation to staff. We also recommended the provider carried out regular audits of staff files, including agency staff records. At this inspection we found improvements had been made.

- The provider had systems in place to ensure safe staffing and recruitment.
- The provider had carried out audits of staff files, including agency staff records. Risk assessments in relation to staff were regularly reviewed,
- Staff checks were carried out prior to employment to ensure they were safe and suitable to carry out the tasks required of them. These included checks of references, criminal records and eligibility to work in the UK.
- The provider deployed sufficient staff to meet people's needs. The provider used an electronic monitoring system to monitor staff punctuality and attendance at care calls to people. We saw evidence that poor timekeeping was addressed with staff.
- People told us they were satisfied with staff timekeeping and attendance. However, one relative told us staff were sometimes late for their [relative]'s care visits.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse.
- We looked at the service's safeguarding records. These corresponded with information notified to CQC by the provider.
- Staff had received safeguarding training. They were able to describe their understanding of safeguarding risks and knew 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

- The provider had systems in place to assess, monitor and manage risks to people.
- People had person centred risk assessments. These were regularly reviewed and updated where people's needs had changed.
- We saw that information derived from people's risk assessments had been transferred to people's care plans and included guidance for staff on managing identified risks,

Using medicines safely

- People's medicines were safely administered and managed.
- People's medicines administration records were completed correctly. Staff had initialed the records where they had administered or prompted people to take their medicines.
- People had up-to-date medicines risk assessments. They, or their relatives where they did not have capacity to sign, had consented to being supported by care staff to receive their medicines.
- The provider had a medicines policy and procedure. This was up to date and reflected good practice guidance.
- Staff members had received training in safe administration of medicines. Competency in medicines administration was assessed at the provider's unannounced spot checks of staff working in people's homes.

Preventing and controlling infection

- The provider had systems in place to prevent and control risk of infection as far as possible.
- Staff members had received training in infection prevention and control. Staff demonstrated a good working knowledge of their roles in preventing and controlling infection.
- People and their relatives told us staff used personal protective equipment (PPE) when entering people's houses and providing personal care.
- Staff said they had sufficient supplies of the PPE they required to do their jobs.
- The provider's policies and procedures relating to infection prevention and control were up to date and reflected current guidance.

Learning lessons when things go wrong

- The provider had taken action to address incidents, accidents and concerns.
- The service had addressed issues raised by people during the regular satisfaction monitoring they had carried out with people and their relatives. We noted changes had been made to people's care plans and risk assessments following incidents.
- Incidents and concerns were discussed in staff meetings and during individual staff supervision meetings.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had not provided evidence the service was carrying out quality assurance processes and meeting regulatory requirements. There were no systems in place for monitoring care calls, care records, and staff risk assessments. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 17.

- Managers and staff were clear about their role in understanding quality performance, risks, and regulatory requirements.
- The provider had updated their monitoring systems. There was evidence of regular quality assurance monitoring of care calls, care records, care plans and risk assessments.
- Regular monthly reviews of people's satisfaction of the service had been carried out. The findings of these had been analysed. Where people had raised concerns, there was a record showing actions had been taken.
- Spot checks of staff practice were being carried out.

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

- The provider promoted a positive culture.
- Staff told us they were well-supported by the registered manager and office-based staff. They said they received the training, support and information they required to carry out their roles effectively.
- People and their relatives generally spoke positively about the service. They told us they knew the registered manager and said they were in contact with them regularly. They said they received information in advance if they were having a change in their care staff. However, one relative told us staff were sometimes late. The registered manager told us they would look into this concern.
- The provider had policies and procedures that described how a person-centred service should be delivered. The service's compliments file showed positive feedback from people, family members and health and social care professionals.

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 understood their responsibilities in relation to the duty of candour.
- The provider had sent the CQC notifications about care matters as required by legislation. We were shown

records of these which corresponded with the information we had received from the provider.

- The registered manager understood the importance of reporting concerns immediately to CQC and relevant commissioning local authorities.

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

- The provider engaged and involved people, their relatives and staff.
- The registered manager and office-based staff contacted or visited people regularly to ask for their views about the service. Where people were unable to engage due to communication or other impairments, such as dementia, contact was made with their relatives or significant others.
- People's care plans included information about their cultural and communication needs and preferences. Guidance for staff on supporting cultural and communication needs was included in the care plans.
- People said their care staff understood their needs and supported them appropriately.
- People and their relatives confirmed they were asked for their views of the service on a regular basis.
- We saw evidence staff were engaged and involved in the development of the service. Staff participated in regular team meetings and individual practice supervisions. The staff we spoke with told us they received immediate information where there were changes in people's care needs. They had access to support from a manager out of office hours.

Continuous learning and improving care

- The provider demonstrated a commitment to continuous learning and improving care.
- The provider had made improvements following our previous inspection of the service.
- We saw records that showed concerns and improvements were discussed with staff at team meetings and in individual supervision sessions with a manager.

Working in partnership with others

- People's care records showed staff had engaged with other health and social care professionals to support their needs.
- The registered manager had participated in provider forums facilitated by commissioning local authorities.