

Allura Care Ltd

# Allura Care Ltd

## Inspection report

Crown House  
North Circular Road  
London  
NW10 7PN

Tel: 02036204327






Date of inspection visit:  
18 November 2021

Date of publication:  
21 December 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Allura Care Ltd is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was providing 24 hour care and support to two older people living physical and dementia needs.

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

Relatives spoke positively about people's care experiences and the staff who worked with them. They found staff were caring and treated people well. A relative commented, "They're part of the family."

However, systems in place to monitor the quality of the service and make improvements when required had not always been effective. Medicines support was not always managed safely. People's care plans were not up to date, sufficiently personalised or reflective of the care and support people received. The provider did not maintain accurate and complete records of people's care or of staff employment to demonstrate that safe recruitment procedures had always been followed.

People were consistently supported by staff they were familiar with and who knew their care needs and preferences. We have made recommendations regarding care workers being entitled to sufficient uninterrupted time off between long working hours and about recruitment procedures. People were supported to avoid risks of harm and abuse. There were arrangements in place for preventing and controlling infection.

Staff received supervision and training and they felt supported by the registered manager and office staff who were always available to them. Staff supported people with their choices of meals and drinks and to access healthcare services if needed.

Relatives told us they felt people were safe and staff promoted their dignity, privacy and independence. Relatives felt able to raise issues or making complaints and that they would be listened and responded to.

Relatives and staff felt involved in the service. They spoke highly of the registered manager and how they managed the service. The management audited the service and checked on people's care regularly.

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](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 May 2019 and this is the first inspection.

### Why we inspected

We inspected this service in line with our inspection methodology based on the date of registration.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care, and the good governance of the service.

Please see the action we have told the provider to take at the end of this report.

### 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 inspection methodology or sooner if we receive any concerning information.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Allura Care Ltd

## 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.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

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

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 registered manager would be in the office to support the inspection. Inspection activity started on 17 November 2021 and ended on 1 December 2021. We visited the office location on 18 November 2021.

#### What we did before the inspection

We reviewed information we held about 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with a care coordinator and we reviewed a range of records. This included two people's care and risk management plans and care records. We looked at three staff files in relation to recruitment and staff

supervision and a variety of records 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Using medicines safely

- Medicines support was not always managed in a safe way. Staff signed medicines administration records (MARs) to indicate they had supported people to take their prescribed medicines. However, people's MARs did not set out adequate information about their medicines, such as the names of the medicines given, dosage or time of administration. This meant MARs did not always provide assurance that staff had tried to support people with their medicines safely.
- Staff supported a person to take a 'when required' medicine, which is given or taken only when needed. There was no medicines protocol or clear information to guide staff on when they should support a person to take such a medicine. This meant the provider could not always ensure people received their prescribed 'when required' medicines as intended.
- People's medicines support was not clearly defined in their care plans. For example, how to allay a person's anxiety about their medicines or arrangements for when a person's relatives supported them to take these were not set out in their plan. As a result, care staff might not have all the necessary information to support a person safely with their medicines.

We found no evidence that people had been harmed. However, these issues indicated medicines were not always managed in a safe way and to help ensure people always receive their medicines as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager audited the MARs on a monthly basis to make sure that staff were completing them, but had not identified the issues we found. We discussed these with them and signposted to national guidance so they could make improvements.
- Staff had completed medicines support training and the provider assessed their competency to provide this safely.

### Staffing and recruitment

- The provider completed pre-employment checks so they only offered positions to appropriate applicants. These included detailing their work history, gathering references from previous employers and obtaining criminal records checks from the Disclosure and Barring Service. However, records for one worker could not demonstrate a disclosure check was obtained when they started employment in 2019. We discussed this with the registered manager and saw they had recently applied for a new disclosure check for this member of staff.

We recommend the provider consider and implement current guidance on safe recruitment procedures and review their practices accordingly.

- There were sufficient numbers of staff deployed to meet people's needs. Relatives said people were consistently supported by the same staff. This meant they could develop relationships of trust with staff who knew their care needs well.
- However, a staffing rota and daily care records showed a care worker worked 12 hour shifts every day for a month without any uninterrupted 24-hour period of time off. This indicated the provider had not always ensured staff were afforded enough time off to adequately rest between their care shifts. Staff we spoke with were happy with the hours they worked and said they could request changes to this if they wanted.

We found no evidence people had been harmed however, people might be placed at risk of receiving poor quality care from fatigued staff who had not been able to adequately rest and recuperate between prolonged periods of work. We recommend the provider consider current guidance about employees' rights to have sufficient time off between long periods of work and review their staffing practices accordingly.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place for responding to concerns of abuse and neglect when informed of these. However, the provider's safeguarding adults procedures were not in line with current legislation and did not always give clear information about the statutory agencies to which staff could report abuse concerns. We discussed this with the registered manager and they said they would update this promptly.
- Staff we spoke with knew how to recognise and respond to concerns of potential abuse concerns. This included whistleblowing and reporting concerns to other agencies.

Assessing risk, safety monitoring and management

- The provider assessed some risks to people's safety and well-being, but risk management plans did not always set out sufficient information about how to help people stay safe.
- One person lived with arthritis and Parkinson's, a health condition that affected involuntary movements in their body and limbs. While their assessments noted this as a risk to helping them to move safely, it did not say how it affected them and what staff should be mindful of when helping the person to mobilise. We discussed this with the registered manager and they said they would add this detail to the management plan. We noted, however, the provider had given staff information about Parkinson's and how it affected people and staff we spoke with demonstrated a good understanding of the person's support needs. The provider had trained staff on how to help people to use their mobility equipment safely. Relatives said they felt people were safe.
- People's risk management plans also considered their home environments to make sure they were suitable for staff to provide care safely. A relative told us staff had been helpful in advising on equipment and suitable adaptations to help them stay safe at home. We saw the provider had responded to a request from the local commissioning authority to monitor how a person used their electric heater so they stayed safe.
- Staff records indicated they had also completed training Health and Safety and First Aid to help them support people in case of a medical emergency.

Learning lessons when things go wrong

- The registered manager had a system in place for responding to incidents and accidents. Staff we spoke with understood knew how to report concerns and were confident that they would be listened to. There had been no incidents or accidents reported in the last year.

Preventing and controlling infection



- There were suitable arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. This included masks, gloves and aprons. Staff said they always had access to PPE and the provider had enough to meet ongoing requirements. Care staff received information and supervision on how to use PPE and their supervisors checked they wore this appropriately. Relatives also told us staff wore this.
- Staff completed regular COVID-19 tests and had accessed COVID-19 vaccinations. One care worker told us the registered manager reminded them to do additional testing when possible. Staff were supported to isolate when required.
- Staff maintained a COVID-19 safe office environment at the time of our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had assessed people's needs before they started using the service to ensure the service could support people appropriately.
- Relatives were involved in the assessment process. One remarked that they appreciated the joint-working between the registered manager and statutory agencies to assess and understand their family member's needs.
- People's protected characteristics under the Equalities Act 2010, such as their ethnicity and religious background, were identified and recorded in their care plans.

Staff support: induction, training, skills and experience

- Staff had been provided with training and support to provide effective care. They had completed a range of training for this, including dementia awareness, person-centred care, equality and diversity and fire safety.
- Staff had periodic supervision meetings with their line managers and said these were supportive. Staff found the managers and care coordinators approachable and helpful. They could contact them for advice when needed, including outside of office hours.
- The staff team had worked with the people for a number of years. However, records showed they had completed an induction to their role and working with the people when they first started.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink to meet their dietary needs and wishes.
- Staff we spoke with knew people's food preferences. People's care plans noted some specific requirements for food and drink, such as when they only ate certain foods because of their religious beliefs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- The service had not needed to work routinely with other agencies due to the nature of people's needs. Staff had supported people to maintain their health and access healthcare services when required, which relatives confirmed. For example, staff had contacted and facilitated video calls with a person's GP and helped people access COVID-19 vaccinations.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff supported people in line with the principles of the MCA.
- The provider had assessed when they considered a person may lack the capacity to consent to their care arrangements and determined when these were in their best interests.
- Staff explained how they respected people's decisions about their care and treatment, such as when a person refused medicines and seeking their consent to provide personal care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives felt staff treated people well.
- A relative told us they found staff were exceptionally respectful to the person they supported. They said, "One thing we find delightful, ... there is an incredible respect for [family member]".
- People's care plans recorded information such as people's religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had completed training on promoting equality and diversity in their work.

Supporting people to express their views and be involved in making decisions about their care

- People and their family were involved in planning and reviewing their care. This gave them opportunities to make decisions about and direct their care. One relative said they felt "Very happily involved in the discussions."
- Staff explained how they promoted and respected people's decisions regarding their day-to-day care. For examples, helping a person to make choices about their meals and activities.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us care staff afforded people privacy and dignity. A relative told us, "[Staff] are stalwarts for that." Staff were clear how they promoted people's dignity and privacy when providing personal care. This included first explaining what they would like to help a person with and talking and reassuring people while providing their care.
- Staff described how they supported people to maintain their independence. For example, encouraging and helping an individual to wash areas of their person when this was possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met in a planned way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not make sure the approach to designing and reviewing people's plans of care and support always recognised and reflected their individual needs and preferences.
- Care plans only gave brief information about each individual and did not always reflect a person-centred approach to supporting people. Plans gave basic information about the tasks care staff needed to complete, without always including information about people's preferences, likes, dislikes, interests or the way they wanted to be cared for.
- Some areas of the care plans were out of date and did not reflect people's actual care needs. For example, a care plan was dated 2019 and stated a person had pressure sores but this was no longer the case.
- People did not always receive support based on an agreed and up to date plan of their current care needs. For example, staff supported one person with exercises and handled another person's money for shopping, but there were not set out in their care plans. Staff explained their approaches for reassuring people when they were disorientated or distressed, such as with aspects of their personal care, which were not recorded in their care plans. This meant there was a risk that staff who were new or unfamiliar with people's needs may not be able to always provide personalised care and treatment to meet those needs.

We found no evidence people had been harmed however, these issues indicated the provider did not always ensure care plans were designed with a view to meeting all people's needs and achieving people's preferences for their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager. They acknowledged care plans needed to reflect the care people received and provide more personalised information about how to support people and said they would update these.
- People's care plans clearly noted how people preferred to be addressed and we saw staff respected this. Staff and the registered manager demonstrated a good knowledge of the care needs of the people they worked with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people to meet their communication needs.

- People's care plans set out their communication or sensory needs. For example, when a person needed to use glasses. Relatives told us they felt staff communicated well with their family members. Staff also described how they used information with pictures to explain COVID-19 to a person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people with person-centred activities. For example, staff described singing and dancing, discussing poetry and other languages, watching and chatting about TV programmes. A relative commented, "It's like a party sometimes" and "They are spending time well, not just passing the time." Staff demonstrated a good understanding people's likes and interests.

Improving care quality in response to complaints or concerns

- The provider had a process for handling complaints, although they had not received any. Relatives told us they knew how to raise concerns and were confident these would be responded to. One relative said, "I feel I could speak with [the registered manager] about anything."

End of life care and support

- The service was not supporting anyone at the end of their life. Staff explained how they would review a person's needs and work with their family and healthcare professionals if a person was identified as needing end of life support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that while the service management and leadership were consistent, some systems did not always ensure people received high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

- The provider carried out a range of checks and audits to monitor safety, quality and make improvements when needed. However, these systems had not always been operated effectively as they had not identified the issues we found during the inspection.
- Auditing systems had failed to identify and address the concerns we found during the inspection including the fact that safe recruitment procedures had always been followed, care plans were not up to date, and medicines support was not always managed in a safe way.
- The provider did not maintain accurate records about the care and support provided people. For example, staff ticked daily checklists to indicate personal care had been provided, but this was not always completed on some days. There was also minimal or no recording of the other care and support provided to people throughout their days or observations on a person's well-being. Staff did not always keep notes of how the service had worked with healthcare professionals. These concerns meant the provider did not ensure there were always accurate, complete and contemporaneous records of people's care to provide assurance people were always supported to meet their needs and avoid harm.

We found no evidence that people had been harmed however, these issues indicated systems were not consistent and robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the matters we found when we discussed them and said they would make the required improvements promptly.
- The registered manager and care co-ordinators conducted regular checks on staff. These monitored staff punctuality, if they wore appropriate clothing, used PPE as required and if they treated people with dignity and respect.
- While there had been little joint-working with other professionals recently, the registered manager recognised the importance of working in partnership with other agencies as and when the need arose.
- The registered manager kept informed about current social care practice by accessing information from the National Institute for Health and Care Excellence, Skills for Care and the CQC. They also attended regular multi-agency local authority meetings to understand and share practice and development ideas.

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

outcomes for people

- The care staff and registered manager appeared committed to providing good care. A relative said, "There is an absolute unity of intention to have [the] best care."
- Relatives spoke highly of the registered manager and how they managed the service. Their comments described them as "A pleasure to deal with" and "Instrumental to the success of the care we have."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 registered manager demonstrated they understood the need to provide care in an open and transparent manner, including offering an apology when something goes wrong. The registered manager and relatives told us there had been no instances of this.
- The registered manager held periodic team meetings and staff had opportunities to discuss the running of the service. These had been mostly online due to the COVID-19 pandemic. Records showed staff discussed topics such as PPE, vaccinations, punctuality and safeguarding adults awareness. Staff said they found the meetings helpful.
- Relatives told us they felt involved in their family member's care, staff communicated well with them and said they could contact the provider easily when they needed to. The registered manager stated they sent pictures and video messages regularly to a relative to keep them updated about and involved in the care 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 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences. Regulation 9(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not ensure care and treatment was always provided in a safe way for service users. Regulation 12(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. Regulation 17(1)