

Allfor Care Services Limited

Hammersmith

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Allfor Care Hammersmith is a small domiciliary care agency, which provides personal care to people living in their own home. During the day of our inspection Allfor Care Hammersmith provided personal care to four people who used the service, which was carried out by five care workers.

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

People did not receive any assistance in taking their medicines. However, we found that the records did not always consistently confirm this. The registered manager told us that they would review all care folders to ensure consistency. Information in care records was not always consistent with referral documentation in relation to people's resuscitation status. The service had quality monitoring systems in place. However, we found that these were not always effective and did not pick up inconsistencies in records in relation to medicines support and people's resuscitation status.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Care workers understood how to protect people from harm and were confident that any concerns would be reported and investigated by the registered manager. There were safe recruitment procedures in place to ensure new staff were suitable to work with people. Staff felt supported by the registered manager and enjoyed working in the service.

People told us staff were caring, respectful and encouraged their independence, protected their privacy and treated them with dignity. People confirmed they were involved in their care and feedback was actively sought about the quality of the care being provided. Staff felt supported in their roles.

People received care and support from staff who were trained and supported appropriately. Where people required support with their dietary needs and health, this was provided 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.

People received person centred care and were involved in their care planning. A complaints procedure ensured that complaints and concerns would be dealt with and people who used the service told us that they had raised concerns with office. People's end of live care needs were discussed with them.

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)

This service was registered with us on 01/12/2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and the date the service commenced to provide personal care.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hammersmith

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

The site inspection was carried out by one inspector. An Expert by Experience contacted people who used the service and relatives after the date of the site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 (CQC). 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 48 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 December 2019 and ended on 8 January 2020. We visited the office location on 17 December 2019.

What we did before the inspection

We reviewed information we received about the service since their registration. 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 care consultant and one care administrator. We reviewed a range of records, this included care plans for all people who used the service. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two people who used the service, one relative, the registered manager and three care workers. We also spoke with the local authority who is responsible for placing people with Allfor Care Hammersmith.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by care workers. When asked if they felt safe, one person said, "Yes I do feel safe. My carer is fantastic. If I need anything they would sort it out."
- The registered manager and staff understood their responsibilities to safeguard people from risk of harm of abuse. One care worker told us, "If I would see something or hear something of concern. I would immediately document and call the office, but I know I can also contact the CQC."

Assessing risk, safety monitoring and management

- The service had completed risk assessments in respect of people's mobility, skin integrity, falls, end of life care wishes and the environment. We found this to be clear, concise and of enough detail to ensure these risks could be contained and minimised.
- Care workers were aware of potential risks when providing support to people. One care worker said, "The risk assessments are in the care folder, but I know the people well and know what to. If I have any concerns I can call the office for help."

Staffing and recruitment

- The service followed safe recruitment practices. Staff records we looked at contained appropriate disclosure and barring service (DBS) checks references and other required information to check the integrity of care workers employed.
- People who used the service and care workers told us that they had enough time to ensure that people's needs were met and felt that they did not had to rush visits. One person said, "They [staff] always sit down and have a chat with me and if they run late they would give me a call."

Using medicines safely

- People who used the service, relatives and care workers told us that they did not receive support from the agency in taking medicines. This support is either done by the person independently, their relative or the district nurse.
- However, some records we viewed were not consistent with this. For example, we saw in a referral document from the local health authority that the person required some support to take their medicines, but the person's care records did state that the person did not require any assistance with taking their medicines. This conflicting information potentially could lead to person not receiving the right support when taking their medicines. We discussed this with registered manager who advised us that they would review the records of all people to ensure records were consistent with the referral information received.
- Care workers told us that they had received training in the safe handling of medicines and training records viewed confirmed this. One care worker, "Yes I had medication training, but all of my clients take

their tablets on their own."

Preventing and controlling infection

- The service followed safe infection control procedures.
- The service had a policy for the prevention of spreading infections and care workers told us that they would use gloves and aprons when supporting people with their personal care. Training records of care workers confirmed that they had received infection control training.
- We saw in the office that there was a supply of disposable gloves available and observed one care worker collecting them when visiting the office.
- People who used the service did not raise any concerns in relation to inappropriate infection control procedures.

Learning lessons when things go wrong

- The consultant and care administrator told us that since registering with the CQC no accidents and incidents had been reported. People who used the service and relatives did not mention any issues when we spoke with them. We were shown a folder which contained forms to be used to record any accidents and incidents once they occurred.
- The care administrator told us that the service would discuss accidents and incidents during care worker supervisions and care worker meetings once they have happened. They said this would reduce the risk of them happening again and care workers would have a better understanding of what to do.

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

- People's needs had been assessed and people told us that they had been involved and consulted with during the assessment process. One relative told us, "We met with the manager and talked about what we need, and the care is now good, we have no concerns."
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred support plan to help people achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us they felt care workers had the skills and knowledge to meet their needs. One person said, "They seem to know what they are doing. I am overall happy with the carer."
- New care workers received an induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care workers should be working to.
- Care workers told us that they received ongoing support from their line manager to professionally develop through ongoing training and supervisions. One care worker said, "I have a regular supervision with [name] we discuss each service user, but also talk about my training and any future development plans I may have."

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

- Some people received support around their meal preparation. This had been clearly documented in their care plan. All people were able to eat independently, but we saw that care workers helped them to prepare their meals. One relative said, "They [staff] help [name] to cook meals. At the beginning this has been difficult, but since we discussed this with [manager's name] we have no more concerns."

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

- People received the care and support they needed. People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.
- People and relatives told us that they would make and attend to their own hospital appointments, but if needed would ask their care workers for support. One person told us, "My carer is very good, if I need the help to go to the doctor, she would come with me."

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. When people received 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who used the service and relatives told us that care workers always sought consent. One person told us, "The carers always ask me what I want, and I will tell them if I want anything done differently."
- Care records showed that people had consented to their care and support when they began to receive care from the service and were involved as much as possible in their ongoing development.
- Care workers demonstrated an understanding of asking people for their consent prior to providing support.

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

- People and a relative provided positive feedback about care workers and the service provided. A person said, "The staff are very kind and caring. We sit down and spend time together for chat." One relative told us, "As far as I can say the staff are very good and kind. I visit quite often, and they are always gentle and very polite to [relative]."
- Staff knew people well, and one care worker told us, "I do talk with people to get to know them better, but also look at the care plan."
- People's records included some details about their background, wishes and preferences. The detail varied in each file, and this was something the service was working towards to improving. Most people had only been using the service for a short period of time. The care consultant told us, "We find out new things about people every day." Staff had received training in equality and diversity and told us, that they would treat people no different from how they wanted to be treated. One care worker said, "I treat all people like an individual and how they wanted to be treated and respected."

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

- People told us that they were involved in their care. One relative said, "The staff are very good and would always ask my relative. This helps my relative to stay independent and my relative is in control."
- Care records showed people and their relatives were involved and consulted about how they wanted their care to be provided. People who used the service confirmed this. One person said, "[Name] came around and we discussed what help I need. I can do most things by myself and just need a bit of help."

Respecting and promoting people's privacy, dignity and independence

- People and a relative confirmed staff maintained their privacy and dignity and promoted their independence. One relative said, "They [staff] are very good, they let [relative] do the things [relative] can do for themselves. I also know they close doors. As it happened one day I was around when they helped my relative for a wash and they closed the bathroom door."
- Care workers told us how they considered people's privacy and dignity when providing support by ensuring they asked people about how they wanted the support to be provided and ensuring people had privacy when they requested it. One care worker said, "I will always close the doors and draw the curtains, so nobody can see when my clients are undressed. This is common sense."

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 Good. This meant people's needs were met.

End of life care and support

- People who used the service were terminally ill and we saw that end of life care plans were in place and their wishes had been discussed with them. However, most people received support from Macmillan nurses and received regular visits from the local hospice who would be responsible for dealing with people's end of life care needs.
- We saw in people's records that some people had Do Not Attempt Resuscitation (DNAR) discussions with health care professionals. We however, found that this information was not always consistently documented in people's care plans. We discussed this with the registered manager who reassured us that all care records would be reviewed and updated to ensure no conflicting information was documented. Care workers told us that they knew the people who were not for resuscitation.

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

- Care plans were detailed, and person centred. People who used the service told us that they had been involved in the care planning process and the care provided met their needs. One person said, "They [staff] deliver the care the way I want it, they adapt to me and do things I sometimes can't do." One relative told us, "Yes we have a care plan, and someone came around to discuss it with us."
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- Care workers were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way. One care worker said, "The care plans are very good, and I use them if I get stuck when supporting my clients."

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.

- Where required information was provided to people in alternative formats such as pictorial, large print and easy read to enable them to access the information in a way they could understand.

Improving care quality in response to complaints or concerns

- Since registering with the CQC, the service had not received any complaints.
- People who used the service and relatives told us, that they would raise and had raised issues with the manager or would call the office. One relative said, "I never made a complaint, but I spoke to them about the

things I want them to do and didn't do."

- We saw that the service had a complaints procedure and complaints log.

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 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 care consultant advised us that care records were assessed regularly, and the quality and consistency of the records was monitored. However, during our inspection we found inconsistencies in medicine records and records relating to people's resuscitation status. The inconsistencies of documentation potentially put people at the risk of not receiving care appropriately and safely.

We recommend the service sought guidance in ensuring quality assessments and monitoring was effective.

- The registered manager was clear that the service was required to notify CQC of specific incidents in relation to the care provided to people who used the service.

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

- People told us that care workers knew them well and responded to their needs in a person-centred way, although not everybody said they knew who the registered manager was. Other people said they had met them and had been visited at home to see how their care package was progressing.
- All care workers we spoke with told us they liked working for the service and that worked well together. We received positive feedback about the management team. One care worker said, "[Managers name] is very helpful and I can always call the office for help and advice." Another care worker said, "They are a good agency to work for, I find them very supportive."

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 was clear that she had to notify the CQC of specific events. We spoke with the consultant during the inspection and with the registered manager after the inspection and were reassured that the inconsistencies we found would be addressed and resolved.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences. One person told us, "Office staff calls us regularly to ask me about the care I receive." People's cultural, ethnic and religious background was discussed with them during the initial assessment.
- The service actively sought views from people and their representatives through feedback telephone calls. People and relatives were also spoken with when staff were spot checked.
- All the people and relatives we spoke with felt confident that they could raise any concerns and they would be listened to.

Continuous learning and improving care

- The registered manager and care workers knew people well. The consultant told us if incidents happened, these would be investigated and addressed promptly. Where any learning was identified, this would be shared with care workers through team meetings and supervisions. One care worker said, "We have regular meetings, which are very good and helpful to discuss and learn new skills."

Working in partnership with others

- The service worked with other agencies such as Macmillan nurses, district nurses and clinical commissioning groups who commissioned care for people using the service.