

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	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 in the community. At the time of our inspection the service was supporting 60 people. The majority of people supported by the service are older people living with dementia or other conditions associated with ageing. The service also supports younger people with complex physical impairments.

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

The care and support provided to people was person centred. People's care plans and risk assessments included information about their preferred care and support needs and preferences. Guidance for staff on ensuring that people were supported safely and in accordance with their wishes was included in people's care records.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until satisfactory references and criminal records disclosures had been received.

People received support from regular care staff. People and family members told us that they were informed if a staff member was off work and who would be replacing them. They told us that staff were rarely late. The service monitored staff absence and lateness using live information from an electronic call recording system.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff also took part in regular supervision sessions to support them in carrying out their roles. Additional training in relation to people's individual support needs had been provided to staff.

People and their family members were involved in making decisions about their care. They told us they had been involved in agreeing their care plans and had participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans.

People had been matched with staff who were knowledgeable about their needs and preferences.

People were supported to have 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 were regularly asked about their views of the care and support that they received. Spot checks to look at the quality of care and support had taken place in people's homes. The provider had acted to address concerns arising from these checks.

Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to.

The provider undertook a range of audits to check on the quality of care provided. Actions had been taken to address any concerns.

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 (published 15 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of 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?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Allfor Care

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 carried out by one 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.

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 48 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three family members about their experience of the care provided. We spoke with fifteen members of staff including the provider, registered manager, office

manager, senior care workers, care workers and members of the office-based support team.

We reviewed a range of records. This included five people's care records and one person's medication records. We looked at five 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 spoke with three people who use the service and two family members. We spoke with a professional who has regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us that staff provided safe care and support. A person said, "They are very good and I feel safe when they are helping me." A relative told us, "[Staff member] has been supporting [relative] for a long time and they know how to make sure he is safe."
- Staff had received training in safeguarding adults. They recognised how to identify potential risks to people and knew that they should report any concerns immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- The service's safeguarding records included information about investigations and outcomes in relation to any concerns.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments in place. The risk assessments covered a range of needs, such as mobility, health, eating and drinking, infection control and moving and handling of people.
- People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- Risk assessments had been regularly reviewed and updated when there were any changes in people's needs.

Staffing and recruitment

- The provider's recruitment procedures ensured that new staff were suitable for the work they were undertaking. Checks of criminal records and references had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff. A person said, "I always have the same staff. If they are away they let me know who is coming." Where people required support from two staff they received support from staff who worked together regularly. The registered manager told us that staff working in pairs together did not have leave at the same time. This ensured that there was always a staff member who knew the person well.
- Staff logged in and out from care visits using an electronic system via their smart phones. Failure to log in was monitored and followed up immediately with the staff member concerned.
- The service monitored care visit times on a regular basis. The monitoring records showed that late or missed calls were rare.
- People and family members told us that staff were reliable and rarely late. People confirmed that the service let them know if staff were running late for a care call.

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MAR charts regularly to ensure they were correctly completed by staff.
- Information about the medicines that people were prescribed was included in their care records.
- Staff received training in safe administration of medicines. Assessments of their competency in supporting people to take their medicines had taken place.

Preventing and controlling infection

- People's risk assessments included information about managing the risk of infection.
- Staff had received training in infection control. Staff we spoke with demonstrated they understood the importance of minimising the risk of infection to people.
- Staff said that they were provided with disposable protective clothing such as aprons and gloves. People confirmed that staff used these when providing care.

Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. Systems were in place to monitor and review accidents and incident reports to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an accident or incident.
- A local authority professional told us that the provider had been responsive in addressing any concerns and had changed their practice where necessary.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Assessments of people's needs had been carried out before they started to receive care and support from the service. This enabled the provider to ensure the service could effectively meet people's needs.
- People's assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- People and family members said they had been involved in agreeing their assessments and the care and support they needed. People had signed to show that they agreed with their assessments and other care records. Where they were unable to sign their care agreements the reason was recorded.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- Regular 'refresher' training was provided to all staff to ensure they remained competent and up to date in their roles. Staff spoke positively about the training they received. A staff member said, "We have to do this training regularly. Even though I have done the training before, I always learn something new"
- The service had a system for monitoring when 'refresher' training for staff was due. We saw that staff had training sessions as required.
- Staff received training specific to people's individual needs. For example, training had been provided on autism and learning disability awareness, dementia, diabetes and catheter support.
- Staff received regular supervision sessions where they could discuss issues in relation to their work and personal development. All the staff members we spoke with said they would not wait until a supervision if they had a question or concern. They told us about the out of hours 'on-call' system which they used to obtain support from the registered manager or other senior staff member when the office was closed.

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

- Some people were supported by staff to eat and drink if they needed help.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- Where people had specific eating and drinking needs guidance had been provided for staff. The service supported some people to receive nutrition and fluids via a PEG (percutaneous endoscopic gastrostomy). A PEG delivers nutrition through a tube where people are unable to swallow food or drink. Staff providing this support had received training from a specialist nurse.
- People's daily care records included information about the food and drink they had been supported with.

However, we noted there were gaps in some people's records. We discussed this with the registered manager who told us that they would immediately raise the importance of recording all food and drink with staff providing this support.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that support was provided when required.
- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs was included in their care plans and risk assessments.
- Guidance on supporting specific health care needs such as diabetes and epilepsy was included in people's care plans.
- People were registered with GPs and received support from community nursing services when required.
- People's records showed staff had contacted their GPs or other health professionals where they had concerns about their health and wellbeing.

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. People's care assessments included information about their capacity to make decisions. Their care plans included guidance for staff about the decisions people could make for themselves.
- Staff had received training about the MCA and understood the importance of this. A staff member said, "I work with a person with dementia so the training was very good. I keep an eye on them and if I think they are not coping I will call the office to let them know I am worried."
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required. Where people had refused or were unable to sign consent to their care plans, reasons for this had been recorded.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 family members spoke positively about the care and support they received from staff. Comments included, "We've had [staff member] for a long time now and she knows [person] well. He is always happy to see her," and "I enjoy it when they come to help me. They are so friendly and kind."
- Staff understood their roles in ensuring people received caring and compassionate support. Staff told us how they enjoyed their work and how important it was to develop relationships with people. A staff member said, "I'm the only person they see sometimes. If I'm having a bad day I leave it outside the front door and make sure I'm always smiling and chatty when I visit."
- Staff received training in equality and diversity and person-centred approaches to help them understand the importance of supporting people's unique individual needs.
- Information about people's cultural, religious, relationship and other needs and preferences were gathered by staff during their care assessments. Guidance on meeting these needs was included in their care plans.
- The registered manager told us that, where possible, staff were matched to people on the basis of their specific cultural needs and interests. People had been asked about their preferences in relation to the gender of the staff supporting them as part of the service's matching process.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members told us they were involved in decision making on a regular basis. A person said, "They always ask me before doing anything and check how I want things to be done."
- Staff described how they supported people to make choices and decisions. A staff member said, "Sometimes (person) says they don't want any care. I offer to make a cup of tea and by the time they've had tea and a little chat they are ready." Another told us that they showed people objects if they were confused about what they were asking them to consent to, for example, soap and a flannel for a wash.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff supported people's privacy and dignity at all times. A person said, "They do respect me. They close the curtains and cover me when they are giving me a wash."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves. Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to.
- A staff member said, "It makes such a difference to people's self-esteem if we help them to do things for

themselves. This is something I encourage when I am working with people."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff on how they should support people to ensure that their needs and preferences were met.
- Information about people's cultural and religious needs were included in their care plans.
- Care plans were reviewed six monthly and when people's needs changed. People's care plans had been updated when there were any changes in their care and support needs.
- People and family members told us that they had been involved in reviews of the care and support provided by the service.
- Staff were aware of people's backgrounds and interests. A staff member said, "I know what [person] likes and even though they can't speak to me to tell me he understands we have a laugh together."

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.

- The service had a policy on the AIS.
- Some information was provided to people in an easy to read format. This included, for example, the complaints procedure and the service user guide. The registered manager told us that no-one currently using the service required their care plans or other information in another language or format. They said that the service would provide information in other formats such as large print, picture assisted or language translations if required.
- Information about people's communication needs and preferences was included in their care plans. These included guidance of staff on how they should communicate with people. However, information about people's language preferences had not been included in two of the care plans we looked at. We discussed this with the registered manager who told us that the plans would be reviewed and updated.
- A staff member described how they communicated with a person using signs they understood. They told us, "I always say the words as well and point and gesture. [Person] can communicate that they understand."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for monthly monitoring of complaints. Three complaints had been received in the

past year. We saw that appropriate action had been taken to resolve these to people's satisfaction.

- People and family members told us they would contact the registered manager if they had a complaint. One family member said, "I've made complaints in the past and they have dealt with them straight away. I think they have learnt from that as we haven't had any problems for a long time."

End of life care and support

- Staff had received training in supporting people at the end of life. We saw they had liaised with local palliative care team and other health professionals to ensure that people received suitable care and support.
- Where the service was supporting people at the end of life, guidance about meeting their needs was included in their person-centred end of life care plans. Their care records showed staff had liaised with other professionals such as palliative care nurses, district nurses and GPs to support people to remain comfortable in their own homes.
- People's care records included information about their end of life wishes where they had chosen to share this.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC and commissioning local authorities.
- People and family members told us that they had been involved in planning their care and support and had been regularly asked for their views about the service.
- People and family members told us that the service provided them with information on a regular basis. A family member said, "They tell us if a staff member is going to be away and who is going to replace them."
- People spoke positively about the registered manager. A person said, "[Registered manager] comes to visit me regularly to check I am happy. She is very nice and helpful."
- Staff members told us the service was well-managed. One said, "I have been here for a long time and I wouldn't stay if I didn't think the management was good. It's got better over time." Another told us, "I can contact a manager at any time and they are always supportive."

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service. They were supported by a team of senior workers who understood people's needs.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. Appropriate actions were taken to address any concerns arising from these.
- Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and independence. They were clear about their roles in supporting those goals.

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

- People received regular monthly visits to assess their views of the service. Unannounced spot checks of the care provided by staff had taken place. Actions had been taken to address any concerns arising from such monitoring. For example, a staff change had been made for a person. Staff had received training on medicines recording where a spot check had identified errors.
- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to

discuss best practice guidance. The registered manager told us that they organised two staff meetings at different times of the day. This meant that they could achieve maximum staff attendance with no impact on the care provided to people.

- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs.

Continuous learning and improving care

- The provider used information gathered from quality assurances processes to make improvements. For example, additional training and support had been provided to staff where there were identified concerns or gaps.
- Staff were informed about changes to people's care plans as soon as these had had taken place. The staff members we spoke with confirmed that they were updated about changes in people's care records immediately via email or text messages.

Working in partnership with others

- The service had liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. This was reflected in people's care records.
- A local authority representative told us that the service worked positively in partnership with them.