

## Allfor Care Alpha Care Recruitment West And Home Care Service Ltd

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### 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

The inspection took place on 23 June 2016 and was announced. We gave the provider 48 hours' notice because they provide a domiciliary care service and we wanted to make sure they would be available to speak with.

The last inspection of the service was on 31 January 2014 when we found no breaches of Regulation.

Allfor Care Alpha Care Recruitment West and Home Care Service Limited is a privately owned domiciliary care agency providing personal care to people who live in their own homes in the London Boroughs of Ealing and Hounslow and surrounding areas. At the time of our inspection the agency offered a service to 21 people. Some of the people were older adults with associated health and personal care needs and some were younger adults with learning disabilities or mental health needs. The provider had one other registered location providing domiciliary care services located in the London Borough of Harrow.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service were happy with the care they received. They said that care workers were kind, caring and polite. They felt their needs were being met and the care workers arrived on time. People felt involved in planning their care and told us the agency was responsive to their concerns and feedback.

The staff received the support, training and information they needed to care for people safely and meet their needs. There were appropriate procedures for recruitment which meant that only suitable staff were employed. The staff had opportunities to meet with the manager and discuss their views and experience.

There were clear and appropriate systems for assessing the quality of the service. These included asking people who used the service for their opinions and regularly checking that they were happy with the service. The manager and senior staff knew the service well and had a good knowledge of individual people who used the service, their needs and the staff who cared for them. They had improved systems for coordinating and monitoring the service and were looking at ways for continued improvements. They liaised with the local authorities who purchased the care and other providers to keep themselves up to date with changes in good practice guidance and legislation.

## 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.

People were protected from the risk of abuse through the provider's procedures on safeguarding. Where abuse had happened the provider had responded appropriately to help protect people and keep them safe.

The risks to people's wellbeing and safety had been assessed and there was information for the staff on how to minimise these risks.

People were given the support they needed to take prescribed medicines.

There were enough staff to meet people's needs and they were recruited in a safe way.

### Is the service effective?

Good ●

The service was effective.

People had consented to their care and treatment.

People were cared for by staff who were appropriately trained and supported.

People were supported to stay healthy and with their nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. The staff were caring and polite.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care which met their needs and reflected their preferences. Care plans included details about their specific needs and how they should be cared for.

Care workers arrived on time and stayed for the right amount of time each visit.

People knew how to make a complaint and felt the agency listened to their concerns and acted upon these.

**Is the service well-led?**

**Good** ●

The service was well-led.

People felt they received a good quality of service. They knew how to contact the provider and were regularly asked for their feedback and opinions about the service.

There were robust systems for monitoring the quality of the service, including a range of audits, speaking with people who received care and the care workers.

Records were clear, accurate, up to date and information was accessible.

# Allfor Care Alpha Care Recruitment West and Home Care Service Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was conducted by one inspector. An expert-by-experience supported the inspection by speaking with some of the people who used the service and their representatives on the telephone to find out what they felt about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for a relative.

Before the inspection we spoke with four people who used the service and the relatives of 11 other people. We looked at all the information we had about the provider, which included notifications of significant events and safeguarding alerts.

During the inspection visit we met the registered manager and three other senior staff who supervised staff, helped manage the service and coordinated the care. We looked at the provider's records which included the care records for four people who used the service, the staff recruitment and training records for four members of staff, records of complaints, accidents, incidents and the provider's quality monitoring systems.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with the care workers from the agency. Some of the comments from people included, "I definitely feel safe, I cannot fault them", "[My relative] feels safe with them", "[My relative] sometimes shouts at them, but they do not raise their voices and are always calm and caring", "I am unsteady on my feet and the carers help me", "[My relative] feels safe, she has had the same carer for a long time" and "They give the best care."

The provider had procedures for safeguarding adults and whistle blowing. The staff had all received training in this area as part of their induction and through regular updates. In addition the manager and senior staff had discussed safeguarding procedures and abuse at all team meetings and group supervision sessions. They had included information about recognising and reporting abuse in newsletters sent to people who used the service and the staff and in the packs they provided to people when they started using the service.

The provider had notified the local safeguarding authority and Care Quality Commission of incidents where there was suspected abuse or they felt people were at risk and these were recorded. The provider had worked with the local authority to help protect people.

Three of the people who we spoke with told us the care workers helped them with shopping. They said that the care workers asked them what they wanted and were trustworthy. They said they were shown receipts for the purchases and the care workers followed their instructions for the items they wanted. They told us they were happy with the way in which care workers handled their money.

The risks to people's wellbeing and safety had been assessed. The provider carried out the assessments with the person and their representatives. Assessments included information about their physical and mental health, how they moved around their home and any equipment they used. The risk assessments also incorporated any environmental risks, such as chemicals used, fire risks and trip hazards. People had signed agreements to these assessments which included a plan to help keep people safe and minimise the risk of harm. Risk assessments had been reviewed annually and when someone's needs had changed, for example after a stay in hospital.

People who received support with their medicines told us they were happy with this. They said the staff gave them the right medicines when they needed them. One family member told us, "They give [my relative] her medication and we are very happy, we are thankful, they are a great help to us." Another person said, "They give the medicines out of the box, it is done very well."

Information about people's medicine needs was recorded in their care plans. People had been asked to sign consent when the staff administered medicines. The staff completed medicine administration charts and these were collected and audited by the manager each month. The manager told us that any errors in these resulted in the staff being asked to attend a supervision session, and possibly, additional training, depending on the error.

All staff had received training in medicines administration and we saw evidence of this in their files. The manager and senior staff conducted regular spot checks where they observed the staff administering medicines to people to make sure they were following the correct procedures.

There were enough staff to care for people and meet their needs. The manager told us they would not accept a referral if they did not have the staff to meet a new person's needs. The manager and senior staff were trained to carry out care if needed and there was a 24 hour on call system where staff or people using the service could contact the manager or senior staff. The provider had contingency plans which included access to London Transport and weather information, so they could take action and respond if a problem was likely to cause the staff to be delayed. The senior staff assigned the staff to care for people by looking at their skills, and also by grouping care workers geographically so they could care for people living near to each other and minimise the risk of delayed travel times between people. There was a system to monitor when the staff arrived and how long they stayed at each person's care visit. A new computerised system which viewed live data was being introduced at the time of our inspection and the senior staff could monitor this and see if the staff were delayed. However, they told us that the care workers generally rang them if they were running late and the agency contacted the person who used the service to let them know.

The recruitment and selection procedures ensured that checks on new staff suitability were made. The provider carried out a formal interview for new staff and asked them to complete an application form with their full employment history. Any gaps in this were discussed at the interview. The staff were also required to complete a basic English literacy test as part of the recruitment. The provider made checks on their criminal records, references from previous employers, eligibility to work in the United Kingdom and identification. We saw evidence of these checks and formal interviews for all the staff. Audits of staff files showed that they had not started work at the service until the information had been received. The provider asked staff to renew their criminal record checks a minimum of every five years.

# Is the service effective?

## Our findings

People had consented to their care and treatment and we saw evidence of this in their care plans. Where people did not have the capacity to consent to their plan, this had been discussed with their representatives or next of kin. The manager told us that even when people did not have the capacity to understand the care plan the staff still made sure they obtained consent for the care they provided. We saw that people had consented to the different records and assessments about their care and had also been asked to consent again when their care plans were reviewed or updated.

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. We checked whether the service was working within the principles of the MCA and found that they were.

The staff had received training in the MCA. There was additional information about this for the staff, people who used the service and their representatives within the provider's quarterly newsletter.

People were cared for by well trained and supported staff. At the time of the inspection the agency employed seven care workers. The majority of these had worked at the service for some time, although the provider was employing new staff as well. New staff were asked to attend training at the agency office. There was a training room, which had been equipped with a hoist, specialist bed and other equipment. The staff were shown how to use equipment and their competencies were assessed. The manager ran training sessions for the staff, which included safeguarding adults, health and safety, food hygiene and administration of medicines. The provider also organised for the staff to take part in externally run training for example, in basic first aid. Additionally workbooks and training were provided to cover other topics, such as working with people who had dementia and various health conditions. We saw that the staff had received certificates to verify their training and they had undertaken written tests of competency and knowledge. There was evidence that the staff who had worked for the provider over one year had received updated training in different aspects of their work, including safeguarding and safe manual handling techniques.

New staff were issued with a handbook of information about their role. This included some of the provider's policies and procedures as well as information about the job. New staff shadowed experienced workers and their competency was assessed as part of this. We saw evidence of this. The staff were introduced to people who they would be caring for and were given copies of the person's care plan and key information about how to obtain access to the person's property and their specific needs.

The manager and senior staff carried out spot checks on staff. These were unannounced visits to observe how the member of staff worked when supporting people. They assessed their skills, how they interacted with the person and whether they arrived on time and carried out the required duties. These checks were



recorded and we saw that they took place regularly. During the visits, people who were being cared for were asked how they felt about the care worker. The staff were also invited to office based supervisions and appraisals. There had been a number of group supervisions, where the staff discussed and learnt about specific areas of care. For example, recent discussions included safeguarding, effective communication and record keeping. We saw evidence of supervisions, appraisals and spot checks in the staff files. The manager told us they met with all staff regularly, by visiting them in the work place and when the staff visited the agency offices. They said that they had good communication with them and the staff contacted them if there were any concerns or they needed help.

People's nutritional needs were recorded in their care plans. Where people required support to eat or drink there was clear information, which included their preferences. People who received support in this area and their relatives told us they were happy with this support.

People's healthcare needs had been assessed before they started using the service and there was information about these needs within their care plans. The staff had additional information about certain healthcare conditions, such as diabetes. Care plans were appropriately detailed and included information about who the staff needed to contact in an emergency, such as the GP, district nurse or another healthcare professional. We saw evidence in the daily care notes that the staff monitored people's health and wellbeing and had taken action if they felt someone was unwell. The manager told us about a recent situation where the care workers felt that a person was appearing unwell and confused. They had contacted the person's next of kin and GP and found that they had an infection. In another example, a person was so unwell the staff had called for an ambulance. The member of staff stayed with the person and made sure they handed over to the ambulance crew.

## Is the service caring?

### Our findings

People and their relatives told us the care workers were kind, caring, polite and respectful. They said that they had a good relationship with the care workers. Some of the comments from people included, "They are very good, they talk to him and tell him what they are doing and explain", "They are most certainly kind and caring", "They talk nicely to him and listen when he talks, they are pleasant and they look happy when they are giving care", "My carer is a kind and lovely lady", "They chat nicely and explain what they are doing", "The carer seems very caring", "They know how to treat [my relative] without upsetting her", "They are very cordial and patient", "[My relative] speaks positively about the carers, I don't want to lose them", "The carer gives [my relative] a choice asking what he would like to wear or watch on TV, she treats him like a person", "They speak nicely to me" and "They very much take their time with him and care."

People told us their privacy and dignity were respected and promoted. Some of things people said were, "They always close the door and curtains", "They are very mindful and make sure no one is around", "They always shut the bathroom door", "They do what he wants and close the curtains and door", "They are very respectful when taking [my relative] to the toilet" and "They are very private and treat him well."

People and their relatives told us that the care workers respected their choices, allowed them to be independent where they could be and allowed them freedom to receive care the way they wanted. Some of the comments from people included, "They always ask [my relative] what she wants the communication is very good", "The carer asks him what he [my relative] wants and gives him a choice", "[My relative] knows what she want and the carers appreciate this and help her", "The carers take [my relative] out if they want", "They never force her if she refuses care, they just encourage her" and "They ask him what he wants and listen to him, they give him choices."

Care plans included information about people's personal preferences, religious and cultural background and things that were important to that person.

## Is the service responsive?

### Our findings

People and their relatives told us the agency met their care needs. One relative told us, "[My relative] has to stay in bed and the staff look after them well, they do not have any bed sores." The manager told us the staff assessed and checked the condition of people's skin. They reported any changes in this and the agency contacted the district nursing team to visit the person. We saw evidence of skin assessments and repositioning charts the staff had completed to indicate how they had supported the person to relieve pressure on parts of their skin.

The agency provided care to people with a range of different needs. The staff had different skills and experience and the manager told us they matched the staff to people according to these. For example they told us they had a member of staff who was experienced at supporting people who had mental health needs. They said that when they had assessed a person who had a history of refusing care they had assigned this particular care worker to the person. They had found the person responded well to the member of staff and was accepting care from them.

People told us they had been involved in developing and reviewing their care plans. They told us they had been given a copy of the care plan, along with other information about the agency, services provided and useful contact numbers which they kept in their homes. People told us the manager and senior staff visited them regularly to review the care plan and make sure they were still happy with this. One person said, "The manager comes to my house and we talk every few months, they have left a book here for me." Another person told us, "My relative has a care plan, they come to review this often, we look at it when we need to know something." People told us that the care workers wrote notes to describe the care they had given.

We looked at a sample of care plans. These were detailed and included information on people's preferences and how they wished to be cared for. The tasks for staff and how they should perform these were clear and specific to the person's needs and wishes. Care plans were reviewed and reassessed regularly. The staff had completed daily care records and these showed that care had been delivered as planned. The notes included information on how the person felt and if they were happy with the care provided.

People told us that care workers arrived on time and stayed for the agreed length of time. They said that the care workers carried out the tasks they were supposed to and met their needs. Some of the comments from people included, "They arrive on time and do what they are asked, they are good", "They arrive on time but sometimes they are a bit late. They do go beyond the call of duty", "They are sometimes a bit late, but not often, it is not a problem", "I do not always get a phone call if they are running late and I would like one", "They arrive on time and always stay the full hour" and "[The person using the service] is not always ready for care when the care workers come at the agreed time, they are very good and just wait for her or rearrange to suit her."

People told us that if they had any concerns about the service they knew who to contact. They said that they felt the agency listened to them and responded to their concerns. People who had raised complaints told us the agency had made the necessary changes to improve the service. They had a copy of the complaints

procedure and this was available in different languages and formats if requested. Some of the comments from people included, "We call the office and they always call back, communication is very good", "I called the office in the past about the carers, they changed the carers who came and they are much better now", "I would call them if I needed to, but I do not", "I am satisfied with the way in which they communicate with me" and "We had a problem about six months ago, we called the agency and they sorted it out."

## Is the service well-led?

### Our findings

The majority of people told us they liked the agency and felt it was well-led. However, one family member said that they felt the agency sometimes changed care workers at short notice and this was stressful for their relative (the person who was using the service). Other people commented, "The agency is very good and they do a weekly report about [the person using the service]. There is good communication. The agency is adaptable and accommodating", "This is the best agency [my relative] has had"

People using the service and their relatives told us they felt it was a good service. Some of the things they told us about the service which they liked were, "They talk nicely and make him comfortable chat about the weather", "We can feel relaxed and at ease as she is well cared for", "The carers know him and understand him". "From my experience the carers are very good", "The service is good with [my relative], they encourage him to do things", "I rely on them, they take a weight off my mind", "[My relative] is happy so I am happy", "It is a good personalised service that is willing to adapt", "They have accustomed the service to his needs" and "They are caring and respectful of all the family."

We asked people what they felt could be improved about the service. The majority of people told us nothing could be improved with one person stating, "It would be hard to improve it as they do an excellent job." However, one person told us they thought consistency of carers could be improved. Another person told us that they felt the quality of care notes should be improved.

Allfor Care Alpha Care Recruitment West And Home Care Service Ltd was a private company. The registered manager also owned the organisation. There were two branches and they worked closely together. The staff sometimes worked across different areas to support each other. The manager was qualified to train staff in various areas, including safe moving and handling. They were undertaking a level 5 management qualification. The manager employed a team of senior staff who coordinated the care, monitored the service and supervised staff. These staff were also undertaking management qualifications. The team of senior staff worked well together and told us the manager was supportive.

Records were up to date, clear and information was easily accessible. There were copies of care plans and assessments kept at the office. The senior staff audited care notes, medicine administration charts and records of financial transactions regularly. The provider used a computer system to help record information, monitor how and when care was being delivered and to audit the quality of care. The system flagged up when reviews of care or staff training, supervisions and checks were due. The system also allowed the senior staff to match staff to the people who used the service according to their skills, experience, availability and location.

The provider carried out audits to make sure they were providing a quality service. These included written surveys for people using the service, telephone monitoring, regular review visits, spot checks on staff performance and auditing records. There were also systems for monitoring if visits took place at the right time and care staff stayed for the agreed length of time. We saw that where people had raised concerns or a concern had been identified as part of an audit, the senior staff responded to this and took action to put

things right. For example, when people had requested a change or care worker, a change in the time of calls and when the senior staff had notice unclear records of care. There was evidence that they had recorded these concerns, taken action to make the necessary changes and checked back to monitor improvements.

The provider issued a quarterly newsletter to all staff and people who used the service. This included information about changes and updates to the service, there was also a summary of any themes from complaints and how they had responded to these, information about safeguarding and recognising abuse and other useful information such as how to manage in hot weather and how the provider monitored call visits.

The provider kept themselves aware of changes in legislation, local authority requirements and good practice guidance. They attended forums and were part of groups who shared information. They had a range of information about the requirements of the London Borough of Ealing, who were their main customer.

The provider sent notifications of significant events, including safeguarding alerts to the Care Quality Commission (CQC), so we were being kept informed of the information we required.