

Allot Healthcare Services Ltd

# Allot Healthcare Services York

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Allot Healthcare Services York is a domiciliary care agency providing personal care to people living in their own homes. The service was supporting 65 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

Improvements were needed in the way COVID-19 and other risk specific to people were assessed and managed.

People continued to experience issues with call times and inconsistency of care workers. There were concerns about the organisation's communication with people, their relatives and healthcare professionals. We also identified issues with staff training.

There was a process in place to manage and respond to any complaints about the service, however this was not adhered to when people, or their relatives did complain.

The provider did not always follow their own procedures in relation to reporting missed calls to the local safeguarding team.

The provider's system of audits had not been effective in monitoring and addressing issues with the quality and safety of the service.

Staff were safely recruited and felt well supported by the management. Medicines were managed safely.

People were protected from infections. Staff wore appropriate personal protective equipment [PPE] and received testing for COVID-19.

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 and update

The last rating for this service was requires improvement (published 21 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allot Healthcare Services York on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 monitor the service.

We have identified breaches in relation to safe care, and good governance at this inspection.

### 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 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 not always safe.

Details are in our safe 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** ●

# Allot Healthcare Services York

## **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 inspection was completed by one inspector and an Expert by Experience. 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 CQC. A registered manager along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided. This inspection was supported by the agency branch manager, and an external consultant commissioned by the provider.

#### Notice of inspection

This inspection was announced. We gave a period of notice of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 April 2021 and ended on 13 May 2021. We visited the office location on 12 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and safeguarding team.

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 seven people who used the service and nine relatives about their experience of the care provided. We spoke with the branch manager, human resources assistant, administration assistant and an external consultant representing the company. We spoke with seven further staff and received email feedback from six health and social care professionals

We reviewed a range of records. This included four people's care and medication records. We looked at four staff's files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to review information from the inspection and to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same.

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.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Some risk assessments to guide staff were of variable detail and did not always contain enough information. We saw risk assessments that did not contain all the potential risks for one person. We discussed this with the registered manager who sent us an update of how they planned to further explore and mitigate the risks to this person.
- Detailed COVID-19 risk assessments were not in place to explore specific risks to people using the service.
- People and their relatives told us they continued to experience late calls and frequent changes to their staff. Comments included, "The same ones [staff] come for a month then they change. It's the change that [relative] doesn't like" and, "It's [staffing] up and down most weeks. Some mornings they are late, so breakfast is late, and they come too early in the evening to put me to bed." This meant people's needs had not always been met in a timely manner.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Whilst action was initially taken to keep people safe, this was not always clearly communicated with other agencies or revisited to check whether further action was needed or had been taken.
- Staff lacked knowledge of safeguarding and whistleblowing procedures.

We found no evidence that people were harmed. However, there were multiple failures in relation to; management of specific risks to people, inconsistency of care workers, call times, and monitoring of safeguarding incidents. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to try and resolve ongoing issues to ensure people received a consistent staff team that were on time. The provider had an electronic call monitoring system, which provided live oversight for them to monitor care calls. Weekly records were kept of queries arising from care calls, and the action taken in response to these.
- Risk assessments had been completed on the environment to promote people and staffs safety.
- Staff were safely recruited; pre-employment checks were completed prior to staff starting work.

Using medicines safely

- People told us they were satisfied with the support they received with their medication.

- Regular auditing of medication records was being carried out.

#### Preventing and controlling infection

- Staff were provided with PPE and followed current government guidelines for the use of PPE in care settings.
- Risk assessments had been completed for those staff considered to be at high risk if they contracted COVID-19.



# 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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection we found the providers governance systems in place had failed to identify areas of concern in relation to mitigating risks to the health and safety of people.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's governance systems were not always effective. They did not recognise the lack of detailed information for staff to know how to mitigate risks people. Whilst we did not identify any direct impact to people, the lack of robust quality assurance systems placed people at risk of receiving poor quality care.
- Complaints were not always responded to in line with the providers policy. We reviewed one complaint that contained inaccurate information and was a poor quality response to the complainant.
- Staff did not receive training in line with the provider's policies.
- The branch manager and external consultant were unable to confirm the identity and role of a person in their office during our inspection. This demonstrated a lack of oversight of the day to day running of the service.
- We requested additional evidence during the site visit from the branch manager, and external consultant. We did not receive all the evidence we asked for.
- The branch manager did not assure us they were aware of their responsibilities to report significant issues to the Care Quality Commission (CQC).

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when things go wrong

- The registered manager did not assure us of their understanding of the duty of candour. Further improvements were required to ensure this was understood and adhered to at all times.

The failure to operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff carried out regular spot checks. These included; the use of PPE, administration of medicines to check staff were competent to administer them, and to identify any errors and/or areas of improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives told us they did not always feel informed if there were changes or delays to the time, or staff attending their calls.
- People, relatives and health and social care professionals told us of difficulties with communication between people and staff during calls. In addition, they described experiences where the service did not provide information requested in a timely manner, nor communicate effectively when required. We saw the provider had introduced written and oral language checks for staff to support effective communication.
- People and their relatives spoke positively overall about the staff team and their care. One relative described the care staff as, "Kind, respectful and lovely, like a second family." One person told us, "I get on very well with them they help me a lot."
- Staff told us they felt supported in their roles.

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

- People were encouraged to share their views.
- Team meetings had been infrequent due to the impact of COVID-19. Staff confirmed they were getting regular updates when required. One told us, "Because of COVID-19 they have not been as many meetings but we have some through Zoom (electronic application). Most of the time if there is anything, they would contact us through group chats."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure that risks to service users were adequately assessed and mitigated.</p> <p>Regulation 12 (1) (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare.</p> <p>Regulation 17(1)(2)</p>