

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 effective?

Requires Improvement 

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

Allot Healthcare Services York is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of our inspection the service was supporting 70 people.

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

Governance systems in place were not always effective at identifying areas of concern as they had not identified those found at inspection. Systems had failed to identify where records were not in place or were not robustly completed. There was no formal auditing system for monitoring people's care plans, this meant the service had failed to identify when required risk assessments were not in place. Risk assessments had not always been carried out to mitigate risks to people.

Where recommendations had been made at the last inspection, sufficient improvement had not been made. At the last inspection we made a recommendation regarding call times and consistency of staff. At this inspection we found improvements had been made in relation to call times, however people continued to get inconsistent staff and were not always updated when changes in staffing occurred.

At the last inspection we made a recommendation regarding the Mental Capacity Act. At this inspection we found people were asked consent and were encouraged to make decision about their care. 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. However, we did identify records of best interest decisions were not always in place or fully completed.

People told us they felt safe with the staff that support them. People received their medication as prescribed. Staff had been recruited safely.

Staff treated people with respect and people's privacy and dignity was maintained.

Staff felt supported and they received induction, ongoing training and supervisions. People's nutritional needs were met.

People had the opportunity to give feedback on the service. People and their relatives were positive about the management team.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2018).

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/ sustained and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified one breach in relation to governance systems. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# 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 first day of inspection was carried out by one inspector and one assistant inspector. The second and third day 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

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

#### What we did before 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 four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the, registered manager, quality manager, deputy manager, one field care supervisor, two care workers. We visited two people in their own homes.

We reviewed a range of records. This included two people's care records in full and sampled a further two. We looked at medication records and three staff files in relation to recruitment 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 the providers policies and procedures. We spoke to one further staff member.

# 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.

### Staffing and recruitment

At the last inspection we recommended the provider review the planning of care to ensure consistency of staff and timeliness of support. The provider had made improvements with the timeliness of support but had not made sufficient improvement with staff consistency.

- Although the provider had tried to resolve some of the issues with consistency of staffing, this had not always been effective. One person told us, "We have had an awful lot of different ones, it makes it harder for the carer, because they are having to learn the routine, also harder for the person. [Name] finds it very frustrating getting one after another." We discussed this with the provider, who told us they had been trying different ways to resolve the issue and were continuing trial ways of working to resolve this.
- Work had been carried out to improve the timeliness of calls. Most people told us staff arrive on time. One person told us, "They arrive on time, normally five or ten minutes early or late." Another person told us, "Yes our calls are on time and if we need to change, they sort it out for us." Where incidents had occurred that staff had been late, people had been informed of this.
- The service used a live monitoring system which alerted them to calls which were over twenty minutes late, this ensured calls were not missed.
- Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process.

### Assessing risk, safety monitoring and management

- Risk assessments and care plans did not always contain adequate detail to mitigate the risk to people. For instance, after one significant incident, although the provider had taken some appropriate responsive action, they had not reviewed and updated the person's care plan and risk assessment. The care plan lacked guidance on how staff should support the person when they were becoming distressed or displaying challenging behaviour. We discussed this with the registered manager who updated this information during the inspection.
- Environmental risk assessments had been carried out.

### Using medicines safely

- Improvements were required to the recording of medication administration records. For example, staff were signing for medication and then crossing it out, with no documented explanation as to why.
- People told us they were happy with the support they received with their medication.

- Staff had received medicines training and were assessed as being competent before they supported people with their medicines.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team.

#### Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. People confirmed staff managed infection control.
- Staff as they kept a stock of gloves and aprons and they collected stock from the office whenever they needed it.

#### Learning lessons when things go wrong

- The registered manager monitored accident and incidents to ensure action was taken and lessons learnt.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At the last inspection we recommended that the provider research best practice around best interest decision making in line with the Mental Capacity Act 2005 Code of Practice. Records regarding best interest decisions still required improvement.

- Although some best interest records had been completed. We found one occasion where a best interest was required, this was not recorded and some best interests' records had not been fully completed.
- People told us that staff always obtained their consent before providing care.
- Staff had an adequate understanding of the MCA and told us they encouraged people to make decisions for themselves.

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

- Assessments were carried out with people and their relatives prior to them starting to use the service.
- People's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's beliefs by enabling them to choose the gender of the care staff who provided their close personal care.

Staff support: induction, training, skills and experience

- Staff received an induction when starting in the service. One staff member told us, I'm happy with the training. We do all the mandatory and any additional we need based on individual's needs."
- Records showed, and staff confirmed they received training to enable them to provide effective care and support to people.

- Staff were supported through supervisions and regular competency assessments.
- People and their relatives told us staff were knowledgeable in their roles. One relative told us, "Yes staff are well trained. I could go away for a few days and I know I know my dad is in capable hands."

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

- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals and detailed their preferences.

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

- There had been some concerns regarding the support people received when requiring health care. The provider had conducted work with staff to resolve this issue.
- People and relatives told us staff supported them with their health care needs. One relative told us, "They call doctors and district nurse for everything that's needed, they're over cautious but its good."

# 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 told us they were treated with respect and were happy with the support they received. Comments included, "The care is very good, and this is the main thing" and "All staff are friendly and pleasant, even in the office, really good." Relatives told us, "Staff are kind and nice natured."
- Staff had all received equality and diversity training. They understood the importance of respecting people's individual preferences and ensuring no-one was treated differently.

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

- People were involved in day to day decisions and had control over how their care was provided. Where appropriate relatives were also involved in decisions about people's care.
- People were involved in their care planning, and reviews took place to ensure people remained happy with the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff ensured their privacy and dignity was maintained.
- Staff told us how they promoted people's independence, by encouraging them to complete tasks for themselves with staff guidance and support.
- Care plans contained information on how staff should provide support whilst encouraging independence.
- People's information was stored at the person's home and information at the providers office was stored securely.

# 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.

### 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.

- People's communication needs had been assessed and record in their care plan.
- The provider had emergency grab sheets, the information on this in relation to people's communication needs was not always correct. The registered manager assured us this would be addressed.
- The registered manager told us they could access documents in different formats based on people's assessed needs.

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

- Care files contained details about people's likes and dislikes and their support routines. This helped staff understand how to provide person centred care and meet the person's needs.
- People were generally happy with the care they received, however the constant staff changes impacted the person-centred care people received as some staff did not know people as well. The provider assured us they were working on providing people with a consistent staff team where possible.

### Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. People and their relatives felt comfortable raising concerns with the management team.
- Complaints had been responded to line with the company's procedures.

### End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- People's end of life wishes was explored at the assessment. People's care plans contained evidence of a DNACPR in place. A DNACPR form advises that people do not want medical professionals to attempt cardio-pulmonary resuscitation (DNACPR). This can ensure that a person's death is dignified and peaceful.
- The registered manager told us they would be developing care plans to ensure people's end of life wishes were fully explored and reviewed.

# 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 now 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 identified that records needed to be improved to ensure they provided care staff with detailed guidance about how to provide person centred care. Quality assurance systems needed to be more robust to ensure improvements were made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found governance systems in place had failed to identify areas of concerns identified at inspection. For example, risk assessment and care plans not containing adequate information to guide staff on how to mitigate the risks to the health and safety of people.
- Sufficient improvement had not been made in relation to the recommendations made at the last inspection. People continued to receive inconsistent staffing.
- Systems had failed to identify when best interest records were not recorded or robustly completed.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014

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

- People were happy with the care they received, however the consistent changes in staffing effected the person centred care people received.
- Staff said they felt supported by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives knew how to contact senior staff. People told us they contacted the office with any queries and these were dealt with.
- Surveys and face to face reviews were carried out with people to gather their feedback on the service.
- Team meetings were held with staff to discuss any areas for improvement and to give people opportunity to raise any concerns.
- The registered manager understood their responsibility to be open and honest with people and in the event, something went wrong with the care provided.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals.
- The management team attend forums and provider groups to develop links with other providers and to share best practice ideas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems had failed to effectively monitor and improve the quality and safety of the service.