

Allot Healthcare Services Ltd

Allot Healthcare Services York

Inspection report

Unit 5 George Cayley Drive York

North Yorkshire YO30 4XE

Tel: 01904565525

Website: www.allothealthcareservices.co.uk

Date of inspection visit: 30 June 2022

Date of publication: 28 July 2022

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service well-led?	Requires Improvement •

Summary of findings

Overall summary

About the service

Allot healthcare services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 51 people receiving a regulated activity. 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

Systems in place to monitor the quality of the service were not robust. We have made a recommendation about this.

People and staff shared positive feedback regarding the management. They felt there was effective communication and the registered manager was approachable.

People were consistently positive about the support they received from Allot healthcare services and the caring nature of staff.

People told us they felt safe. Staff had received training in safeguarding and felt confident in reporting any concerns. Risks to people's health safety and wellbeing had been assessed and staff understood how to keep people safe.

Processes in place ensured staff recruitment was appropriate with a range of pre employment checks completed.

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection.

The provider worked in partnership with health professionals and the local authority.

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer 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 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?	Requires Improvement
Is the service well-led? The service was not always well-led.	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 Health and Social Care Act 2008.

Inspection team

Two inspectors carried out this inspection. Two experts by Experience supported this inspection making telephone calls to people and their relatives. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service and 12 relatives about their experience of the care provided. We spoke with three staff members including the registered manager, the quality and compliance manager and a company director. Following the inspection we spoke with five care staff. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risk assessments were in place and had been regularly reviewed. These included environmental, fire and moving and handling risk assessments. This provided guidance for staff to effectively minimise risks to people.
- People told us they felt safe with staff. One person told us "Yes, perfectly safe."
- The provider supported people to ensure they had appropriate equipment in place.
- Staff had received safeguarding training and were confident in what action to take should they suspect abuse. One staff told us," We have good processes to follow."

Using medicines safely

- Medicines were managed safely, however we did identify one person who received 'as and when' required medicine that was not administered as prescribed. The provider addressed this during inspection.
- People were happy with the support they received with their medicines. One person told us, "I have quite a bit of medication, since they're coming regularly, I get it on time."
- Staff received medicines training and competency assessments to ensure they had the skills to administer medicines safely.

Preventing and controlling infection

- Staff carried out regular COVID-19 tests in line with government guidance.
- Risk assessments had been carried out to look at increased risks to people and staff.
- Staff wore personal protective equipment (PPE) in line with government guidance and had received training in how to use this safely.

Staffing and recruitment

- The provider completed robust checks to ensure they recruited staff safely. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cations held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The registered manager had contingency plans in place to ensure there were enough staff available to provide care and support to meet people's assessed needs.

Learning lessons when things go wrong

• The provider had systems in place to review accidents and incidents. Records relating to actions taken were not always available. We have reported on this in the well-led section of this report.



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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care;

- Quality assurance systems in place had not identified or addressed shortfalls identified during inspection. This included concerns relating to medicines and inconsistency of information
- Systems in place to support learning from accidents and incidents contained appropriate information, however they did not always clearly show actions taken to reduce the risk of reoccurrence.

We recommend the provider seek advice from a reputable source regarding their quality monitoring systems.

- The registered manager understood their responsibility to be open and honest if things went wrong.
- The provider had submitted notifications in line with requirements.

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

- Regular staff meetings provided staff with the opportunity to contribute their views to help the service improve. People using the service told us they were asked to complete surveys. The registered manager shared actions developed following surveys with staff.
- We received consistently positive feedback about the service. One person told us, "Staff are very kind and caring, and it's very good company." Another person told us, "It's like having a friend visit when they come in."
- Senior staff were working on improving communication with other staff. The service sought feedback for concerns raised by staff, however, this feedback was not always shared with staff following the concern being raised.

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

- Staff told us the registered manager was supportive. One staff member told us, "Since the new manager has been in place, things are much better. [Name of registered manager] makes you feel valued for your input, contributions and your efforts. They make you feel appreciated."
- People felt engaged in the service and told us there was good communication. People told us, "Yes, communication is good. I've only once raised an issue about time keeping and how it affected my

medication, that's sorted now." and "Staff ring up, tell me about any problems, ask if there's anything they're not doing right."

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; Working in partnership with others

• The registered manager understood their responsibility to be open and honest if things went wrong.