

Allfor Care Services Limited

Allfor Care Croydon

Inspection report

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Date of inspection visit:
22 July 2021
27 July 2021

Date of publication:
07 September 2021

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 Service providing personal care to people 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 207 people were receiving personal care.

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

People received their care and support safely and their risks were assessed and mitigated. Staff recruitment processes were robust and ensured staff were safe to provide care. The provider ensured there were enough staff available to provide care as planned. People were protected from the risk and spread of infection by staff following published guidance on infection prevention and control.

People participated in their needs assessments and consented to their care. Staff were supervised and received training to meet people's needs effectively. Where it was part of their care plan, people were supported to safely eat and drink.

Staff were caring and treated people with dignity and respect. People's cultural needs were identified and addressed. People made choices as to how they received their care and support.

The provider was responsive to people's changing needs and the care people received was personalised. Where complaints were made these were investigated, responded to and improvements were made.

Quality assurance processes were in place to drive improvements. The registered manager ensured collective learning when things had not gone well. People and staff were encouraged to share their views about improving the service. The provider worked closely with several organisations to meet people's needs and enhance the service's capacity and capability to deliver 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 05/08/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 Croydon

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 carried out by two inspectors and one 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 and specialist housing.

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 unannounced. Inspection activity started on 22 July and ended on 30 July 2021. We visited the office location on 22 and 27 July 2021. We made phone calls to people on 29 and 30 July 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. 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.

During the inspection

We spoke with six care staff, two allocation staff, two area coordinators, one medicines compliance officer, the location manager and the registered manager.

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

After the inspection

After the inspection we telephoned 10 people and two relatives to hear about their experiences of the care provided. We also spoke with two professionals who regularly visit the service. Additionally, we continued 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to protect people from abuse.
- Staff we spoke with understood the actions they should take to keep people safe if they suspected abuse. One member of staff told us, "I would contact the manager straight away if there was a safeguarding and if they didn't do anything I would go to the Council or to CQC."

Assessing risk, safety monitoring and management

- People's risks were assessed to reduce the possibility of them experiencing avoidable harm.
- Care records noted people's known risks and the measures in place to mitigate them. For example, where people were at risk of malnutrition as a result of poor appetite, the support they required to maintain their weight was stated in care records. In addition, where people consented, area coordinators from the provider's office monitored people's weight by using weighing scales or measuring people's upper arm circumference. Where people were observed to be losing weight the registered manager made referrals to healthcare professionals.
- Similarly, when people were observed to cough when they ate or to have difficulty swallowing, a choking risk assessment was carried out and a referral made to healthcare professionals for an assessment. Staff followed the guidelines developed by healthcare professionals to support safe swallowing.
- People were protected against neglect arising from missed care visits. Electronic systems were in place to alert office staff if care visits were not carried out as planned. This enabled the provider to take action and ensure people received care and support by sending alternative staff.
- The provider had a 'no response' protocol in place. This was the provider's plan for the actions to take should staff be unable to gain access to people's homes as planned when a key safe is not used. This included phoning people, their relatives, social services and the police. This meant the provider established the status of people's safety when care was not provided.

Staffing and recruitment

- The provider ensured staff were sufficiently skilled to provide care and support. Prospective staff completed applications, were interviewed and completed skills checks such as literacy and numeracy.
- People were protected against the risk of unsuitable staff because the provider undertook background checks. This vetting including checks against criminal records data bases and lists of individuals barred from working with vulnerable people. The provider also checked the employment history of prospective staff and confirmed their identities and eligibility to work in the UK.
- There were enough staff available to provide care and support to people. One person told us, "My regular carer is always on time." A relative of a person receiving care told us, "To be fair they do call up and let us

know if carers are going to be late or delayed. For us it's not a major issue."

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions.
- Staff were trained to administer people's medicines.
- The provider's field supervisors undertook spot checks to ensure staff administered and recorded medicines appropriately.
- People's medicines records included guidance to staff about 'when required' medicines. This guidance included the specific circumstances in which 'when required' medicines should be administered such as how many doses in a 24 hour period.
- Where staff applied creams to people's skin they also completed a 'body map' care record to illustrate where the cream had been applied and to note the condition of the skin in that area. Body maps were available for review by healthcare professionals when determining the effectiveness of treatments.
- Where people self-administered medicines or when their relatives did so, this was stated clearly in care records. This meant people, relatives and staff were clear as to roles and responsibilities.

Preventing and controlling infection

- The safe hygiene practices of staff protected people against the risk and spread of infection.
- Staff wore single-use personal protective equipment (PPE) when delivering personal care. One person told us, "My carer wears a mask and washes her hands regularly." A member of staff told us, "It makes me feel safer having PPE and my clients are vulnerable so I want to protect them too." The PPE available to staff included face masks, visors, gloves and aprons. Staff were also issued with a supply of hand sanitising gel.
- Staff received training and information about COVID-19.

Learning lessons when things go wrong

- The registered manager and the leadership team shared learning when things went wrong to improve the service people received and to avoid repetition. For example, in response to late and missed care visits the provider developed an electronic system to alert office staff if care staff had not delivered care on time as planned to people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed by health and social care professionals and the provider.
- People participated in their assessments and reassessments and in the development of their care plans.

Staff support: induction, training, skills and experience

- The provider ensured that staff received on-going training to deliver care and support effectively. Areas of training included manual handling, basic first aid, medicines and infection prevention and control. One member of staff told us, "I love doing the training as you're always learning something new."
- New staff completed the nationally recognised Care Certificate when they joined the service. As part of their induction new staff shadowed experienced colleagues as they delivered care. One member of staff told us, "The induction was fine and I feel well prepared."
- Care and office staff received supervision from their line managers. Supervision meetings were conducted face to face and by phone. Supervision meetings were used to discuss people's changing needs and the support staff required to meet them, such as training.

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

- People received the support they required to eat and drink sufficiently.
- People chose what they ate. One person told us their carer "prepares meals and I choose. I'm quite happy with what is prepared for me."
- Care records provided staff with the information they needed to support people to eat and drink and to do so safely.

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

- Staff worked collaboratively with other agencies to meet people's needs.
- Office staff made referrals to health and social care professionals when people's needs changed. Care staff followed the guidelines that health and social care professionals developed.
- The provider liaised with hospital-based professionals to support people's discharges from hospital to their own homes.

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 mental capacity was assessed as part of the initial and full assessments undertaken by the provider.
- How people made decisions was stated clearly in care records.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 well treated by staff. One person told us, "Allfor Care take good care of me, I couldn't cope without them." Speaking about the relationship between their family member and carer, one relative told us, "They get on well." A member of staff told us, "Before I get to know the person, a field supervisor goes out and finds out what the person's needs are. I go out and meet the person and get to know them. The office staff wouldn't send you on a job without any information."
- The provider supported people with a cultural needs assessment and cultural matching process. This enabled some people to be supported by staff with the similar cultural, dietary and language backgrounds.

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

- People were supported to make decisions about when they received their care and support. For example, people and the provider negotiated the times at which care visits took place.
- People also made decisions about how they were supported. For example, how they received personal care and what they ate.
- The provider provided people with a service user guide. This informed them about the services available as well as how to complain if they were not happy with their service.
- Care records contained the contact details of those who are important to people and to their care and support arrangements. For example, relatives, the GP and involved healthcare professionals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person told us, "I like that my carer is a familiar face and is absolutely respectful and keeps things dignified for me."
- Where staff used secured keys to enter people's homes they announced their arrival upon entry and stated who they were so that people felt reassured.
- Staff supported people's independence and provided support to meet people's needs. One person told us, "I can't get out and about so I'll give my carer a shopping list and she brings back the receipts because I'm more or less housebound."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had individual care plans which detailed how their assessed needs should be met in line with their choices.
- The provider developed electronic care records. One member of staff told us, "I can access people's care plans via my phone which is better than before [when paper care records were used]. The office will send the details of any new clients before I go in. This means I know what I'm doing when I'm going in."
- When people's needs changed, referrals were made to healthcare professionals for assessments. Care records were amended to reflect the outcome of these assessments.
- Staff completed daily records following each care visit and these were reviewed by area coordinators to ensure people were receiving their care and support appropriately.
- The service was responsive to the care needs that arose quickly within the local community. For example, the service worked with health and social care professionals to support older people who had not previously been in receipt of care, in the first few weeks following their discharge from hospital. This enabled people to remain in their own homes rather than be temporarily admitted into care homes.

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 provider ensured that information was accessible to people. This included producing information in formats people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the pandemic the provider responded to people's need to travel safely by purchasing a fleet of wheelchair accessible vehicles and mobility scooters. These were used to support people as an alternative to public transport to attend appointments.

Improving care quality in response to complaints or concerns

- Where complaints were made these were investigated. The findings of these investigations were recorded and shared with complainants.
- Where complaints were raised by health and social care professionals the provider responded to the people as well as the concerned professional.

End of life care and support

- At the time of our inspection none of the people receiving care and support were identified as requiring end of life care.
- The service had assessment and care planning processes in place to support people who were dying. These assessments covered issues such as pain management, skin integrity, spiritual needs and dying wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted an open culture. One relative told us, "The office answer our calls and several visits from the manager have been made."
- Staff we spoke with were positive about the registered manager and happy in their work. One member of staff told us, "I am happy in my role."
- Staff felt supported by the registered manager and the office-based team. During individual supervision meetings line managers checked and noted the well-being of staff.
- The provider kept a record of compliments made by people, relatives and health and social care professionals. This information was shared with staff and used to role model good practice.
- The registered manager arranged staff meetings to discuss how the service met people's changing needs. Due to COVID 19 distancing restrictions staff attended team meetings via Zoom. For example, during several online team meetings, a qualified trainer provided refresher training to staff by demonstrating the correct procedure for putting on and taking off personal protective equipment.

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

- The provider was open with people when things had gone wrong. For example, following missed calls the provider created a post for a carer who was employed specifically to be on stand-by and cover short notice staff absence.
- In another example, during the COVID pandemic both people and staff were concerned about staff using phones in people's homes to confirm their arrival to deliver care. The provider responded by creating a new system and issuing individual mobile phones to all care staff. This meant people were reassured about the reduced risk of viral cross contamination within their homes.

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

- Care and office staff were clear about their roles and responsibilities. The registered manager confirmed staff understanding of their roles in supervision and team meetings.
- People received regular calls from office staff to ask them for their views about the support they received. Questions asked included, "Do you feel your carer understands your care plan?" And, "Are your telephone enquiries answered promptly and politely?"
- Area coordinators from the provider's office carried out regular spot checks of staff as they provided

support. During these spot checks field supervisors also gathered the views of people and their relatives about the care and support they received.

- The quality of care people received was audited. The registered manager oversaw a range of quality checks including care packages, medicines, training and complaints.
- The provider's leadership team met weekly to review care packages, quality audits, feedback and people's changing needs.

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

- The views of people and their relatives were gathered and reviewed by office staff and the registered manager. Survey questionnaires were sent to people to obtain their views about the care and support they received. People's feedback was used to plan improvements to the service.

Continuous learning and improving care

- The registered manager oversaw the implementation and review of training and development for care staff and office staff. Those staff based in the provider's office undertook management training as well as training specific to their roles such as providing supervision.
- To promote their own professional development the registered manager participated in a number of networks. These included a mentorship group for managers and a learning disabilities provider network. The registered manager and leadership staff also attended a range of online forums and seminars to improve their knowledge of good practice.

Working in partnership with others

- The provider worked in partnership with a range of organisations, liaising particularly closely with the local authority and local hospital discharge team.
- The service also worked collaboratively with a range of charities including the Red Cross, Age Concern and Dementia UK.