

Allot Healthcare Services Ltd

Allot Healthcare Services Staffordshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 is a domiciliary care service providing regulated activities for 14 people at the time of the inspection. The service provides support to younger and older adults, some who may have a diagnosis of dementia or a physical disability.

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

The provider had recently begun the transition of moving to an electronic care planning system. As a result, we found some elements of some people's care plans had not been updated to reflect their needs on the electronic system. Audits had been completed to monitor the safety and quality of the service, but some audits did not reflect our findings on inspection due to the records not yet being fully updated. We made a recommendation to the provider about this.

People told us they felt safe and received care and support from a staff team who knew their needs well. However, we received mixed feedback about timings of calls and consistency of the care staff. Staff were up to date with training and adhered to infection prevention control policies and processes.

The provider worked well with other professionals and organisations to ensure people's healthcare needs were met. 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.

People were supported in a kind and compassionate way and people told us their privacy and dignity was respected. Independence was promoted. People were able to share their wishes and views about the delivery of their care.

People and staff spoke highly of the registered manager and knew how to make a complaint or raise a concern. Staff understood their responsibilities and felt valued by the management team at Allot Healthcare.

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 9 August 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 Staffordshire

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

The inspection was carried out 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post however they were not present on the day of the inspection but supported the inspection remotely.

Notice of inspection

We gave the service 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.

Inspection activity started on Wednesday 1 March 2023 and ended on Wednesday 8 March 2023. We visited the location's office/service on Wednesday 1 March 2023

What we did before inspection

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. 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 all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We spoke with 8 members of staff including the provider, the nominated individual, registered manager, a care coordinator and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 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.

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 of this newly registered service. This key question has been rated requires improvement. 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

- The provider could not always be assured some people's risks were being monitored and managed effectively.
- Due to the changes made with the care planning systems, some information had not been transferred to the electronic records. This meant staff did not always have the most up to date information about some people's needs. However, some people did have the relevant records in place which fully detailed their needs and the level of care and support they required. We informed the provider of our findings who ensured all records were updated.
- Staff knew people well and told us what actions they took to ensure people's needs were met and risks were mitigated.

Using medicines safely

- Medicines were mostly managed safely.
- Some people's records did not always reflect the most appropriate way to administer medication due to records not being fully completed during the transition from the paper-based system to electronic. For example, some tablet medications were listed as being transdermal, to be placed directly onto the skin. Paper based medication records were still available to staff in people's properties, should they have been needed.
- Staff we spoke with had received sufficient medication training and told us they were subject to regular competency checks.

Staffing and recruitment

- On the whole, people received care calls on time and people were supported by staff who had been recruited safely.
- Some people said staffing had been inconsistent. We discussed this with the provider who acknowledged there had been challenges with staffing, but they felt this was much improved and was confident for more consistency going forward.
- Staff files evidenced employees had gone through recruitment checks including the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm and abuse.

- People and their relatives told us they felt safe and were happy with the support they received. A relative said, "Yes I feel they [relative] are safe, there is no problem at all."
- Staff had received safeguarding training and knew how to recognise and respond to concerns of abuse.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider analysed accidents and incidents to determine where and if things had going wrong and actions were put into place to prevent future occurrences.

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 received pre-assessments to ensure the provider felt confident they could effectively meet people's needs.
- Generally, records were detailed, including people's wishes and preferences.
- The provider had recently moved from paper-based records to an electronic system with a view to continually improve and build upon the management of people's records. Staff stated they felt the electronic planning system was beneficial. One staff member said, "We are trying to transition from paperwork to electronic information and that's working well. I think it will improve things and make putting things right faster."

Staff support: induction, training, skills and experience

- Staff had been adequately trained to meet people's needs.
- People told us staff knew them well and had the skills and experience to care for them in the most effective way. One person said, "[Relative] uses a lift to help them transfer and they [staff] all seem to know how to use it." Another person told us, "They [staff] seem to know what they are doing."
- Staff told us the training they received was appropriate and gave them the skills and knowledge required to care for people. A staff member said, "As an example, we had the relevant training over a period of a week to support someone who had a Percutaneous Endoscopic Gastrostomy (PEG) put into their stomach. We were taught how to feed the person and reduce risk of choking when they did have things orally." A PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

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

- Where people required support with food and fluid, this was provided in a way which meant nutritional needs were met.
- The provider had worked with staff to ensure they had sufficient information and education about people's cultural needs to ensure people's specific dietary needs could be met.

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

- Staff worked alongside other agencies to ensure people received sufficient healthcare as needed.
- People and their relatives told us staff supported them to access support as and when it was required. One person told us, "Staff contacted the doctor when there was a problem with my tablets. A relative said, "They [staff] did inform me about a health issue which needed attention so I could call the district nurses."

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 MCA 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 had assessments in care files to evidence they had their mental capacity assessed as needed.
- Staff understood the principles of the MCA. A staff member said, "Care coordinators do the capacity assessments, we follow them. I've done my MCA training; all the staff have."

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 received care from staff who were kind and showed people compassion and empathy. Comments we received from people and relatives included, "They [staff] are very kind and polite," "They [staff] are really good; I mainly have the same member of staff who is absolutely lovely, all the staff are," and "They [staff] are lovely and kind to both my relatives; they are lovely girls."
- Staff had received equality and diversity training and were aware of the requirement to support people in line with their protected characteristics under the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity was respected.
- People and their relatives gave us examples of how they were supported by staff. One relative said, "They [staff] are always very patient with [relative]" and another relative said, "Staff always announce themselves when they arrive and remind us of their names."
- Staff spoke proudly of their approach to ensure people received individualised care. One staff member said, "The care side of things is really, really good. We have lots of compassion and concern about the general wellbeing of people. I'd say we are all very caring and we follow the care plans well, we do treat people with dignity." Another staff member said, "We are all very person centred."
- Staff had developed good relationships with people, and their relatives and advocates. This meant important information about people's care could be used to provide quality care. Where people could not make their own wishes and feelings known, information about what was important to the person was sought from others to improve people's outcomes.

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's care was individualised and tailored to meet their needs.
- Some care plans were still being developed to ensure they contained the most up to date and relevant information for some people. However, staff knew what was important to people and how to support them in line with their wishes and preferences.
- Some relatives told us they had been involved in the planning of their relative's care; however, some relatives were unaware of care plans being in place. The provider's aim was to fully roll out the electronic care planning system so relatives could have access to specific parts of care plans. This would include daily records, so with people's consent, relatives would be fully informed and engaged with their relative's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider and registered manager understood their obligations in meeting the AIS. The registered manager said, "As an organisation, we have ways of making sure we have a consistent approach in sharing information. If we know of a person who requires accessible information, it is about finding a way to ensure information is shared and we do that in different ways such as other formats or working in different ways."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- Where complaints had been received, these had been responded to in line with the policy.
- People and their relatives spoke of incidences where complaints had been responded to in a timely, and effective way. One person said, "A while ago when staff did not come on time, I rang and the main lady came out to see me. They said they would sort it all out, and they did do. It's been alright since then." A relative told us, "If I ring the office if something needs addressing, they [management] are always very nice; they apologise profusely and respond immediately."

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care. However, records did reflect where people had been asked, and if appropriate information recorded to reflect people's 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 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

- Some of the governance systems in place had not been effective in identifying the issues we found on inspection, such as some of the discrepancies in care and medication records. These systems needed strengthening to ensure people received consistent safe and effective care.

We recommend the provider review their care plan review and auditing processes for people receiving a regulated activity in order to ensure all records are consistent and up to date.

- The provider was committed to improving the service and shared their suggestions to improve practice going forward. However, records needed to be more robust to ensure improvement was achievable and sustainable.
- Staff were aware of their own roles and responsibilities in supporting people to keep them safe.

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

- The provider and registered manager spoke about the aspirations for the service and how they hoped this would positively impact on people. They told us, "We are having those conversations with staff to ensure they know what Allot Healthcare is about. We take feedback from staff about what works and what doesn't so we can get the best out of the staff for the service. We work with staff, so they know what we want as a company and what they need from us."
- Staff told us they felt Allot Healthcare was a good place to work where everyone was striving to achieve positive, person-centred cultures and embed them in practice. A staff member told us, "They are a good company; it's good. The managers are superb. They don't just put everyone in one box; they are understanding to staff of what we need, and they are very accommodating." Another staff member said, "If I was to rate them out of 5, I would give them 5. I always want to carry on working for them."
- The management team were responsive in addressing issues we identified on inspection.

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 nominated individual and registered manager understood the requirement to be open and honest when things went wrong. The nominated individual said, "It is about openness! We share with people and professionals the actions we have taken when issues occur to ensure they do not reoccur." The registered

manager said, "We recognise when we have identified issues, we take accountability and we do what we can to try and resolve them. It is about accountability."

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

- People, their relatives and staff were engaged and involved in the service.
- Whilst some people and relatives said they had not received any formal written way of sharing ideas and feedback, we received feedback stating the management team would ring people as a means of checking in on them, and to informally review their care.
- Staff told us they felt valued and received help and support to ensure they were delivering effective care for people. A staff member said, "All of the managers are so supportive. As an example, I had an issue, so I called the office and a manager came out straight away to check everything and to help me."
- Staff had supervisions and team meetings were held as a mechanism to continually gauge feedback, thoughts and ideas. One staff member said, "We have monthly staff meetings, as we know all staff can become a bit complacent, so we use the meetings to refresh a few points with each other and the managers."

Working in partnership with others

- The provider and registered manager worked alongside others to improve outcomes for people. For example, they were working with the quality team from the Local Authority to improve quality across the service.